

Pend Oreille County District Court

Payment Application Form

Date:

Case No(s):

Name:

Date of Birth:

Email Address: _____

Cell Phone: _____

Mailing Address: _____

How would you like to receive a response for the court?

☐ Email

☐ Postal Mail (Please be sure to provide an accurate mailing address.)

I am requesting the following payment plan:

☐ To pay within 60 days

☐ Reduced payment plan, monthly payments, account set up with PAR

If you have selected the Reduced payment plan option, please provide the following information.

For your household, what is your total monthly income from all sources? \$ _____

Including yourself, how many people in your household do you support? \$ _____

I understand the court may require verification of the information provided above. I agree to immediately report any change in my financial status to the court. I certify under penalty of perjury under Washington State law that the information I have provided on this form is true and correct. (Perjury is a criminal offense RCW 9A.72)

Signature

Date

For Court use only

☐ Eligible for Reduced Payments at \$ _____

☐ Not Eligible for Reduced Payments.

Reviewed by: _____

Date: _____
