



## Request for Extension of Time to Pay

### DEFENDANT INFORMATION

Name: \_\_\_\_\_  
Mailing Address Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### COMPLAINT NUMBERS

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### REQUEST

I request more time to pay the Judgments for the Complaints listed above.

I have enclosed a check/money order for a partial payment of \$ \_\_\_\_\_.

Minimum Partial Payments:

\$30 for each Complaint for up to 3 Complaints as listed above

\$100 for all Complaints for 4 or more Complaints as listed above

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature Required

\_\_\_\_\_  
Printed Name