



KEN PAXTON  
ATTORNEY GENERAL OF TEXAS

### REQUEST FOR JUDGMENT PAYMENT ARRANGEMENTS

I wish to begin submitting regular monthly payments to retire my judgment balance. Even though monthly payments will be accepted and applied to my account, I understand that because of the default, my entire balance is due and payable. Submitting payments on the loan will hasten the release of the judgment and reduce the amount of interest or collections charges that will accrue if the loan remains unpaid.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please check one of the boxes below:

I will submit monthly payments for \$\_\_\_\_\_ beginning\_\_\_\_\_.

**I understand that payments must exceed the amount of interest accruing each month.**

Please send me a payoff balance. I will submit a cashier's check or money order to repay the entire balance by (date)\_\_\_\_\_.

Name: \_\_\_\_\_ OAG Case No. or  
THECB Reference No \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Cell Phone or other: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Self – Employed (Yes/No) \_\_\_\_\_

#### Complete Monthly Budget (\*Verification of this information may be requested)

Family Take Home Pay	\$ _____	No. of Dependents (exclude self)	_____
Rent/House Payment	\$ _____	Day Care	\$ _____
Auto Payment	\$ _____	Groceries	\$ _____
Fuel	\$ _____	Utilities	\$ _____
Insurance (auto)	\$ _____	Charge Accounts	\$ _____
Medical Expenses	\$ _____	Other Educational Loans	\$ _____
		Other (specify)	\$ _____

**Return the completed form to:**      **ATTN: Student Loan Collections**  
**Attorney General of Texas - 008**  
**PO Box 12548**  
**Austin, TX 78711-2548**

**Return by Fax to:**                      **512-936-1401      ATTN: Student Loan Collections**

**For questions or additional information, please contact our office: (512) 463-2173**