

**DANA HOGG
HARDIN COUNTY DISTRICT CLERK**



P.O. Box 2997
Kountze, Texas 77625

Phone: 409-246-5150
Fax: 409-246-5288
dana.hogg@co.hardin.tx.us

REQUEST FOR PAYMENT OF FEES AND FINES

Customer's Name: _____

Address: _____ City: _____ State: _____

Phone: _____ Fax: _____

Email: _____

Civil Cause #: _____ Criminal Cause #: _____

Name of Plaintiff: _____

Name of Defendant: _____

Amount of Fees to be paid: _____ Filing fees _____ Court costs/fines _____ Atty's fees

Notes: _____

CREDIT CARD PAYMENT AUTHORIZATION FORM

**Note: (There will be a 2.65% fee assessed for each transaction, minimum of \$3.00.)
(If you are requesting that we mail you a receipt, please add \$1.00.)**

Amount of Payment: \$ _____ Receipt: Yes or No (circle one)

I hereby authorize the District Clerk to charge my credit card for payment of fees as requested above:

Credit Card Type: _____ Credit Card Number: _____

Date of Expiration: _____ Security Code: _____

Name as it Appears on Credit Card: _____

Cardholder Address : _____ Zip _____

Phone: _____

Authorized Signature: _____