



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.

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

**AMOUNT YOU
ARE PAYING
TODAY**

\$

COURT CASE NUMBER(S):		Total Due		\$
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		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/Widower		Total Living in Household:		
List all other household members and their relationship to you (i.e. Spouse, Partner, Parent, Child, Roommate, etc.)				
SPOUSE	SSN	Employer	Monthly Income	
			\$	
Name/Other Household Member	Age/Relationship	Employer	Monthly Income	
			\$	
Name/Other Household Member	Age/Relationship	Employer	Monthly Income	
			\$	
Name/Other Household Member	Age/Relationship	Employer	Monthly Income	
			\$	
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-		Phone Number		
Personal Reference Name & Relationship to you		Phone Number		

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