

CONTACT INFORMATION SHEET

I, THE BELOW NAMED DEFENDANT WOULD LIKE A STANDARD PAYMENT PLAN TO SATISFY MY CASE BALANCE. I BELIEVE I CAN MAKE PAYMENTS OF (CHECK ONE):

\$50.00 EVERY TWO WEEKS \$100.00 EVERY MONTH OTHER: \$ _____ EVERY _____

DEFENDANT'S NAME: _____

DEFENDANT'S HOME ADDRESS: _____

DEFENDANT'S PRIMARY CONTACT PHONE NUMBERS:

HOME: _____

PRIMARY: _____

OTHER/CELL: _____

EMAIL ADDRESS (IF ANY): _____

PERSONAL CONTACTS (REQUIRED)

Provide the names and contact information for persons that can be contacted if you are unable to be contacted directly. Court staff may contact these persons in an attempt to get in touch with you.

CONTACT #1:

CONTACT NAME: _____

CONTACT PHONE NUMBER: _____

CONTACT MAILING ADDRESS: _____

CONTACT E-MAIL: _____

CONTACT #2:

CONTACT NAME: _____

CONTACT PHONE NUMBER: _____

CONTACT MAILING ADDRESS: _____

CONTACT E-MAIL: _____

DEFENDANT'S SIGNATURE: _____ DATE: _____

**** FOR USE BY COURT STAFF ONLY****

INFO. OBTAINED BY COURT ON (DATE): _____

OBTAINED IN PERSON OR BY MAIL FROM DEFENDANT OBTAINED BY PHONE FROM DEFENDANT

VERIFICATION METHOD: WRITTEN EVIDENCE OF CONTACT INFORMATION TELEPHONED CONTACTS

VERIFICATION SERVICE

VERIFIED BY (STAFF NAME): _____ DATE VERIFIED: _____

POST-PAYMENT PLAN INTERVIEW

PAYMENT PLAN TYPE: JUDGE SET STANDARD INTERVIEW: IN-PERSON PHONE

REVIEWED PAYMENT PLAN TERMS WITH DEFENDANT? YES / NO

INTERVIEWER NAME: _____ DATE OF INTERVIEW: _____