POLK COUNTY CIRCUIT COURT
Extended Payment Plan Agreement

Case # / Account #	Unitary Assessment	Fine	Attorney Fees	Restitution / Other	Case / Account Balance (Total Due)	Action Table(s) / Notes

Last Name:	**First Name**:	**Middle**:	
Mailing Address:			
City:	**State:**	**Zip Code:**	**Telephone:**
Date of Birth:	***Social Security #:**	**Drivers License #:**	**State:**
Current Employer:		**Monthly Income:**	

AGREEMENT: I understand and agree to the following:
I cannot pay the full amount right now. I need a payment plan to pay my court debt and still let me pay for my basic needs. I will pay my debt according to this payment plan.

- The court will add a fee to each case not paid in full within 30 days after judgment (ORS 1.202(2)). The fee is:
  $50 on a case balance that is **under $150**;
  $125 on a case balance **between $150-$399**;
  $200 on a case balance of **$400 or more**.
- The court does not send billing statements.
- The court will add a $25 fee to my case balance for each check returned by a bank.
- The court will take action if I do not pay as agreed. **One or more** of the following will happen if I do not pay:
  1) The court may require me to pay in full immediately;
  2) The court may ask Department of Motor Vehicles (DMV) to suspend my driver license; the court will charge a $15 fee on each case that has a suspension each time a request goes to DMV;
  3) The court may order me to appear in front of a judge to explain why I did not pay according to this agreement and why I am not in CONTEMPT OF COURT for non-payment;
  4) My wages may be garnished;
  5) I could be arrested;
  6) The court may, without notice, refer my case(s) for collection to the Oregon Department of Revenue or a private collection agency; I must pay a fee of 28% of the case balance as an outside collection fee for each case referred for collection.
- This agreement reflects my ability to pay. The court may take legal action, including garnishment and intercepting tax refunds, to collect from income sources outside of my regular income.
- This agreement is subject to review or change or both at any time.
- I can pay with cash, check, money order, or Visa/MasterCard. Recurring credit card payments can be arranged.

**I do not have to give my social security number but do so voluntarily. I understand the use is for collection purposes, including, but not limited to, verification of my identity and review of my credit and employment history. The court will not deny my request for a payment plan just because I decide not to provide my social security number.*

TERMS of PAYMENT: I intend to pay 9 in person/by mail 9 using a credit card (please check one), in the amount of

$_____ per month beginning _____ and on that day each month thereafter until paid in full or modified.

_____ Debtor's Signature _____ Date _____ Clerk of the Court

Make Check / Money Orders Payable To: State of Oregon	
Mail Payments To: **Polk County Circuit Court** **850 Main Street, Room 301** **Dallas, OR 97338**	**If you would like to pay by phone with a debit or credit card, please call the Oregon Judicial Department's Business and Fiscal Services Division at 1-888-564-2828**