

MEDFORD MUNICIPAL COURT
411 W. 8th St., Medford, OR 97501
Phone: (541) 774-2040 Fax: (541)774-2568

REQUEST FOR MONTHLY PAYMENT PLAN

NOTE: PLEASE DO NOT USE THIS FORM IF YOU ARE REQUESTING TRAFFIC SCHOOL.

I understand imposed monetary judgments are due on the day of sentencing and conviction. I cannot pay the full amount now without substantial hardship to my dependant family or myself. I am asking to be considered for a delay in collection proceedings.

Citation, Summons, or Docket Number _____

Full Legal Name: _____ Date of Birth: _____
Last, First, Middle

Mailing Address: _____ Phone Number: (____) _____

City, State, Zip: _____ Drivers Lic #: _____

Present Employer: _____ Occupation: _____

Bank Name : _____ Account(s) Balance: \$ _____ Social Security # _____

Do you have a VISA or MASTER CARD yes no Available Credit : \$ _____

INCOME PER MONTH

NET monthly earnings \$ _____
 Spouse NET earnings \$ _____
 Food Stamps \$ _____
 Other: _____ \$ _____

MONTHLY EXPENSES

Rent/Mortgage \$ _____
 Food \$ _____
 Utilities \$ _____
 Auto expense \$ _____
 Medical payments \$ _____

Other Courts \$ _____
 Probations Fees \$ _____
 Credit card payment \$ _____
 Child support \$ _____
 Other \$ _____

TOTAL INCOME: \$ _____

TOTAL EXPENSES \$ _____

PLEASE READ AND INITIAL EACH ITEM BELOW:

_____ I understand that if I do not tell the truth I can be charged with false swearing or unsworn falsification and if convicted, I can be imprisoned.

_____ I understand that anytime during the course of the payment agreement, I may be required to provide verification of my income and expenses.

_____ I shall keep the Court informed of any change in my address or financial status.

_____ I understand that I will not receive any additional billings or notifications regarding this judgment once my payment plan has been established.

_____ I understand that if my balance increases due to additional fines, my monthly payment amount is subject to review.

_____ I understand that if I do not comply with the terms of the established agreement, the Court may take one or more of the following actions without further notice. These actions result in additional fees.

- REFERRAL TO A COLLECTION AGENCY WITH A 25% COLLECTION FEE.
- REQUEST FOR SUSPENSION OF YOUR DRIVING PRIVILEGES.
- ISSUANCE OF A WARRANT FOR YOUR ARREST.

Signature _____ Date _____

INSTRUCTIONS:

Complete this form and mail it to the court. Once received, your application will be reviewed for qualification. Inadequately completed forms may be rejected. If approved, a monthly payment agreement will be mailed to you at the address you have listed on this form. If you have not received an agreement within two weeks, please contact the court to inquire on the status of your case.