

**PETITION FOR PAYMENT AGREEMENT  
FOR FINES AND COSTS OR  
REQUEST TO MODIFY EXISTING AGREEMENT**

Commonwealth of Virginia VA. CODE § 19.2-354.1

Case No(s) .....

General District Court  Circuit Court  
 Juvenile and Domestic Relations District Court

.....  
CITY OR COUNTY

.....  
COURT ADDRESS

Commonwealth of Virginia **v.** .....

DEFENDANT/JUVENILE

.....

.....  
ADDRESS OF DEFENDANT/JUVENILE

.....  
SOCIAL SECURITY NO.

.....  
CITY STATE ZIP

.....  
TELEPHONE NO.

I cannot pay the fines, costs, forfeiture, restitution (if not otherwise ordered), and/or penalty of \$ ..... in full at this time.

I respectfully petition the court to allow me to pay the fines, costs, forfeiture, restitution (if not otherwise ordered) and/or penalty plus any additional court-appointed attorney fee, if applicable,

in periodic payments OR  
 in one payment due in full on a future date

and I shall try to make periodic payments until that future date AND/OR

by doing community service work to earn credit for finest and costs only, if available.

I respectfully request that the court modify my existing payment agreement for the following reasons:

.....  
**Court Debt Owed in Other Courts:**

I currently owe unpaid fines, costs, forfeiture, restitution, and/or penalty in ..... other courts.

NO.

I owe a total of \$ ..... in those other courts.  I do not know the total of unpaid court debt owed.

TOTAL OWED

I pay a total of \$ ..... per month towards that unpaid court debt.  DMV summary attached.

I do not have unpaid court debt in other courts.

**Financial Information:**

The information provided to this court by defendant on Form DC-333, FINANCIAL STATEMENT – ELIGIBILITY DETERMINATION FOR INDIGENT DEFENSE SERVICES, as previously submitted, is unchanged.

OR

This information is provided to this court below in support of this Petition or Request:

**Public Assistance:**

I currently receive the following type(s) of public assistance:

TANF \$ .....  Medicaid  Supplemental Security Income \$ .....

SNAP (food stamps) \$ .....  Other (specify type and amount) .....

I do not receive public assistance.

**Employment:**

I am employed.

I am not currently employed and it has been ..... months since I was last employed.

Employer(s)

Occupation

Defendant .....  self-employed .....

Spouse .....  self-employed .....

Number of Dependents .....

Defendant

Spouse

**Household Net Income:**  
Take-Home Pay (after taxes, etc.) \$ ..... \$ .....

Pay Period (weekly, every 2 weeks, twice monthly, monthly) \$ ..... \$ .....

Other Income Sources (specify) ..... \$ ..... \$ .....

Income Contribution of Dependents \$ ..... \$ .....

**TOTAL NET INCOME =** \$ .....

Case No. ....

Defendant

Spouse

**Assets:**

Bank Accounts/Cash on Hand \$ ..... \$ .....

Other Assets (specify) ..... with a value of ..... \$ ..... \$ .....

Real Estate - \$ ..... NET VALUE \$ ..... \$ .....

Motor Vehicles ..... YEAR AND MAKE ..... YEAR AND MAKE ..... \$ ..... \$ .....

Other Personal Property: (describe) ..... \$ ..... \$ .....

**TOTAL ASSETS =** \$ .....

**Debts Owed (amount paid per month):**

Car payment \$ ..... \$ .....

Rent/mortgage payment \$ ..... \$ .....

Credit card payments \$ ..... \$ .....

Other monthly payments (not including court debt payments) \$ ..... \$ .....

**TOTAL MONTHLY DEBTS =** \$ .....

**EXCEPTIONAL EXPENSES (Total Exceptional Expenses of Family)**

Medical Expenses (list only unusual and continuing expenses) ..... \$ .....

Court-ordered child support payments/alimony ..... \$ .....

[ ] deducted from paycheck [ ] not deducted from paycheck

Child-care payments (e.g. day care) ..... \$ .....

Other (describe): ..... \$ .....

**TOTAL EXCEPTIONAL EXPENSES** \$ .....

**THIS STATEMENT IS MADE UNDER OATH, ANY FALSE STATEMENT OF A MATERIAL FACT TO ANY QUESTIONS CONTAINED HEREIN SHALL CONSTITUTE PERJURY UNDER THE PROVISIONS OF VA. CODE § 18.2-434. THE MAXIMUM PENALTY FOR PERJURY IS CONFINEMENT IN THE STATE PENITENTIARY FOR A PERIOD OF TEN YEARS.**

I hereby state that the above information is correct to the best of my knowledge.

..... DATE ..... DEFENDANT

Sworn to and signed before me this

..... day of ....., 20 ..... [ ] CLERK [ ] DEPUTY CLERK

**FOR NOTARY PUBLIC'S USE ONLY:**

State of ..... [ ] City [ ] County of .....

Acknowledged, subscribed and sworn to before me this ..... day of ....., 20 .....

..... NOTARY REGISTRATION NUMBER ..... NOTARY PUBLIC (My commission expires: .....)

**ORDER FOR REQUEST TO MODIFY EXISTING PAYMENT AGREEMENT**

Upon request to modify an existing payment agreement,

- [ ] the request is granted based upon a good faith showing of need, and the new payment agreement is set forth on form
[ ] DC-210, ACKNOWLEDGMENT OF SUSPENSION OR REVOCATION OF DRIVER'S LICENSE
[ ] CC-1379, ACKNOWLEDGMENT OF SUSPENSION OR REVOCATION OF DRIVER'S LICENSE/ORDER AND NOTICE OF DEFERRED PAYMENT OR INSTALLMENT PAYMENTS.
[ ] the request is denied, and the current payment agreement continues in full force and effect.

..... DATE ..... [ ] JUDGE [ ] CLERK [ ] DEPUTY CLERK