

EVERETT MUNICIPAL COURT

3028 Wetmore Ave Everett, WA 98201
425.257.8778

TIME PAYMENT AGREEMENT

Name: _____

Case Number(s): _____

FINE/PENALTY DUE: \$ _____

AMOUNT PAID TODAY \$ _____

BALANCE OWING \$ _____

MONTHLY PAYMENT SET IN THE AMOUNT OF \$ _____ WHICH IS DUE ON THE
_____ OF EACH MONTH BEGINNING ON _____

_____ Added to existing Time Payment Agreement on case _____

YOU MUST MAKE A **FULL** PAYMENT **EACH** MONTH OR YOUR ACCOUNT WILL BE CONSIDERED DELINQUENT AND THE TOTAL AMOUNT OWING WILL BECOME DUE IMMEDIATELY. YOU WILL NOT RECEIVE A MONTHLY STATEMENT

PLEASE PROVIDE YOUR CASE NUMBER WHEN MAKING A PAYMENT

_____ *I admit that I committed the offense(s), waive my right to a hearing and request to make a payment plan.*

_____ *A fine / penalty has been assessed after a hearing and I am requesting a payment plan.*

_____ *I am currently on a time payment plan, but am requesting a one-time extension.*

I promise to pay all fines, penalties and fees according to the terms of this agreement. I understand that one or more of the following may occur if a full monthly payment is not received.

ACCOUNT WILL BE REFERRED TO A COLLECTION AGENCY AND I WILL BE LIABLE FOR ANY AND ALL COLLECTIONS COSTS AND ADDITIONAL PENALTIES.

IF MY CASE INVOLVES A TRAFFIC MATTER, THE DEPARTMENT OF LICENSING MAY SUSPEND MY LICENSE OR PRIVILEGE TO DRIVE AND AN ADDITIONAL PENALTY MAY BE ADDED TO THE ABOVE AMOUNT.

IF MY CASE IS A PARKING CITATION, NON-PAYMENT MAY RESULT IN ADDITIONAL PENALTIES AND NON-RENEWAL OF YOUR VEHICLE REGISTRATION UNTIL PENALTIES HAVE BEEN SATISFIED.

DATE: _____ SIGNATURE: _____

A \$25 NSF FEE WILL BE ADDED FOR ANY RETURNED CHECKS