



**APPLICATION FOR EXTENSION OF TIME FOR PAYMENT OF FINE,
COURT COSTS, AND FEES
25% INITIAL PAYMENT PER VIOLATION MUST BE PAID**

Case Number(s): _____ FG Date: _____ Amount Owed: _____ 25% \$ _____

(For Office Use Only)

PERSONAL: PLEASE PRINT

Name: _____
 Last Name First Middle
 Address: _____
 Street City State Zip Code
 Mailing Address: _____
 Street City State Zip Code
 Phone: Home(____) Cell No.(____) Accept Text Messages: Yes No
 Email : _____
 Date of Birth _____ Sex _____ Driver's License No. _____ Marital Status: _____
 Spouse's Name _____ Spouse's Phone No. _____
 Personal References **IN THE U.S.** Not Living With You:

Name	Address	Phone No.	Relationship:
_____	_____	_____	_____
Name	Address	Phone No.	Relationship:
_____	_____	_____	_____
Name	Address	Phone No.	Relationship:
_____	_____	_____	_____

INCOME/EXPENSE INFORMATION:

Employer:

Name	Address	Phone No.	Position:	How Long?
_____	_____	_____	_____	_____

 Supervisor's Name _____ Your Pay Days _____ Take Home Pay \$ _____
 Spouse Income \$ _____ Monthly _____ Weekly _____ Bi-Weekly _____
 Other Source of Income:(SSI, Retirement) _____ Amount Received \$ _____ No. of Dependents _____
 Name of Bank: _____ Checking _____ Balance \$ _____
 Savings _____ Balance \$ _____
 Monthly Expenses: Mortgage \$ _____ Rent \$ _____ Utilities \$ _____
 Vehicle Ins.\$ _____ Other _____
 Live with Parent _____ 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:

X _____ **DATE** _____
Defendant's Signature

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 25% installment 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:** _____