



# APPLICATION FOR EXTENSION OF TIME FOR PAYMENT OF FINE, COURT COSTS AND FEES

**(FOR OFFICE USE ONLY)**

Case Number(s): \_\_\_\_\_ FG Date: \_\_\_\_\_ Amount Owed: \_\_\_\_\_ PYMT \$ \_\_\_\_\_

**PERSONAL:**

**PLEASE PRINT**

Name: \_\_\_\_\_  
Last Name First Middle

Address: \_\_\_\_\_  
Street City State Zip Code

Mailing Address: \_\_\_\_\_  
Street City State Zip Code

Phone No.: Home (\_\_\_\_) \_\_\_\_\_ Cell No. (\_\_\_\_) \_\_\_\_\_

**Allow Municipal Court to text or call my cellular phone regarding my payment plan. Message and data rates may apply.** Yes  No

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_ Spouse's Phone No.: \_\_\_\_\_

**Personal References - 3 REQUIRED** (IN THE U.S. Not Living With You):

Name	Address, City, State, Zip	Phone No.	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**INCOME/EXPENSE INFORMATION:**

Employer: \_\_\_\_\_

Name Address Phone No. Position How Long?

Name of Supervisor \_\_\_\_\_ Pay Days: Monthly/Weekly/Bi-Weekly Take Home Pay: \$ \_\_\_\_\_

Spouse's Income: \$ \_\_\_\_\_ Pay Days: Monthly/Weekly/Bi-Weekly

Other Source of Income (SSI/Retirement): \_\_\_\_\_ Amount Received: \$ \_\_\_\_\_ No. of Dependents \_\_\_\_\_

Do you receive any of the following (circle which apply): SNAP WIC CHIP MEDICAID High School Student: Yes No

Name of Bank: \_\_\_\_\_ Checking: \_\_\_\_\_ Balance \$ \_\_\_\_\_ Savings: \_\_\_\_\_ Balance \$ \_\_\_\_\_

Monthly Expenses: Mortgage/Rent \$ \_\_\_\_\_ Utilities \$ \_\_\_\_\_ Vehicle Ins. \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Live with Parents: \_\_\_\_\_ Other - Please Explain: \_\_\_\_\_

**List All Your Creditors (Mortgage Companies, Banks, Credit Card Accounts, Finance Companies)**

Company Name	Balance Owing	Payment Amount (wk/mo)
_____	_____	_____
Company Name	Balance Owing	Payment Amount (wk/mo)
_____	_____	_____
Company Name	Balance Owing	Payment Amount (wk/mo)
_____	_____	_____
Company Name	Balance Owing	Payment Amount (wk/mo)
_____	_____	_____

**I SWEAR AND AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT:**

Defendant's Signature **X** \_\_\_\_\_ Date: \_\_\_\_\_

If payment is made by check and the check is returned for insufficient funds, a bad check fee will be added and you will be required to pay the original down payment amount on your payment plan, plus the bad check fee in cash within 10 days. Failure to do so will result in the voiding of your payment plan, and the requirement that the full amount of your fine be paid immediately.

**FOR INTERNAL USE ONLY**

INTERVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ VERIFIED BY: \_\_\_\_\_