

## 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.

1<sup>st</sup> 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.**

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