

REQUEST FOR PAYMENT/COMMUNITY SERVICE PLAN MODIFICATION

FULL Name: _____ **Citation/Docket#** _____

Mailing Address: _____

Home Phone # : _____ **Cell #:** _____

Email: _____

TO BE CONSIDERED BY THE JUDGE, THIS FORM MUST:

- be submitted on or before your deadline to pay or submit community service,
- include copies of your medical records, if your reason is based on health or medical issues,
- include a copy of all community service hours completed to-date, &- be filled out completely and legibly.

I REQUEST: ___an extension of my payment deadline/payment due date to _____, 20___.
 ___a reduction in my monthly payment amount to \$_____.
 ___an extension of time to complete my community service to _____, 20___.
 I have completed _____ hours **and** have attached proof of those hours.
 ___to change my payment plan to community service because I am now indigent.

Specifically detail how your circumstances have changed and the reason for the request:

Defendant's Signature

Date

FOR COURT/JUDGE ONLY

Date recvd by court/clerk initials _____/_____/_____

☐ NOT CONSIDERED because request does not comply with requirements above

☐ Deferred disposition is extended to : _____, 20___.

☐ Request for extension to pay is: ☐ Denied ☐ Granted to \$_____/month beginning on
 _____/_____/20___.

☐ Request for extension to complete CS is ☐ Denied ☐ Granted to _____/_____/20___.

☐ Request to change from \$ to CS is ☐ Denied as Def is **not** indigent. ☐ Granted. Def is ordered to complete _____
 hours of CS and to provide proof of such by _____/_____/20___. _____ in lieu of paying the fine and costs.

☐ Granted as Def is indigent.

Judge Presiding _____ **Date** _____