Your fine(s) are due in <u>FULL</u> by the date given on your court documentation or by the appearance date on you citation. If you are unable to pay in full, you must petition the Court for extended time payments and complete Court documentation to see if you <u>QUALIFY</u> for an extension to pay your fine(s). You will be required to fill out a financial affidavit and a Collections Specialist will review the information with you and conduct an interview. The process will take approximately 45 minutes to an hour. You will need to provide the following information to determine eligibility:

- o Proof of Residency current lease agreement/Mortgage Payment Book; Landlord Phone #
- o Proof of Employment Current pay stubs of all who are employed; Employers' address and phone #'s
- o Proof of identification Driver's license, I.D. Card, School I.D., or Birth Certificate
- o Two references Names and current phone numbers
- o Proof of Benefits or other source of income
- o Information on Assets: Banking information, credit card information, automobiles, etc.
- o Juveniles must appear with a parent and the above information

NOTE: All State fees ("court cost") must be paid before extended time will be granted for payment of the fine amounts.

This information will be verified through contacting employers, landlords, etc. FILING FALSE INFORMATION WITH THE COURTS IS A CLASS A MISDEMEANOR PUNISHABLE BY UP TO ONE YEAR IN JAIL AND A MAXIMUM FINE UP TO \$4000.

JUSTICE OF THE PEACE, PCT. 4 MONTGOMERY COUNTY FINANCIAL STATEMENT

NAME		DATE OF BIRTH	DRIVER'S LICENSE	
ADDRESS	CITY	PHONE #	ALT PHONE #	
EMPLOYER	WORK A	ADDRESS	WORK PHONE #	
INCOME		EXPENSES		
SALARY		RENT/MORTGAGE _		
OTHER INCOME *		INSURANCE	<u>.</u>	
*SOURCE		AUTO PAYMENT _		
BANK ACCOUNTS: CHECKING		ELECTRIC/GAS _		
SAVINGS		PHONE _	<u> </u>	
PROPERTY		WATER/SEWER _		
ASSESTS*		CHILD CARE _		
		CHILD SUPPORT _		
*SPECIFY		FOOD _		
•		GASOLINE		
		OTHER (CIGARETTES, ALCOH	IOL, ETC)	
TOTAL		TOTAL		
COMMENTS:				
COMPLETE AND ACCURATE JUSTICE OF THE PEACE PCT COULD INCLUDE VERIFICAT AGENCIES. IT IS WITH THIS	STATEMENT OF MY C . 4 TO CONDUCT A TH FIONS OF ALL INFORM UNDERSTANDING AN	CURRENT FINANCIAL CONDIT OUROUGH INVESTIGATION O IATION GIVEN AND OBTAININ	EBY CERTIFY THE FOREGOING IS A ION, I AUTHORIZE MONTGOMERY COUNTY IF MY STATEMENTS, I UNDERSTAND THIS IG REPORTS FROM CREDIT REPORTING IT I FORMALLY REQUEST AN EXTENSION OF MONTGOMERY COUNTY,	
SIGNATURE:	·	DATE:		

FINANCIAL STATEMENT JUSTICE OF THE PEACE, PCT 4 PAGE 2

Number of People in Household:					
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		RMATION ON TWO KELA	TIVES NOT LIVING WITH YOU OR EAC	ZH OTHER	
ONTACT#1	1; NAME	RELATIONSHIP	ADDRESS	PHONE #	
ONTACT #2	2;			====\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	NAME	RELATIONSHIP	ADDRESS	PHONE #	
PLEASE I	POVIDE INFOR	MATION ON TWO PERSON	NAL CONTACTS NOT LIVING WITH YO	OU OR EACH OTHER	
CONTACT#3		ры Атолевија	- Depries	PHONE #	
	NAME	RELATIONSPHIP	ADDRESS	PHONE #	
CONTACT #4	4: NAME	RELATIONSHIP	ADDRESS	PHONE #	
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COMMEN	NTS:				
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	<i>L USE ONLY</i> MOUNT OWE		REVIEWED BY		
	OWED AFTE		DATE		
				· ·	
TIME PAY	YMENT FEE A IT FEES APPL		# MONTHS GRANTED PAYMENT AMOUNT		