

MUNICIPAL COURT, TOWN OF PARACHUTE, STATE OF COLORADO

REQUEST TO PAY FINE IN INSTALLMENTS

CASE # [REDACTED]

THE PEOPLE OF THE STATE OF COLORADO

vs.

[REDACTED], DEFENDANT'S NAME

I UNDERSTAND THAT IF I FAIL TO MAKE THE MINIMUM PAYMENT WHEN DUE, THE COURT MAY ***IMMEDIATELY AND WITHOUT ANY FURTHER NOTICE FROM THE COURT***, ISSUE A BENCH WARRANT FOR MY ARREST, OR MAY REQUEST TO TERMINATE MY PROBATION, OR MAY TAKE ANY OTHER ACTIONS ALLOWED BY LAW.

**\* YOU HAVE 90 DAYS TO PAY YOUR FINE IN FULL.**

I HEREBY REQUEST THE OPPORTUNITY TO PAY THE FINE AND COSTS ASSESSED IN THIS CASE, WHICH

TOTALS \$ [REDACTED] AS FOLLOWS:

PAYMENT AMOUNT: DIVIDE YOUR PAYMENT BY THREE [REDACTED] PAYMENT AMOUNT [REDACTED]

EXAMPLE: YOUR PAYMENT IS \$150.00 ( $150.00 \div 3 = 50.00$ ) SO YOUR PAYMENT WOULD BE 50.00 A MONTH  
ROUND THE FIGURE UP TO NEXT THE WHOLE DOLLAR AMOUNT EX. \$52.30 WILL BE \$53.00  
MINIMUM PAYMENT AMOUNT

PAYMENT DATE

1<sup>ST</sup> [REDACTED] \$ [REDACTED]

2<sup>ND</sup> [REDACTED] \$ [REDACTED]

3<sup>RD</sup> [REDACTED] \$ [REDACTED]

**ALL INFORMATION BELOW MUST BE FILLED OUT COMPLETELY**

THE FOLLOWING INFORMATION IS GIVEN TO ASSIST THE COURT IN COLLECTING THE FINE, IF YOU DO NOT PAY EACH INSTALLMENT IN FULL, WHEN DUE.

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

LOCAL ADDRESS: \_\_\_\_\_ DRIVER'S LICENSE# \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL # \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ WORK # \_\_\_\_\_

OUT OF STATE ADDRESS (IF APPLICABLE) \_\_\_\_\_

NAME OF NEAREST RELATIVE WHO WILL KNOW YOUR WHEREABOUTS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ PHONE: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_ DAY \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

\_\_\_\_\_  
DEFENDANT'S SIGNATURE