



# PAYMENT PLAN AGREEMENT

All shaded areas of this 2-sided form must be completed. Incomplete forms may be rejected. Include ALL case numbers that you want included in the payment plan:


## Please Print Legibly

Name:	Date of Birth:	
Mailing Address:	City, State:	Zip:
Driver's License/State:		
Phone Number:	Alternate Phone Number:	

**My monthly payment will be determined by adding the \$30.00 payment plan fee to the balance, dividing the total by the number of months selected and rounding up to the next whole dollar.**

### You must select one option below:

If no selection is indicated, you will be placed on the 24 month plan.

- 6 month payment plan**
- 12 month payment plan**
- 18 month payment plan**
- 24 month payment plan**

## Agreement

I understand that Court fines/fees/penalties are due immediately when imposed. The Bend Municipal Court allows for full payment within thirty (30) calendar days. I cannot pay the full amount imposed now without substantial hardship to my dependent family or myself, therefore, I am requesting a payment plan at this time. I understand and agree to all of the following conditions of this payment plan:

1. This is my only notice of payment due dates, the Court will not send reminders.



2. The Court will impose a Payment Plan Fee of \$30.00 and your balance will be divided into 6, 12, 18 or 24 monthly payments as requested above.
3. My first monthly payment will be due according to the payment plan schedule. Payment due dates or plan length cannot be changed or extended without prior written approval from the Judge. Payments are due by 4:00pm on the scheduled date.
4. My monthly payment must be **RECEIVED** by the Bend Municipal Court no later than the due date assigned on my payment plan schedule. Payments are applied to cases with the lowest balance first.
5. Payments may be made in any of the following manners:
  - Telephone – credit/debit cards (MasterCard, Visa or Discover)
  - a. Mail – check, money order
  - b. In Person – credit/debit, check, money order, cash
  - c. 24 hour secure drop box located at the entrance to Municipal Court – check or money order only
6. If I request a payment plan on any fines/fees/penalties on future violations or infractions, I must complete a separate payment agreement with an **additional Payment Plan Fee of \$30.00**.
7. I will keep the Court informed of any change in my address and telephone number. All changes to my address and/or phone must be in writing.
8. This payment plan may be revoked without further notice to me if any of the following occur:
  - a. My payment is not received on or before the due date.
  - b. My form of payment is returned unpaid (example: NSF check);
  - c. I fail to complete any other conditions of my conviction or dismissal in the time allowed (example: Traffic Safety School, Young Driver Program)
9. If this payment plan is revoked, the following may occur **on ALL cases included in the payment plan without further notice:**
  - a. Any other conditions of dismissal will be revoked (example: Traffic Safety School, Young Driver Program).
  - b. If not previously convicted, a conviction will be entered for the violation/infraction on the citation or the infraction will be upheld.
  - c. The full amount of the presumptive fine/penalty for the violation/infraction will be imposed. Administrative fees and Payment plan fees will not be applied to any balance owing and are non-transferrable and non-refundable.
  - d. Your balance due will be forwarded to a collection agency immediately with additional collection fees of up to 25% of the total amount due. Note: If you are under age 18, your debt will be forwarded to the collection agency after your 18 birthday.

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Signature

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Date



### **Accommodation Information for People with Disabilities & Language Assistance Services**

You can obtain this information in alternate formats such as Braille, electronic format, etc. Free language assistance services are also available. Please email [accessibility@bendoregon.gov](mailto:accessibility@bendoregon.gov) or call 541-693-2198. Relay Users Dial 7-1-1. All requests are subject to vendor processing times and should be submitted 48-72 hours in advance of events.

### **Servicios de asistencia lingüística e información sobre alojamiento para personas con discapacidad**

Puede obtener esta información en formatos alternativos como Braille, formato electrónico, etc. También disponemos de servicios gratuitos de asistencia lingüística. Póngase en contacto en correo electrónico [accessibility@bendoregon.gov](mailto:accessibility@bendoregon.gov) o número de teléfono 541-693-2198. Los usuarios del servicio de retransmisión deben marcar el 7-1-1. Por favor, envíe sus solicitudes con 48-72 horas de antelación al evento; todas las solicitudes están sujetas a los tiempos de procesamiento del proveedor.