

(COMPLETE BOTH PAGES – PLEASE PRINT) Blank answers will delay your processing.



APPLICATION FOR EXTENSION OF TIME PAYMENT PLAN  
COURT COLLECTIONS

HOW MUCH ARE YOU PAYING TODAY? \$ \_\_\_\_\_

**A) PERSONAL INFORMATION: COMPLETE ALL BLANKS**

Social Sec. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ Ht. \_\_\_\_\_ Wt. \_\_\_\_\_

Color Eyes \_\_\_\_\_ Color Hair \_\_\_\_\_ Driver's License [ ] or I.D. [ ] Number# \_\_\_\_\_ State \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Go By

Mailing Address: \_\_\_\_\_  
Street Apt. # City/State Zip Code

Physical Address: \_\_\_\_\_  
Street Apt. # City/State Zip Code

Does anyone other than you live at this address? Yes [ ] No [ ] If yes, who & relationship? \_\_\_\_\_

Cell/Message Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

[ ] Married [ ] Single [ ] Separated [ ] Divorced Email: \_\_\_\_\_

If married, Spouse's Name \_\_\_\_\_  
First Middle Last

Spouse's Address & Phone # (if different) \_\_\_\_\_  
Address Phone

**B) CONTACTS: LIST (2) PEOPLE WHO CAN CONTACT YOU.**

1) \_\_\_\_\_  
Name City/State Phone Relationship

2) \_\_\_\_\_  
Name City/State Phone Relationship

**C) STUDENT INFORMATION:** ARE YOU A STUDENT? [ ] YES [ ] NO IF "NO," MOVE TO PART "D"

If yes, [ ] College [ ] High School [ ] Other Status [ ] Full-time [ ] Part-time Education (grade level completed) \_\_\_\_\_

Name of School \_\_\_\_\_ Who pays tuition? \_\_\_\_\_ Hours you attend school: Everyday \_\_\_\_\_ to \_\_\_\_\_ or

MWF \_\_\_\_\_ to \_\_\_\_\_ or TTH \_\_\_\_\_ to \_\_\_\_\_ or Other (explain): \_\_\_\_\_

**For Office Use Only** Total Due \$ \_\_\_\_\_ Court \_\_\_\_\_ Offense \_\_\_\_\_

Case Number \_\_\_\_\_ Attorney \_\_\_\_\_ Over Phone [ ] / In-Person [ ]

(COMPLETE FRONT and BACK – PLEASE PRINT) Blank answers will delay your processing.

**D) EMPLOYMENT:** Are you ☐ Employed ☐ Unemployed?

How long? \_\_\_\_\_ ☐ Days ☐ Weeks ☐ Months ☐ Years

If employed, ☐ Part-time ☐ Full-time

If "Part-time," approximately how many hours per week: \_\_\_\_\_

Employer: Name \_\_\_\_\_

Address \_\_\_\_\_

Phone# (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Hourly wage \$ \_\_\_\_\_ Take Home Pay \$ \_\_\_\_\_

☐ weekly ☐ bi-weekly ☐ monthly Next Pay Day \_\_\_\_\_

**Spouse's Employer:** ☐ Employed ☐ Unemployed

How long? \_\_\_\_\_ ☐ Days ☐ Weeks ☐ Months ☐ Years

If employed, ☐ Part-time ☐ Full-time

If "Part-time," approximately how many hours per week: \_\_\_\_\_

Employer: Name \_\_\_\_\_

Address \_\_\_\_\_

Phone# (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Hourly wage \$ \_\_\_\_\_ Take Home Pay \$ \_\_\_\_\_

☐ weekly ☐ bi-weekly ☐ monthly Next Pay Day \_\_\_\_\_

**E) CREDITORS**

List All of Your Creditors (ex. Banks, Auto Payment, Credit Card Accounts, Finance Companies, Rent-to-Own Companies, etc.)

Company Name	Balance Owed	Payment Amt. (wk./mo)
Company Name	Balance Owed	Payment Amt. (wk./mo.)
Company Name	Balance Owed	Payment Amt. (wk./mo.)
Company Name	Balance Owed	Payment Amt. (wk./mo.)

**F) ASSETS: Bank Accounts:**

☐ Checking Bank Name \_\_\_\_\_ Balance \$ \_\_\_\_\_

☐ Savings Bank Name \_\_\_\_\_ Balance \$ \_\_\_\_\_

**Automobiles:**

Year \_\_\_\_\_ Make/Model \_\_\_\_\_

Year \_\_\_\_\_ Make/Model \_\_\_\_\_

**G) OTHER INCOME**

☐ Welfare \$ \_\_\_\_\_

☐ Retirement \$ \_\_\_\_\_

☐ SSI Retirement \$ \_\_\_\_\_

☐ SSI Disability \$ \_\_\_\_\_

☐ Unemployment \$ \_\_\_\_\_

☐ Food Stamps \$ \_\_\_\_\_

☐ Child Support \$ \_\_\_\_\_

☐ Other Income \$ \_\_\_\_\_

Explain: \_\_\_\_\_

**H) EXPENSES:**

☐ Rent/Mortgage \$ \_\_\_\_\_

☐ Electric/Water \$ \_\_\_\_\_

☐ Home Gas \$ \_\_\_\_\_

**H) EXPENSES CONTINUED:**

☐ Phone \$ \_\_\_\_\_

☐ Other Utilities \$ \_\_\_\_\_

☐ Food \$ \_\_\_\_\_

☐ Car Insurance \$ \_\_\_\_\_

☐ Child Care \$ \_\_\_\_\_

☐ Life/Hlth Ins. \$ \_\_\_\_\_

☐ Child Support \$ \_\_\_\_\_

☐ Garnished ☐ Pay direct

☐ Prob. /Parole \$ \_\_\_\_\_

☐ Tax Liens \$ \_\_\_\_\_

☐ Other \$ \_\_\_\_\_

What? \_\_\_\_\_

**All expenses in you & spouses name?**

☐ Yes ☐ No

**I) DEPENDENTS**

How many dependents do you support? \_\_\_\_\_

☐ Spouse

☐ Child (ren)

Age \_\_\_\_\_ Age \_\_\_\_\_

Age \_\_\_\_\_ Age \_\_\_\_\_

Age \_\_\_\_\_ Age \_\_\_\_\_

☐ Other

Relationship \_\_\_\_\_

☐ Other

Relationship \_\_\_\_\_

**ACKNOWLEDGMENT AND DECLARATION:**

Under penalty of perjury, I hereby certify the information I have supplied is a complete and accurate statement of my current financial condition. I authorize **Court Collections of Mitchell County**, their employees or agents to conduct a complete and thorough investigation of my statement. I understand this investigation and subsequent contact could include direct verifications of all information given, through phone calls, texts via auto or robo dialer, or email and any other electronic means including obtaining reports from credit reporting agencies. Upon acceptance of a standard plan, I waive my right for **Court Collections** or its affiliates to review my financial status. It is with this understanding, consent and acknowledgment that I formally request an extension of time to pay assessed fines, fees and court costs now due and payable to **Court Collections**. It is also with this understanding, that I accept the terms and conditions of any and all payment or non-monetary plans.

Sworn and Subscribed on \_\_\_\_\_ 2026, by the Defendant.

X \_\_\_\_\_  
Defendant's Signature