

Texas Department of Criminal Justice – Parole Division
Payment of Court Costs

Offender Name: _____

DOB: _____ TDCJ/SID# _____

Conviction Date: _____ Cause Number: _____

Release Date: _____ County: BELL

_____ I understand that I am responsible for any payment plans set by the courts and that I must provide
Offender's Initials receipts or other verification of payment from the court on every parole office visit.

_____ I understand that failure to comply with payment will result in appropriate sanctions to aid me in
Offender's Initials complying with parole supervision.

Court Clerk Office address & phone number:

Joanna Staton
Bell County District Clerk
1201 Huey Road
Belton, Texas 76513
254-933-5193

Mailing address:

P. O. Box 909
Belton, Texas 76513

Total Amount of Court Costs, Attorney Fees, and Fines due: _____

Total Amount of Restitution due (payable to the Parole Division): _____

- No payment plan required.
 Payment plan in effect starting on _____ in the amount of _____ for _____ months.

Joanna Staton, Bell County District Clerk

by _____
Deputy Clerk Date

I, _____, the offender, fully understand and will comply with the instructions provided on this form.

_____/_____/____ Receipt or other payment verification is to be given to the Parole Officer
Offender's Initials

Offender Signature: _____ Date: ____/____/____

Office Signature: _____ Date: ____/____/____