

REQUEST FOR EXTENSION OR JUDGE'S CONSIDERATION

Date: _____ Clerk Accepting Request: _____

Defendant's Name: _____

Defendant's Mailing Address: _____

Defendant's Telephone Number: _____

Citation Number: _____

****ALL REQUESTS FOR AN EXTENSION OF TIME TO PAY FINE/COSTS OR REQUESTS FOR COMMUNITY SERVICE MUST BE MADE ON OR BEFORE YOUR DEADLINE. REQUESTS MADE AFTER YOUR INITIAL DEADLINE WILL BE DENIED. DO NOT LEAVE ANY OF THE ITEMS BELOW BLANK----IF YOU LEAVE ANY ITEMS BLANK, YOUR REQUEST WILL BE DENIED. IF YOUR REASON FOR REQUESTING AN EXTENSION INVOLVES A MEDICAL CONDITION OR PROCEDURE, YOU MUST ATTACH COPIES OF YOUR MEDICAL RECORDS VERIFYING THE REASON FOR YOUR REQUEST—IF YOU DO NOT DO SO, YOUR REQUEST WILL BE DENIED. IF YOU ARE REQUESTING ADDITIONAL TIME TO COMPLETE COMMUNITY SERVICE, YOU MUST ATTACH A COPY OF YOUR CARD SHOWING HOW MANY HOURS OF COMMUNITY SERVICE YOU HAVE COMPLETED AS OF THE DATE OF THIS REQUEST. IF YOU ARE REQUESTING THAT YOUR PAYMENT PLAN BE CHANGED TO COMMUNITY SERVICE OR A REDUCTION IN YOUR PAYMENT AMOUNT, YOU MUST ATTACH THE COMPLETED COMMUNITY SERVICE APPLICATION ALSO.****

I request: _____ an extension of my payment deadline/payment date to _____, 20____.

_____ a reduction in my monthly payment amount to \$_____.

_____ an extension of time to complete my community service (CS) to _____, 20_____.

I have completed _____ hours of CS and a copy of my CS card reflecting such is attached.

_____ to change my payment plan to community service because I am now indigent.

Please state your reason for this request /how your circumstances have changed since the disposition of your case: _____

Employer: _____ Salary: \$_____ per _____

Hours worked per week: _____ Other income: \$_____ per _____

Total amount of all checking, savings, retirement accounts and cash: \$_____

Number of children under 18 who live with you or for whom you pay child support? _____

JUDGE'S RULING:

The request for extension to pay is: Denied Granted to _____, 20_____.

The request for reduction in monthly payment is: Denied Granted to \$_____/month.

The request for extension to complete CS is: Denied Granted to _____, 20_____.

The request for change payment plan to CS is: Denied Granted

Payment plan is ordered for \$_____/ month beginning on _____, 20_____.

Judge Lacy D. Britten

Date: _____