**REQUEST FOR PAYMENT PLAN**

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NAME D/L#

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CITAION # OFFENSE(S)

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EMAIL PHONE NUMBER

I hereby enter my appearance on the complaint of the above-named offense.

 ***CHECK ONLY ONE***

I hereby waive my right to a jury trial, plead [ ] **guilty** [ ] **no contest**, and request that the court place me on a payment plan for this case.

*INITIAL BY EACH*

\_\_\_\_\_\_\_\_**A payment plan will close as a Guilty or No Contest conviction.** You are required to start the payment plan with this request and a payment plan length not greater than 8 months. You will be required to pay monthly payments until paid in full. You have the option to pay the balance off in 30 days, otherwise a $15.00 time payment fee will be assessed on the 31st day.

\_\_\_\_\_\_\_\_**To apply for a payment plan you must submit:**

* This form filled in its entirety and signed by defendant
* A copy of Driver’s License or Photo ID

Once we receive your paperwork, we will process your request and send you back your paperwork pertaining to your payment plan agreement that will need to be initialed twice, signed once and returned to the court.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Defendant Date**