

Payment Plan Application

Date: _____ Docket/Case/Ticket #'s _____

Name: _____ Cell Phone #: _____

Home Address: _____

Date of Birth: _____ DL/DI # & State: _____

Explain why a payment plan is needed:

In the above numbered and styled case(s), I _____ enters a plea of:
GUILTY or NO CONTEST and request to pay the fine out in installments.

I understand that violating any part of this agreement is cause for me to be held in default status and a warrant may be issued for my arrest and/or my D.L. will be denied renewal, and if a warrant is issued the fine must be **PAID IN FULL**, and no other payment arrangements will be granted.

I understand that I have 90 days to have the fine paid in full.

I understand that I will be required to make a payment at least **ONCE** a month. I agree to pay
\$ _____ per month, per week, or every other week.

1st payment: \$ 50.00 (required) Total owed: \$ _____ Start Date: _____

▶ _____
Defendant's Signature

▶ _____
Date

Defendant's Printed Name Email Address

Citation Number Citation Date

Must have Indigency form completed and returned with this request.
