

IN THE MUNICIPAL COURT OF MCMINNVILLE, COUNTY OF YAMHILL, STATE OF OREGON

230 NE 2nd Street, McMinnville OR 97128~503-434-7402, fax 503-435-5787

PAYMENT AGREEMENT

Citation(s) _____

Offense(s) _____

Date of Sentence _____

Having been found guilty or pleaded guilty or no contest to the above named offense(s), and having been sentenced, the following amounts apply:

Fine(s)/Fees..... \$ _____ (includes applicable court costs)

Assessments..... \$ _____ (if applicable)

Contract Charge* \$ _____ (*waived if fine paid in full by 5 p.m. on _____)

Total Balance \$ _____

I agree to pay this balance at the rate of \$ _____ per month, the first payment of which is due on _____

Thereafter, a payment is due every _____ day of the month until account balance is paid in full. It is my responsibility to make sure payments are received. **The court does not mail statements.** The court accepts only Visa or Mastercard payments over the phone 503-434-7402.

I am asking for an extended payment schedule in order to pay my obligations to the court because I cannot pay the full amount now without causing substantial hardship to my dependent family or myself. I swear the information contained in this affidavit is true. I understand that the information may be verified and I agree to cooperate in the process.

I fully understand that **should I fail to pay** the total balance as set forth above, the following will occur: **If account becomes 30 days past due or payments of less than minimum amount are received a suspension may be sent to the Department of Motor Vehicles for immediate suspension of my driver's license.** Additional suspension fees will be added to the balance owing if applicable. My account may also be turned over to a collection agency.

I hereby acknowledge that the address below is current and correct and that I will notify the court immediately of any change of address.

Name: Last _____ First _____ Middle _____

Date of Birth _____ Driver's License No. _____

Mailing Address: _____

City _____ State _____ Zip Code _____

Residence Address (if not same as mailing) _____

Social Security # _____ Home _____ Cell _____

Current Employer _____ Phone _____

I understand that willful failure to pay a fine can constitute contempt of court, for which I can be arrested and sentenced to jail.

Signature

Subscribed and sworn to before me this _____ day of _____, _____

Clerk of the Court

NOTE: Pursuant to House Bill #2055, as provided for in ORS 137.118 – You are hereby notified that a collection fee of 25% will be added to your principle balance if it is assigned to our collection agency. If you live or move out of state and this debt is assigned to an out-of-state agency, the collection fee will be increased to 40%.