

GRANT COUNTY DISTRICT COURT
INFRACTION PAYMENT PLAN REQUEST
CONFIDENTIAL

STATE OF WASHINGTON, vs. _____,' Plaintiff Defendant	Infraction Number: _____ Request for Infraction Payment Plan
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Full Name: _____ DOB: _____

Address: _____

I. RELIEF REQUESTED

I would like to request a payment plan and I can make minimum payments of at least \$50/month.
If you select this option you will be assigned to payments with Pay Assist and will incur additional costs.

I would like to request a reduced monthly payment of \$_____.
The financial information requested below is required. If granted you will be assigned to Pay Assist and will incur additional costs.

I do not have the ability to pay and am requesting community service in lieu of fines.
The financial information requested below is required. If granted you will be mailed a letter with information.

If you have selected the reduced payment plan or community service option, please provide the following financial information.

(1) My current household monthly income (bring home) is: \$_____.

The source of this income is:

Welfare, Food Stamps, SSI/SSDI, Medicaid, TANF,

Other: _____.

Employment at _____.

(2) My employment circumstance is:

Employed and receiving a wage of _____/Month for (duration): _____

Unemployed, but able to work, I last worked _____ (when) for _____ (duration).

Unemployed and not able to work because _____.

(3) I have the following additional expenses:

Living Expenses of _____/Month (basic living costs—housing, utilities, food, health care or medical costs, transportation, clothing, etc.).

Debt of _____/Month and total debt of _____.

I support _____ other persons in my household.

(4) I would like the court to also consider the following factors in determining my ability to pay:

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.

Signature _____ Date _____

<p style="text-align: center;">FOR COURT USE ONLY DETERMINATION OF ELIGIBILITY FOR REDUCED PAYMENTS</p> <p><input type="checkbox"/> Eligible for Reduced Payments - \$_____. <input type="checkbox"/> Not Eligible for Reduced Payments. <input type="checkbox"/> Eligible for Community Service</p> <p>Reviewed on: _____</p> <p style="text-align: right;">_____ Judge/Commissioner</p>
