

**PETITION FOR PAYMENT AGREEMENT
FOR FINES AND COSTS OR
REQUEST TO MODIFY EXISTING AGREEMENT**

Commonwealth of Virginia VA. CODE §§ 19.2-354.1, 19.2-355

Case No(s)

- General District Court Circuit Court
 Juvenile and Domestic Relations District Court

CITY OR COUNTY

COURT ADDRESS

Commonwealth of Virginia

v.

DEFENDANT/JUVENILE

.....

ADDRESS OF DEFENDANT/JUVENILE

SOCIAL SECURITY NO.

CITY

STATE

ZIP

TELEPHONE NO.

- I respectfully ask the court to allow me to pay the fines, costs, forfeiture, restitution (if not otherwise ordered) and/or penalty owed of \$, plus any additional court-appointed attorney fee, if applicable,
 in periodic payments OR
 in one payment due in full on a future date
 and I shall try to make periodic payments until that future date AND/OR
 by doing community service work to earn credit for finest and costs only, if available.
 I understand that I am required to make restitution payments if the judge ordered a separate payment schedule for restitution.
 I respectfully ask the court to change my current payment agreement
 as my sole financial resource is a social security benefit or supplemental security income and I am exempt from making payments.
 for the following reasons:

Court Debt Owed in Other Courts:

- I currently owe unpaid fines, costs, forfeiture, restitution, and/or penalty in other courts.
NO.
 I owe a total of \$ TOTAL OWED in those other courts. I do not know the total of unpaid court debt owed.
 I pay a total of \$ per month towards that unpaid court debt.
 I do not have unpaid court debt in other courts.

Financial Information:

The information provided to this court by defendant on Form DC-333, FINANCIAL STATEMENT – ELIGIBILITY DETERMINATION FOR INDIGENT DEFENSE SERVICES, as previously submitted, is unchanged.

OR

This information is provided to this court below in support of this Petition or Request:

Public Assistance:

- I currently receive the following type(s) of public assistance:
 TANF \$ Medicaid Supplemental Security Income \$
 SNAP (food stamps) \$ Other (specify type and amount)
 I do not receive public assistance.

Employment:

- I am employed. I am not currently employed but I receive social security of \$ per month.
 I am not currently employed and it has been months since I was last employed.

Employer(s)

Occupation

Defendant self-employed

Spouse self-employed

Number of Dependents

Household Net Income:

	<u>Defendant</u>	<u>Spouse</u>
Take-Home Pay (after taxes, etc.)	\$	\$
Pay Period (weekly, every 2 weeks, twice monthly, monthly)	\$	\$
Other Income Sources (specify)	\$	\$
Income Contribution of Dependents	\$	\$
TOTAL NET INCOME =		\$

Case No(s)

	<u>Defendant</u>	<u>Spouse</u>
Assets:		
Bank Accounts/Cash on Hand	\$	\$
Other Assets (specify)		
with a		
value of	\$	\$
Real Estate - \$	\$	\$
NET VALUE		
Motor Vehicles		
YEAR AND MAKE YEAR AND MAKE		
Other Personal Property: (describe)	\$	\$
TOTAL ASSETS =		\$

Debts Owed (amount paid per month):		
Car payment	\$	\$
Rent/mortgage payment	\$	\$
Credit card payments	\$	\$
Other monthly payments (not including court debt payments)	\$	\$
TOTAL MONTHLY DEBTS =		\$

EXCEPTIONAL EXPENSES (Total Exceptional Expenses of Family)

Medical Expenses (list only unusual and continuing expenses)	\$
Court-ordered child support payments/alimony	\$
<input type="checkbox"/> deducted from paycheck <input type="checkbox"/> not deducted from paycheck	
Child-care payments (e.g. day care)	\$
Other (describe):	} \$
TOTAL EXCEPTIONAL EXPENSES	\$

THIS STATEMENT IS MADE UNDER OATH, ANY FALSE STATEMENT OF A MATERIAL FACT TO ANY QUESTIONS CONTAINED HEREIN SHALL CONSTITUTE PERJURY UNDER THE PROVISIONS OF VA. CODE § 18.2-434. THE MAXIMUM PENALTY FOR PERJURY IS CONFINEMENT IN THE STATE PENITENTIARY FOR A PERIOD OF TEN YEARS.

I hereby state that the above information is correct to the best of my knowledge.

..... DATE DEFENDANT
Sworn to and signed before me this	
..... day of, 20..... <input type="checkbox"/> CLERK <input type="checkbox"/> DEPUTY CLERK

FOR NOTARY PUBLIC'S USE ONLY:

State of City County of

Acknowledged, subscribed and sworn to before me this day of, 20

.....
NOTARY REGISTRATION NUMBER

.....
NOTARY PUBLIC
(My commission expires:))

ORDER FOR REQUEST TO MODIFY EXISTING PAYMENT AGREEMENT

Upon request to modify an existing payment agreement,

the request is granted based upon a good faith showing of need, and the new payment agreement is set forth on form

DC-210, FINES AND COSTS PAYMENT AGREEMENT/ACKNOWLEDGMENT OF DRIVER'S LICENSE STATUS.

CC-1379, ACKNOWLEDGMENT OF SUSPENSION OR REVOCATION OF DRIVER'S LICENSE/ORDER AND NOTICE OF DEFERRED PAYMENT OR INSTALLMENT PAYMENTS.

the request is denied, and the current payment agreement continues in full force and effect.

..... DATE <input type="checkbox"/> JUDGE <input type="checkbox"/> CLERK <input type="checkbox"/> DEPUTY CLERK
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