



JUVENILE APPLICATION FOR PAYMENT PLAN LARIMER COMBINED COURTS



All fines and fees are due the day of sentencing. If you cannot pay in full today, fill out this 2 page application entirely.

THERE IS A \$25 PROCESSING FEE FOR ALL CASES.

Case Number(s):	Amount Due \$
AMOUNT YOU ARE PAYING THE COURT TODAY	\$

MOTHER'S INFORMATION

FULL NAME:				SSN:	
<small>LAST</small>	<small>FIRST</small>	<small>MIDDLE</small>	<small>(MAIDEN)</small>		
BIRTHDATE:	DRIVERS LIC. #	D.L. STATE:	PHONE:	<small>HOME/CELL/MESSAGE</small>	
HOME ADDRESS:					
<small>STREET</small>	<small>APT/LOT</small>	<small>CITY/STATE/ZIP</small>			
EMPLOYER:			HOW LONG:		
WORK ADDRESS:					
<small>STREET</small>	<small>CITY/STATE/ZIP</small>		WK. PHONE:		
PAY RATE: \$	HR/WK/MO	HOURS PER WEEK:	PAY DATES:		
<small>CIRCLE ONE</small>					

FATHER'S INFORMATION

FULL NAME:				SSN:	
<small>LAST</small>	<small>FIRST</small>	<small>MIDDLE</small>	<small>(MAIDEN)</small>		
BIRTHDATE:	DRIVERS LIC. #	D.L. STATE:	PHONE:	<small>HOME/CELL/MESSAGE</small>	
HOME ADDRESS:					
<small>STREET</small>	<small>APT/LOT</small>	<small>CITY/STATE/ZIP</small>			
EMPLOYER:			HOW LONG:		
WORK ADDRESS:					
<small>STREET</small>	<small>CITY/STATE/ZIP</small>		WK. PHONE:		
PAY RATE: \$	HR/WK/MO	HOURS PER WEEK:	PAY DATES:		
<small>CIRCLE ONE</small>					

BANK INFORMATION

BANK NAME:	TYPE:	BALANCE \$	ACCT. #
<small>CHECKING/SAVINGS</small>			
BANK NAME:	TYPE:	BALANCE \$	ACCT. #
<small>CHECKING/SAVINGS</small>			

GROSS MONTHLY HOUSEHOLD INCOME

BASIC MONTHLY EXPENSES

PARENTS EARNINGS	\$	Rent/House Payment (your portion)	\$
JUVENILE EARNINGS	\$	Food	\$
Retirement/ Pension	\$	Utilities (Electricity,gas,phone,cable)	\$
Social Security/Disability	\$	Alimony/Child support paid	\$
Alimony/Child Support Income	\$	Car Insurance	\$
Unemployment	\$	Car Payment	\$
Welfare/AFDC	\$	Regular Medical Expenses	\$
Food Stamps	\$	UA's, BA's, Classes, Work Release	\$
Other	\$	Court Fines in OTHER Courts	\$
TOTAL INCOME	\$	TOTAL EXPENSES	\$

JUVENILE/DEFENDANT INFORMATION

FULL NAME:		SSN:	
<small>LAST</small>	<small>FIRST</small>	<small>MIDDLE</small>	<small>(MAIDEN)</small>
BIRTHDATE:	DRIVERS LIC. #	D.L. STATE:	PHONE:
HOME ADDRESS:			<small>HOME/CELL/MESSAGE</small>
<small>STREET</small>	<small>APT/LOT</small>	<small>CITY/STATE/ZIP</small>	
EMPLOYER:	HOW LONG:		
WORK ADDRESS:		WK. PHONE:	
<small>STREET</small>	<small>CITY/STATE/ZIP</small>		
PAY RATE: \$	HR/WK/MO	HOURS PER WEEK:	PAY DATES:
<small>CIRCLE ONE</small>			

GENERAL INFORMATION

NAME OF SCHOOL:	
AGENCY SUPERVISING CASE:	
<small>EXAMPLE: PROBATION / HUB / THE CENTER</small>	
CASE MANAGER/PROBATION OFFICER/PAROLE:	PHONE #

IF NOT LIVING WITH PARENT, GUARDIAN INFORMATION

FULL NAME:	
<small>LAST</small>	<small>FIRST</small>
RELATIONSHIP:	PHONE:
<small>HOME/CELL/MESSAGE</small>	

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 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.

***** RIGHTS OF PARENTS/GUARDIANS OF JUVENILE OFFENDERS *****
The parents/guardian may be ordered to pay up to \$25,000.00 in damages for each delinquent act

 Defendant's Signature

 Date

 Parent or Guardian Signature

 Date

 Parent or Guardian Signature

 Date