

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 dealine/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:

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