PAYMENT PLAN APPLICATION & FINANCIAL AFFIDAVIT

Date:

All fines and fees are due the day of sentencing.
If you cannot pay in full today, complete this application entirely.

CASE NUMBER:			
Your Name:	DOB:	Employer Name:	
Marital Status:			
Address:		Employer Address:	
City, State, Zip:		City, State, Zip:	
Phone:		Employer Phone:	
Email Address:		Position:	Length of Employment:
Social Security #:		Pay Rate $ (per hour):	Hours (per week):
List any Dependents (include ages):			
Others in Household (Spouse, Partner, Parent, etc.) – RELATION TO YOU:			
Name:	DOB:	Employer Name:	
Address:		Employer Address:	
City, State, Zip:		City, State, Zip:	
Phone:		Employer Phone:	
Email Address:		Position:	Length of Employment:
Social Security #:		Pay Rate $ (per hour):	Hours (per week):
Total Living in Household:			

INCOME (monthly)	**Amounts:**	**EXPENSES (monthly)**	**Amounts:**
Gross Income:	$	Rent or Mortgage:	$
Other Household Members' Income:	$	Groceries:	$
Retirement or Pension:	$	Utilities (Electric, Water, Cell Phone, etc.):	$
Social Security or Disability:	$	Car Payment, Insurance and Fuel:	$
Unemployment:	$	Medical Expenses or Premiums:	$
Alimony or Child Support:	$	Alimony or Child Support:	$
Food Stamps:	$	Credit Cards or Other Loans:	$
Gifts or Winnings or Other:	$	Court Fines in other Cases:	$
Total Income:	**$**	**Total Expenses:**	**$**

I understand that I have been ordered to pay assed fines, fees, and restitution immediately per C.R.S. §16-11-101.6 and C.R.S. §16-18.5-104. I am applying to have a payment plan because I am unable to pay the full amount owed at this time. I consent to an investigation into all the information provided on this application. I understand that I must promptly report any change in address, phone, job status, income assets or other financial circumstances. I certify that the information provided in this application is true and correct. I understand that providing false information or misrepresentation of my financial situation will disqualify me from a payment plan and potentially subject me to criminal prosecution. I understand that my request for a payment plan may or may not be granted. If granted a payment plan, I understand that if I fail to pay by the due dates of the plan my case may be referred to a collection agency. I understand, if referred to a collection agency additional interest or fees may apply, my wages may be garnished, and my credit rating may be impacted.

Defendant's Signature

Date: