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|   **MUNICIPAL COURT** | 33325 8TH Ave. S., Suite 102Federal Way, WA 98003Phone (253) 835-3000Fax (253) 835-3020Email:FW.Court@cityoffederalway.com | ***Judges***David A. LarsonBrad Bales |

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case No(s).: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PAYMENT PLAN REQUEST**

First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_

Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STATEMENT OF DEFENDANT:**

I am the defendant in the above case(s). I understand that:

* I am requesting to be placed on a monthly payment plan.
* I agree to pay $30/month until my case(s) are paid in full or see below to request an additional payment reduction.
* An additional time pay fee of $10 will be added to the current fine balance on each case.
* **FAILURE TO PAY** may result in my account being referred to a collection agency and I will be liable for any and all collection costs. If my case involves a traffic matter, additional penalties may be added and the Department of Licensing will be notified.

 I am interested in performing community service hours, instead of paying some or all of the fine. (Community service verification form attached)

If you are not able to pay the $30.00 minimum payment each month and you are requesting reduced payments, please fill out the request below. This request is not for a reduction in fine but a reduction in the minimum monthly payment.

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**For your entire household, what is your total monthly income from all sources? $\_\_\_\_\_\_\_\_\_\_\_\_**

**Including yourself, how many people in your household to you support?\_\_\_\_\_\_\_**

I understand the court may require verification of the information provided above. I agree to immediately report any change in my financial status to the court. I certify under penalty of perjury under Washington State Law that the information I have provided on this form is true and correct. (Perjury is a criminal offense RCW 9A.72.)

Signed on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date) (City & State where signed)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Electronic signature authorized

 Defendant’s signature

**COURT RESPONSE**

An email response will be sent with the terms of your time pay agreement, please contact the court at (253) 835-3000 if you do not receive an email response or need the time pay agreement mailed.