

IN THE DELAWARE MUNICIPAL COURT

State of Ohio

Case No: _____

vs. _____

Defendant

Application for Fines & Costs (\$20 motion fee applies unless noted)
Time to Satisfy / Payment Plan/ Recall License / Registration Block

Defendant must complete all sections.

Current residence: _____
No. & Street City State Zip

Phone: _____ Email _____

Employer: _____
Name of employer No. & Street City State Zip

Savings / Checking Acct. _____
Name of bank No. & Street City State Zip

Contact Person _____
Name No. & Street City State Zip Phone

I own rent my home (check one) I own do not own a vehicle (check one)

Other: _____

Defendant must select A, B, or C.

A. This is my **first** application; the Court granted me time to pay fines & costs on condition that I complete this application (no application fee).

B. This is my **second** application. I submit \$ _____ with this application and request:

1. A payment plan. I am able to pay \$ _____ per month until I have paid in full. I understand that if the Court grants a payment plan and I fail to make the payments, I will be required to pay in full.

2. Recall of the license/registration block(s) contingent upon timely payments by me.

C. This is my **third** application. I understand that a hearing is required.

Text Message Reminders

_____ By initialing, I agree to receive text messages about hearing dates and other information for my case. I understand I must still appear in my case even if I do not receive a text message reminder about a hearing date. I understand I will continue to receive text messages about my case unless I reply 'Stop.' Message and data rates may apply.

WARNING! By signing below, I am entering into an agreement to pay as promised and agree that my failure to timely pay or complete community service may result in arrest, loss of driver's license and vehicle registration/transfer privileges, garnishment, and additional costs and fees!

By signing below, I understand that I may complete and apply community service work at a rate of \$15.00 per hour toward my unpaid fines/costs. Community service hours must be approved by the Office of Community Control.

I certify the above information is true, accurate, and complete.

X _____
Defendant