



ADULT APPLICATION FOR PAYMENT PLAN

All fines and fees are due the day of sentencing. If you cannot pay in full today, fill out this application entirely.

**AMOUNT YOU
ARE PAYING
TODAY**

\$

THERE IS AN ANNUAL \$25 PROCESSING FEE FOR ALL CASES.

COURT CASE NUMBER(S):

Your Name		Your Employer/Company Name	
Mailing Address		Mailing Address	
Street Address (if different)		Street Address (if different)	
City, State, Zip	Phone #	City, State, Zip	Position
Social Security #	Birthdate	Phone #	Hours/Week
Email Address @		Length of Employment	Pay Rate: \$
Driver's License/ID #	State	Pay Dates	

Others in Household (Spouse, Partner, Parent, etc.)		Other Household Member's Employer	
Name	Relation to you	Company Name	
Mailing Address		Mailing Address	
City, State, Zip	Phone #	City, State, Zip	Position
Social Security #	Birthdate	Phone #	Hours/Week
Email Address @		Length of Employment	Pay Rate: \$
Driver's License/ID #	State	Pay Dates	

Marital Status: Single Married Separated Divorced Widow/Widower **Total Living in Household:**

Names & Ages of Your Dependents:

Gross Household Monthly Income	Amount	Household Monthly Expenses	Amount
Self	\$	Rent/Mortgage	\$
Spouse/Other Household Members	\$	Groceries	\$
Retirement/Pension	\$	Utilities (Electric, Water, Cell Phone, etc)	\$
Social Security/Disability	\$	Car Payment/Insurance/Fuel	\$
Unemployment	\$	Medical Expenses/Premium	\$
Alimony/Maintenance/Child Support	\$	Alimony/Maintenance/Child Support	\$
Food stamps/Public Assistance	\$	Credit Cards/Other Loans	\$
Welfare/AFDC	\$	UA's, BA's, Classes, Work Release	\$
Gifts/Winnings	\$	Court fines in other courts	\$
Other Income	\$	Other Expenses	\$
Total Income	\$	Total Expenses	\$

Checking Account Balance	\$	Bank Name:
Savings Account Balance	\$	Bank Name:

Personal Reference Name & Relationship to you- Not household member	Phone Number
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Personal Reference Name & Relationship to you- Not household member	Phone Number
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I understand that I have been court ordered to pay assessed fines, fees, restitution, and court costs and they are due immediately per C.R.S. §16-11-101.6 and C.R.S. §16-18.5-104. I am applying to have a time payment plan because I am unable to pay the full amount owed at this time. I consent to an investigation into all the information provided on this application. I understand I must promptly report any change in address, phone, job status, income, assets, or other financial circumstances. I certify that the information provided in this application is true and correct as of the date set forth opposite my signature and acknowledge my understanding that any knowing misrepresentation(s) contained in this financial disclosure may result in further action being taken against me by the court or law enforcement. I agree that if I give false information or false identifying information for purposes of seeking a payment plan, that information in this application may be shared with law enforcement and I may be subject to criminal prosecution. I understand that I may be subject to penalties, including but not limited to imprisonment if I willfully fail to obey the court's order. I understand that my request for a payment plan may or may not be granted. If I cannot make a payment, it is my responsibility to contact the collections investigator to explain the circumstances and seek other arrangements if possible.

Defendant's Signature _____

Date _____