

**IN THE DISTRICT & MUNICIPAL COURT OF ISLAND COUNTY
IN AND FOR THE STATE OF WASHINGTON**

- STATE OF WASHINGTON
- CITY OF OAK HARBOR

Plaintiff,

VS.

Defendant

INFRACTION NO:

REQUEST FOR AN INFRACTION PAYMENT PLAN

Full Name: _____ DOB: _____

Address:

Email: _____ Phone No.: _____

IF MORE THAN ONE INFRACTION, PLEASE LIST ALL INFRACTION NO(S):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

RELIEF REQUESTED

I would like to request a payment plan and I can make minimum payments of at least \$50.00 month.

If you select this option, you do not need to fill out the financial information below. However, you may incur an additional payment plan cost of \$10.00.

I would like to request a reduced monthly payment of \$_____ /month.

The financial information requested below is required. If granted you will be assigned a reduced payment plan and may incur additional payment cost of \$10.00.

IF YOU HAVE SELECTED THE REDUCED PAYMENT PLAN, PLEASE PROVIDE THE FOLLOWING FINANCIAL INFORMATION.

1. My current household monthly income (bring home) is: \$_____.

2. The source of this income is:

- Welfare,
- Food Stamps,
- SSI/SSDI,
- Medicaid,
- TANF,
- Other: _____
- Employment at: _____

3. My employment circumstance is:

- Employed and receiving a wage of _____ /Month for (duration): _____.
- Unemployed, but able to work, I last worked _____ (when) for _____ (duration).
- Unemployed and not able to work because _____.

4. I have the following additional expenses:

Living Expenses of _____/Month (basic living costs—housing, utilities, food, health care or medical costs, transportation, clothing, etc.).

1 Debt of _____ /Month and total debt of _____.

2 I support _____ other persons in my household.

3 5. I would like the court to also consider the following factors in determining my ability to
4 pay:

5 _____

6 _____

7 _____

8 _____

9 _____

10 _____

11 *I understand the court may require verification of the information provided above. I agree to
12 immediately report any change in my financial status to the court. I certify under penalty of
13 perjury under Washington State law that the information I have provided on this form is
14 true and correct.*

15 Signature

16 Date

17

18 **FOR COURT USE ONLY**
19 **DETERMINATION OF ELIGIBILITY FOR REDUCED PAYMENTS**

20

21 Eligible for Reduced Payment of \$ _____/month.

22 Not Eligible for Reduced Payments.

23

24 Reviewed On: _____

25 Judge/Commissioner