

County of Spotsylvania

Founded 1721

SPOTSYLVANIA CIRCUIT COURT
OFFICE OF THE CLERK
P.O. Box 96
9107 JUDICIAL CENTER LANE
SPOTSYLVANIA, VA 22553



CHRISTALYN MITCHELL JETT
CLERK OF COURT
PHONE (540) 507-7600

Service, Integrity, Pride

The Spotsylvania Circuit Court has agreed to enter into a payment plan with you to assist you in your financial needs to pay the balance owed.

The following information is to ensure you understand your commitment with this Court.

All requests for payment plans are subject to approval.

All applicants must complete a DC211 form. This form will be provided to you.

Initial down payment is due at the time the arrangement is set for you. This amount will be discussed with you.

Restitution accounts- All payments made will be applied to such account first until paid in full. The payment set will be based off your original Court Order.

The first payment will be due within 30 days of initiating your agreement. A payment is required every month by your due date.

Please note that additional amounts paid will go towards your balance owed, however it will not credit to the next month.

- Payment methods are cash, check, money order, credit card. All credit card transactions are subject to a 3% convenience fee.
- Payments can be made over the phone by calling (540) 507-7619.
- Payments can also be made through mail or in person.
- The correct mailing address is PO Box 96 Spotsylvania, VA 22553.
- At this time we cannot create a direct ACH from your bank account.

If you allow your account to default you will be subject to additional fees such as collections and interest accrued. This amount will not be waived.

Upon requesting any subsequent payment plans the following will occur.

- Completion of a new DC211 to be reviewed by the Clerk for approval or denial.
- Down payment of 5% or 10% depending on the total amount you owe to the Court. This amount is due at the time the arrangement is set up.
- Potential increase in the monthly amount you pay per month.

This office strives to assist you. If you have additional questions please contact the Fines and Costs Division directly at (540) 507-7619.

By signing below you acknowledge the information outlined.

Signature

Date

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

Case No(s)

Commonwealth of Virginia VA. CODE § 19.2-354.1

General District Court Circuit Court
 Juvenile and Domestic Relations District Court

Spotsylvania
CITY OR COUNTY

9107 Judicial Center Lane, PO Box 96, Spotsylvania, VA 22553
COURT ADDRESS

Commonwealth of Virginia v.
DEFENDANT/JUVENILE

.....
ADDRESS OF DEFENDANT/JUVENILE SOCIAL SECURITY NO.

CITY STATE ZIP TELEPHONE NO.

I cannot pay the fines, costs, forfeiture, restitution (if not otherwise ordered), and/or penalty of \$ in full at this time.

- I respectfully petition the court to allow me to pay the fines, costs, forfeiture, restitution (if not otherwise ordered) and/or penalty 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 finer and costs only, if available.
- I respectfully request that the court modify my existing payment agreement 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 \$ in those other courts. I do not know the total of unpaid court debt owed.
TOTAL OWED
- I pay a total of \$ per month towards that unpaid court debt. DMV summary attached.
- 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 and it has been months since I was last employed.

Employer(s) Occupation

Defendant self-employed
Spouse self-employed

	<u>Defendant</u>	<u>Spouse</u>
Household Net Income:		
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 =		\$

Defendant Spouse

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 \$

[] deducted from paycheck [] 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 [] CLERK [] 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, ACKNOWLEDGMENT OF SUSPENSION OR REVOCATION OF DRIVER'S LICENSE
[] 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 [] JUDGE [] CLERK [] DEPUTY CLERK