

Case # _____

In the Interest of _____

REQUEST FOR REINSTATEMENT OF PAYMENT PLAN

I, the undersigned do hereby request the reinstatement of my Clerk's Payment Plan.

I understand that this reinstatement is a ONE TIME opportunity provided to me by the Clerk of Courts. (NO EXCEPTIONS)

I will bring the case current and pay any late fees and other costs incurred.

I agree to remain current on all future payments with the understanding that, if I become delinquent, my driver's license may be suspended and the case will be sent to a collection agency.

AMOUNT OWED

AR AMOUNT	\$ _____
NON AR AMOUNT	\$ _____
D-6 CLEARANCE	\$ _____
AFF OF REINST	\$ _____
DL REINSTAT FEE	\$ _____
Total	\$ _____

Defendant's Name

Defendant's Street Address

City, State, Zip Code

Phone Number

Defendant's Signature

Date

I have reviewed the above case and approve the one time reinstatement of the payment plan.

Deputy Clerk

Date

NEXT PAYMENT DUE _____