



### 30 DAY EXTENSION TO PAY FINE

Defendant Name: \_\_\_\_\_ Citation Number: \_\_\_\_\_

Offense(s); \_\_\_\_\_

**I understand the amount of \$\_\_\_\_\_ is due no later than \_\_\_\_\_.**

(\$15 time payment reimbursement fee added to each violation not paid within 31 days after date of this document.)

I now enter my plea of: **No Contest or Guilty (circle one)** and waive my right to trial by jury and consent to judgment being entered against me for the standard uncontested fine.

**The Defendant may at any time before the due date request a Payment Plan:**

You will be required to:

1. Complete a Financial Application confirming your ability to pay
2. \$15 time payment reimbursement fee added to each violation

If you do not have the ability to pay and need to discuss alternatives to payment you must contact the Court to schedule a court appearance.

IF SAID DEFENDANT AGREES TO THE ABOVE TERMS AND UNDERSTANDS THAT IF HE/SHE FAILS TO MAKE PAYMENTS AS AGREED, THE EXTENSION CANNOT BE REINSTATED.

IF THE FINES ARE NOT PAID A SHOWCAUSE HEARING SHALL BE SET FOR YOU TO EXPLAIN WHY PAYMENT WAS NOT MADE. FAILURE TO PAY OR APPEAR MAY RESULT IN CAPIAS PRO FINE WARRANT ISSUED FOR ARREST AND APPLICABLE FEES ADDED.

I UNDERSTAND AND AGREE TO THE TERMS OF THIS DOCUMENT.



\_\_\_\_\_  
Defendant/Parent/Guardian/Attorney Signature

\_\_\_\_\_  
Address, City, State, Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email