



# Texas Department of Criminal Justice – Parole Division

## Payment of Court Costs

Offender Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ 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 receipts or other verification of payment from the court on every parole office visit to the Parole Officer.

\_\_\_\_\_ I understand that failure to comply with payment will result in appropriate sanctions to aid me in complying with parole supervision.

**District Clerk Office Address & Phone Number:**

Bell County District Clerk  
1<sup>st</sup> Floor of Bell County Justice Complex  
1201 Huey Road  
Belton, TX 76513  
254-933-5193

**Mailing Address:**

Bell County District Clerk  
Attn: Criminal Payments  
P.O. Box 909  
Belton, TX 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.

Shelia Norman, Bell County District Clerk

By \_\_\_\_\_

Deputy Clerk

Date

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

Offender Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Office Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_