

Person Filing: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
 Representing Self  Attorney (Bar No. \_\_\_\_\_)

CLERK USE ONLY

CAREFREE-CAVE CREEK CONSOLIDATED COURT (0767)  
37622 N. Cave Creek Road, Suite B. Cave Creek, AZ 85331

(P) 480-488-1689 (F) 480-595-9610

**STATE OF ARIZONA**  
Plaintiff  
  
v.  
  
\_\_\_\_\_  
Defendant (First, MI, Last)

**Complaint/Docket No.**  
  
\_\_\_\_\_  
  
**PAYMENT PLAN REQUEST**

Defendant Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Drivers License No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

I hereby enter a plea of responsible and consent to judgment imposing the fine(s) on the charge(s) listed below, in order to implement a payment plan and satisfy my financial obligation(s). I understand there is an additional one-time \$20.00 Time Payment fee pursuant to A.R.S. § 12-116.

Charges: \_\_\_\_\_ Fine: \_\_\_\_\_

\_\_\_\_\_ Fine: \_\_\_\_\_

\_\_\_\_\_ Fine: \_\_\_\_\_

Time Payment:       \$20.00      

Court Enhancement:       \$44.75      

Total: \_\_\_\_\_

I, \_\_\_\_\_, agree to pay \$ \_\_\_\_\_/month on the \_\_\_\_\_ of each month until my total judgement is satisfied. I understand that should I not make timely payment that my account may enter into default and additional fees may be included.

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

Case No.: \_\_\_\_\_

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**MONTHLY INCOME & EXPENSE INFORMATION**

Employment Status:  Student  Full Time  Part Time  Unemployed / Next Pay Day: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Separated / Number of Dependents: \_\_\_\_\_

How much would you like to pay today? \$ \_\_\_\_\_

<u>Monthly Income</u>	
Income	\$
Spouse's Income	\$
Unemployment	\$
Welfare/Disability	\$
Social Security	\$
Worker's Compensation	\$
Child Support	\$
Spousal Maintenance	\$
Other:	\$
<b><u>TOTAL INCOME</u></b>	

<u>Monthly Expenses</u>	
Mortgage/Rent	\$
Utilities	\$
Food	\$
Credit Card Payment	\$
Installment Loans	\$
Charge Accounts	\$
Vehicle Payments	\$
Medical Costs	\$
Child Support	\$
Other:	\$
<b><u>TOTAL EXPENSES</u></b>	

I, \_\_\_\_\_, hereby make these representations under **penalty of perjury**.

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_