APPLICATION FOR A THIRTY (30) DAY EXTENSION TO PAY

NAME DATE CITATION NO.

ADDRESS CITY STATE ZIP

PHONE/CELL NUMBER E-MAIL ADDRESS

You must meet the following requirements to qualify for an extension:

- Must be at least age 17 at time of offense.
- Must have a valid driver's license or ID
- Must enter a plea of **NO CONTEST** or **GUILTY** (Circle one)
- Must pay the balance of the citation within 30 days.

I, the undersigned defendant, do hereby waive the filing and reading of a sworn complaint, waive my right to trial (jury or non-jury), and enter my plea of no contest to the above numbered case and request a 30-day extension to pay the court-ordered fines, court costs, and/or fees. I understand that my plea may result in a conviction appearing on either a criminal record or driver's license record. I understand that failure to pay the fine in full by the 30th day will result in a $15.00 Time-Payment Reimbursement Fee being assessed and may result in a warrant being issued for my arrest and additional fees being added.

I understand that the 30-day extension will begin on the date the request is received by the Court.

By signing below, I swear or affirm that I understand the requirements and information provided above and request that the Court grant a 30-day extension to pay my citation.

_____ _____

Defendant's Signature Date

If you require more than 30 days to pay your citation, you must appear in court for other options.

If you do not pay in full within 30 days, there will be a $15.00 Time-Payment Reimbursement Fee added to each violation.

THIS FORM SHOULD BE COMPLETED, SIGNED, AND RETURNED TO THE COURT ON OR BEFORE THE APPEARANCE DATE SHOWN ON YOUR CITATION.