

PAYMENT PLAN APPLICATION BY DEFENDANT

DEFENDANT: _____ D.O.B. _____ PHONE: _____

ADDRESS: _____ EMAIL: _____

REFERENCE 1: _____ PHONE: _____

REFERENCE 2: _____ PHONE: _____

I RECEIVE PUBLIC ASSISTANCE FROM: SNAP WIC CHIP TANF MEDICAID OTHER: _____

I AM A HIGH SCHOOL STUDENT _____ HOUSEHOLD SIZE: _____ MONTHLY INCOME: _____

MONTHLY EXPENSES: HOME \$ _____ UTILITIES \$ _____ FOOD \$ _____ VEHICLE: \$ _____

CHILD CARE \$ _____ INSURANCE: \$ _____ MEDICAL/DENTAL: \$ _____ CHILD SUPP: \$ _____

MONTHLY DEBTS: _____ TOTAL: \$ _____

CHECKING ACCOUNT BALANCE: \$ _____ SAVINGS ACCOUNT BALANCE: \$ _____

ADDITIONAL INFORMATION REGARDING YOUR FINANCES: _____

The above information is a complete and accurate statement of my current condition.

Defendant Signature: _____ Date: _____

COURT'S STANDARD PAYMENT PLAN SUMMARY

TERMS AND ACKNOWLEDGMENT TO PAY THE ASSESSED FINE OF ALL CASES TOTAL OF: \$ _____

DUE	DUE	DUE	DUE	DUE	DUE
\$	\$	\$	\$	\$	\$

The Defendant agrees and understands that the above Standard Payment Plan is provided and can pay at least **\$100 per month** in the above increments. The Defendant may appear before the court if they are unable to meet the payment agreement terms as provided. The court will not contact the references unless the Defendant fails to make a successful effort described in this plan. The Defendant understands that an additional \$25.00 payment fee will be due and collected upon the 31st day from this judgment.

Defendant Signature: _____ Date: _____

Payment Hearing Set for Court on: _____ Approved: _____

CONTACT INFORMATION WAS VERIFIED ON THIS DATE: _____ BY: _____

PAST DUE PHONE CALL: _____ PAST DUE LETTER: _____ FINAL LETTER: _____

COMMENTS: