

**REQUEST FOR PAYMENT PLAN**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NO. \_\_\_\_\_

CASE NO. \_\_\_\_\_

EMPLOYER (IF UNEMPLOYED PLEASE LIST LAST EMPLOYER)

\_\_\_\_\_

PLEASE CHOOSE ONE:

\_\_\_\_\_ WEEKLY PAYMENTS

\_\_\_\_\_ BI-WEEKLY PAYMENTS

\_\_\_\_\_ MONTHLY PAYMENTS

AMOUNT OF EACH PAYMENT \_\_\_\_\_

DATE OF FIRST PAYMENT \_\_\_\_\_

**NOTE:** A ONE TIME FEE OF \$5.00 WILL BE CHARGED FOR EACH REQUEST FILED.

SIGNATURE: \_\_\_\_\_