

COMMONWEALTH OF PENNSYLVANIA  
COUNTY OF YORK  
JOHN H. FISHEL  
DISTRICT COURT 19-03-01  
2997 CAPE HORN ROAD  
RED LION, PA 17356  
PHONE (717) 244-4002 FAX (717) 246-1533

PAYMENT PLAN REQUEST

NAME: (first, middle, last) \_\_\_\_\_

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

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

PLACE OF EMPLOYMENT: \_\_\_\_\_ PHONE # \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ CELL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ DRIVERS LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_

CHECK APPROPRIATE BOX:

- OWE \$300.00 OR LESS = \$ 25.00 PAYMENT
- OWE \$300.01 TO \$ 500.00 = \$40.00 PAYMENT
- OWE \$500.01 TO \$ 1000.00 = \$ 50.00 PAYMENT
- OWE \$1000.01 TO \$1500.00 = \$75.00 PAYMENT
- OWE \$1500.01 TO \$ 2000.00 = \$100.00 PAYMENT

DATE TO START: \_\_\_\_\_

All Payment plan are now MONTHLY

Please note: If you owe more than \$2000.00 you will need to have two separate payment plans or double the payment plan above. I understand that if I do not keep up with this payment plan, or if I stop making payments, a WARRANT for my arrest WILL be issued. Additionally, if I am a juvenile (younger than 18 years of age) and fail to make these payments, this case will be sent to the Juvenile Probation Department for processing. Payments will then have to be made to that agency.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_