



# Maricopa County Justice Courts, Arizona

*(Juzgados de Paz del Condado Maricopa, Arizona)*

## Confidential Application for Payment Plan Contract

*(Solicitud Confidencial de Contrato de Plan de Pagos)*

### **Non-Compliance with the Contract May Result In:**

*(Incumplimiento del contrato puede resultar en):*

- Suspension of your Driver's License. Additional default fees will be applied.  
*(Suspensión de la licencia de conducir. Cargos adicionales serán aplicados.)*
- Warrant for Arrest. Additional warrant fees will be applied.  
*(Orden de Arresto. Cargos adicionales por la orden de arresto serán aplicados.)*
- Holds on Vehicle Registration Renewals. Additional fees will be applied.  
*(Detención de la renovación de la registración de vehículos.)*
- Referral to a Collection Agency. Significant additional collection fees will be applied.  
*(Remisión a una agencia de cobranza. Costos de colecciones adicionales serán aplicados.)*
- Interception of Arizona State Tax Refunds.  
*(Interceptación de las devoluciones de impuestos estatales de Arizona.)*
- Contempt of Court Findings.  
*(Desacato al Tribunal.)*

Note: By submitting this request a **\$20.00 time payment** fee will be added to your fine amount.

*(Nota: Al entregar esta solicitud **un cobro de \$20.00** se añadirán a cantidad de su multa.)*



# Maricopa County Justice Courts, Arizona

## APPLICATION / AFFIDAVIT FOR PAYMENT PLAN CONTRACT

You will need to complete this application in full. You may also need to provide proof to the court for determination of eligibility for payment alternatives, such as community restitution or a reduction of fine.

Name: \_\_\_\_\_ Case#: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security#: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Driver's License/ID#: \_\_\_\_\_ State: \_\_\_\_\_

**Please provide an email address and/or cell phone number to receive and authorize electronic court notifications.**

E-mail Address: \_\_\_\_\_

Home Phone:( \_\_\_\_\_ ) - \_\_\_\_\_ Cell Phone:( \_\_\_\_\_ ) - \_\_\_\_\_

Current Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Reference Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Reference Address: \_\_\_\_\_ Phone:( \_\_\_\_\_ ) - \_\_\_\_\_

I am a participant in a government assistance program. I am required to provide proof at the time of filing. The document (s) submitted must show my name as the recipient of the benefit and the name of the agency awarding the benefit.

**Check those that apply and proceed to section (3):**

Supplemental Security Income (SSI)       Social Security Disability Insurance (SSDI)

Veterans' disability benefits       Food Stamps (DES)

Employer: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) - \_\_\_\_\_

Employed F/T  Employed P/T  Unemployed  Student  Other: \_\_\_\_\_

Pay Schedule:  Weekly  Bi-weekly  Other: \_\_\_\_\_ Hourly Rate: \$ \_\_\_\_\_ Next Pay Date: \_\_\_\_\_ Hours/Week: \_\_\_\_\_

### SECTION (1) MONTHLY INCOME:

My total monthly gross income \$ \_\_\_\_\_

My spouse's monthly gross income (if available to me) \$ \_\_\_\_\_

Other current monthly income, including spousal maintenance/support, \$ \_\_\_\_\_

Retirement, rental, interest, pensions, and lottery winnings \$ \_\_\_\_\_

**Total Monthly Household Income: \$ \_\_\_\_\_**

### SECTION (2) MONTHLY EXPENSES:

Number in Household \$ \_\_\_\_\_

Rent or house payment \$ \_\_\_\_\_

Total cost of utilities (water, electric, gas, telephone, trash) \$ \_\_\_\_\_

Food \$ \_\_\_\_\_

Installment loan payments	\$ _____
Medical care costs (doctors, dentist, medicine)	\$ _____
Child Support and alimony	\$ _____
Child care costs	\$ _____
<b>Total Monthly Expenses:</b>	<b>\$ _____</b>

Do you have expenses (monthly or otherwise) not shown above? If yes, please list below.

1. _____	\$ _____
2. _____	\$ _____
<b>Total:</b>	<b>\$ _____</b>

**SECTION (3) COURT FEES:**

List court-ordered financial obligations (include all local or state, discretionary or mandatory fines, penalties, costs, fees, surcharges, assessments, restitution and other court ordered financial sanctions).

COURT	AMOUNT OWED
_____	\$ _____
_____	\$ _____

**SECTION (4) TAXES:**

Did you file taxes in previous year?  Yes  No

Will you be filing your tax return this year?  Yes  No

What is the number of exemptions? \_\_\_\_\_

**WARNING:**

**Non-Compliance with the Payment Contract May Result in:**

- Suspension of your Driver's License (additional default fees will be applied).
- Warrant for Arrest (additional warrant fees will be applied).
- Holds on Vehicle Registration Renewals
- Referral to a Collection Agency (significant additional collection fees will be applied).
- Interception of Arizona State Tax Refunds
- Contempt of Court Findings

**OATH OR AFFIRMATION**

**Oath under penalty of perjury: I swear (affirm) under the penalty of perjury that the information provided is true and correct.** I have truthfully and completely given the information in this statement. I have not knowingly concealed, or in any way misrepresented, my financial resources. I am aware that I may be held in contempt of court, or prosecuted for perjury if I have made any false statements or misrepresentation, or concealment. In any such case, I understand that this application may be used against me. I hereby make these representations under **PENALTY OF PERJURY.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Clerk Initials: \_\_\_\_\_ Date: \_\_\_\_\_