

DEFERRED PAYMENT AGREEMENT

I, _____,
agree to pay to Lake Jackson Municipal Court the
following amount(s) to dispose of the case(s) listed
pending against me in said court.

Docket Number	Offense	Fine

AMOUNT DUE _____

If I do not pay the Amount Due by

a \$25 time payment fee will be added
to each unpaid offense, and I will pay the
Lake Jackson Municipal Court :

_____ **\$25 on the 1st and 15th of each month,**
beginning _____
until the amount due is paid in full.

_____ **\$50 on the _____ of each month,**
beginning _____
until the amount due is paid in full.

I understand that failure to pay all amounts
(including state-mandated fees) ordered by the court
could result in a warrant being issued,
and / or suspension of driving privileges.

Date

Defendant's Signature

Date

Parent's Signature