

WHEAT RIDGE MUNICIPAL COURT

REQUEST FOR MONTHLY PAYMENT PLAN

FAILURE TO READ AND COMPLETE THIS FORM WILL RESULT IN A DENIAL FOR A MONTHLY PAYMENT PLAN

All fines and costs are due when they are imposed. You are entitled to request a stay of execution for any fines and/or costs imposed by the Court. To do so, you must fill out this **application form completely and legibly**. Failure to complete the form in its entirety will result in a denial of the stay of execution. The form must be signed and dated. This application will remain confidential.

When completed, you will meet with the Stay Officer to determine an appropriate payment schedule. During this meeting, the Stay Officer will review your financial situation along with your financial documents and a payment schedule will be established, if applicable.

Any determination made by the Stay Officer automatically becomes an Order of the Court. If you fail to make payments on time, you will be subject to all sanctions of the Court, including those outlined on the payment schedule given you by the Stay Officer. Payment schedules are to be complied with and if you fail to make a payment, the Court will take the appropriate action(s) to ensure payments are made. **Payment of these fines must be a financial priority.**

**A \$25.00 PROCESSING FEE WILL BE ADDED EACH TIME A CHANGE IS
MADE TO YOUR PLAN AFTER IT IS ESTABLISHED.**

Honorable Christopher D. Randall
Presiding Judge

APPLICATION FOR PAYMENT PLAN - WHEAT RIDGE MUNICIPAL COURT

INSTRUCTIONS

Complete **two** pages on this form. Failure to complete all questions will result in a denial of payment plan. Leave no blanks; enter N/A (not applicable) if the question does not apply to you.

READ BEFORE PROCEEDING:

I understand that my assessed fine/court costs are due immediately unless approved for a payment plan.

Defendant Signature

Date

PERSONAL INFORMATION

PLEASE PRINT

Defendant Name (Last, First, Middle)

Social Security Number

Date of Birth

Home Phone Number

Home Address (Street, City, State and Zip)

Spouse's Name (Last, First, Middle)

Address (if different from above)

MARITAL STATUS:

SINGLE MARRIED WIDOWED

NUMBER OF DEPENDENTS: _____

SEPARATED DIVORCED

CHILDREN LIVE WITH: _____

EMPLOYMENT INFORMATION

Defendant's Employer

Address

Employers Phone Number

Position

Monthly Income

\$ Per Hour

If unemployed how long

Unemployment benefits

Spouse's Employer

Address (Street, City, State, Zip)

Employers Phone Number

Position

Monthly Income

\$ Per Hour

Name of Others Contributing to Household Income

Relationship

******(SEE NEXT PAGE)******

BOTH PAGES MUST BE FILLED OUT BEFORE RETURNING TO THE STAY OFFICER

INCOME (MONTHLY)		EXPENSES (MONTHLY)	
DEFENDANT	\$ _____	RENT/HOUSE	\$ _____
SPOUSE	\$ _____	UTILITIES (ELECTRIC OR GAS)	\$ _____
UNEMPLOYMENT	\$ _____	PHONE	\$ _____
SOCIAL SECURITY	\$ _____	FOOD (NO RECEIPTS NEEDED)	\$ _____
OTHER INCOME**	\$ _____	ALIMONY/CHILD SUPPORT	\$ _____
PARENT or LEGAL GUARDIAN	\$ _____	CHILD CARE	\$ _____
		INSURANCES _____	\$ _____
		(Auto, Medical, Dental)	
		VEHICLE FUEL(NO RECEIPTS NEEDED)	\$ _____
		OTHER EXPENSES	\$ _____
TOTAL		TOTAL	
MONTHLY INCOME	\$ _____	MONTHLY EXPENSES	\$ _____

Comments: _____

OTHERS (FAMILY/ROOMMATES) SHARING HOUSEHOLD EXPENSES:

NAME	RELATIONSHIP
NAME	RELATIONSHIP

IF YOUR INCOME EQUALS \$0.00, YOU MUST EXPLAIN YOUR MEANS OF SURVIVAL/SUPPORT:

I swear or affirm, under penalty of perjury, that the above information is true and complete and authorize the Wheat Ridge Municipal Court to verify any information I have recorded on this form, including, but not limited to, authorizing my employer, bank and the like to release any otherwise confidential information necessary to accomplish verification. I further understand that I may be subject to penalties, including but not limited to imprisonment, if I fail to pay my assessed fine/court costs as ordered. I understand I may be held in contempt of court for providing false and/or incomplete information on this application.

 Defendant Signature

 Date