CLACKAMAS CIRCUIT COURT Payment Plan Agreement

Case#:	Balance	Notes

Full Name:		
Mailing Address:		
Cell Phone #:		
☐ **YES, I want to receive courtesy text messages reminders before each payment is due. I understand standard text and data charges may apply. If I do not receive a text message, I understand that payment is still due on time.** ☐ **NO, I DO NOT want to receive courtesy text messages.**		
DOB:	***Social Security #:**	**Drivers License #, ST:**
Current Employer:		**MO Income: $**

AGREEMENT: I understand and agree to the following payment plan:

- The court will add a **$25 fee** to each case when a payment plan continues **for 12 months or more** has been requested by the debtor.
- The court does **not** send billing statements.
- The court will add a $35 fee to my case balance for each check returned by a bank.
- **One or more** of the following will happen if I do not pay as agreed:
  1) The court may require me to pay in full immediately
  2) I may be charged with contempt of court and ordered to appear in front of a judge to explain why I did not pay according to this agreement
  3) My wages may be garnished
  4) I could be arrested
  5) The court may, without notice, refer my cases for collection to the Oregon Department of Revenue or a private collection agency. A collection fee will be added 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 at any time

**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: $_____ per month starting on _____, and each month thereafter until paid in full or modified.

_____ _____ _____

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

Payment Options:	**Send Check or Money order to: State of Oregon**		**Pay Online at:**
	807 Main Street, Room 104 **Oregon City, OR 97045**	**1163 State Street** **Salem OR 97301**	**www.courts.oregon.gov/services/online/Pages/epay.aspx** *A $1.50 processing fee will be assessed per transaction*

Payment by Phone: credit/debit card (Visa, Mastercard, Discover or American Express) CALL:
503.655.8447, option 6, option 2 (Clackamas Court) (888)-564-2828 (Central Services)