

COMMONWEALTH OF PENNSYLVANIA  
COUNTY OF YORK  
**DISTRICT COURT 19-3-01**  
**401 E. BROADWAY SUITE F**  
**RED LION, PA 17356**  
717-244-4002

**PAYMENT PLAN REQUEST**

Name: (First, Middle, Last) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: (Cell) \_\_\_\_\_ Other \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone #: \_\_\_\_\_

Check Appropriate Box:

- Owe \$300.00 or Less = \$25.00/month payment
- Owe \$300.01 to \$500.00 = \$40.00/month payment
- Owe \$500.01 to \$1000.00 = \$50.00/month payment
- Owe \$1000.01 to \$1500.00 = \$75.00/month payment
- Owe \$1500.01 to \$2000.00 = \$100.00/month payment

**PAYMENT PLANS WILL NOT AUTOMATICALLY BE LOWERED- YOU MUST REQUEST.**

***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 Juvenile (Younger than 18 years of age) and fail to make these payments, this case will be sent to Juvenile Probation Department for processing. Payments will then have to be made to that agency.***

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