Fountain Hills Municipal Court
16705 E. Avenue of the Fountains, Fountain Hills, AZ 85268•(480)816-5103
www.fountainhillsaz.gov/court• fountainhillscourt@courts.az.gov

DEFENDANT'S PAYMENT PLAN REQUEST

This Payment Plan Request form is used if you are unable to pay in full, to apply for a payment plan, or Compliance Assistance Program (CAP). This form must be completed in full and submitted to the Court for review.

Payments will be determined by the income vs. expenses listed on the form. After the Court receives your form, please allow 2-3 working days for the Court to process your request.

If eligible, a payment agreement will be created, which adds a $10.00 Contract Administration fee, and a one-time $20.00 time payment fee mandated by Arizona Revised Statute. However, pursuant to Senate Bill 1197, effective 10/31/2023 juvenile cases filed with the court are no longer subject to the $20.00 time payment fee.

INSTRUCTIONS FOR FILING DEFENDANT'S PAYMENT PLAN REQUEST

1) Complete all necessary information on the form. Every section needs a response, if something does not apply, please write a "0" or "N/A" for not applicable.
2) Save the form and file it with the Court.
3) To file with the Court, you must submit the completed form to the Court by email as an attachment (Word or PDF attachments only), by fax, by mail, or in person.

If filing by email:

Attach the completed form and send to fountainhillscourt@courts.az.gov. Only Word and PDF documents will be accepted. Photos (.jpeg or other photo files) will not be accepted.

If filing by fax:

Print the completed form and fax it to Fountain Hills Municipal Court at 480-837-8256.

If filing by mail:

Print the completed form and mail it to Fountain Hills Municipal Court, 16705 E. Avenue of the Fountains, Fountain Hills, AZ 85268.

If filing in person:

Bring the completed form to the Court (address above). If outside of business hours, the form may be placed in the drop box on the south side of the building.

NOTE: It is your responsibility to ensure that your fax or email was received by the Court. The Court can be reached at the phone number above to check if the Court received and processed your filing.

Fountain Hills Muncipal Court
Payment Plan Application

Case Number: _____

1. DEFENDANT - ACUSADO

Your Name (First, Middle, Last, Maiden) Su Nombre Completo y Apellidos (Incluyendo el de Soltera)					
Social Security # Número de Seguro Social	**Date of Birth**/Fecha de Nacimiento	**Driver License Number** Número de Licencia de Manejar	**State** De Cuál Estado	**Expiration Date** Fecha de Vencimiento	**Class** Tipo
Current Address (Include Apartment, Lot #, City, State and Zip Code) Domicilio Actual (Incluya Número de Apartamento, Lote, Cuídate, Estado y Código Postal)				**Email Address** Dirección de correo Electrónico	
Permanent Address (Include Apartment, Lot #, City, State and Zip Code) Dirección Permanente (Incluya Número de Apartamento, Lote, Ciudad, Estado y Código Postal)				**Telephone** Número de Teléfono	

EMPLOYMENT INFORMATION – INFORMACIÓN DE TRABAJO

Your Employer Name Nombre de Donde Usted Trabaja	**Employer Address (Include Suite #, City, State and Zip Code)** Dirección de su Empleador (Incluya Número de Oficina, Ciudad, Estado y Código Postal)			
Your Title or Position Titulo o Posición en el Trabajo	**FT/PT** Tiempo Completo o Parcial	**Hourly Rate** Salario Por Hora	**Pay Schedule** Que Días le Pagan	**Work Telephone** Número de Teléfono del Trabajo
How long have you worked here Tiempo Tiene Trabajando Ahí	**If Unemployed, How long?** Si Esta Desempleado, Desde Cuando	**Number of Dependants** Número de Dependientes Que Mantiene		**Date of Next Check** Fecha de Su Próxima Cheque

2. SPOUSE OR ROOMMATE – CONYUGE O MASCULINO/FEMENINO DE HABITICIÓN

Name (First, Middle, last, Maiden) Nombre (Nombre y Apellidos, Incluyendo el de Soltera)	
Does this person contribute to your combined monthly expenses? ☐ Yes ☐ No ¿ Esta persona contribuye a sus costos mensuales combinados? ☐ Sí No	**If so, what percentage of the monthly expenses do they contribute?** _____% ¿Si es así qué porcentaje de los costos mensuales contribuyen? _____%

3. REFERENCES - REFERENCIAS

Reference #1 – Name (First, Middle, Last **Referencia #1** – Nombre y Apellidos	Relationship Parentesco	Phone Number Numero de teléfono
Address (Include Apartment, Lot #, City State and Zip Code) Domicilio Actual (Incluya Numero de Apartamento, Lote, Ciudad, Estado y Código Postal)		
Reference #2 – Name (First, Middle, Last **Referencia #2** – Nombre y Apellidos	Relationship Parentesco	Phone Number Numero de teléfono
Address (Include Apartment, Lot #, City State and Zip Code) Domicilio Actual (Incluya Numero de Apartamento, Lote, Ciudad, Estado y Código Postal)		
Reference #3 – Name (First, Middle, Last **Referencia #3** – Nombre y Apellidos	Relationship Parentesco	Phone Number Numero de teléfono
Address (Include Apartment, Lot #, City State and Zip Code) Domicilio Actual (Incluya Numero de Apartamento, Lote, Ciudad, Estado y Código Postal)		

4. ASSETS – ACTIVOS

Checking / Savings Balance Balance de Cuenta de Cheques / Ahorros $ _____	Vehicle (Make / Model and Year) Vehículo (Marca / Modelo y Año)

Credit cards Tarjetas de credito	VISA ☐ Yes / Si ☐ No Limit $ _____ Available balance $ _____ Saldo $ _____ Equilibrio disponible $ _____	MASTERCARD ☐ Yes / Si ☐ No Limit $ _____ Available balance $ _____ Saldo $ _____ Equilibrio disponible $ _____

Other assets (land, boats, vehicles, etc.)
Otros activos (tierra, barcos, vehículos, etc.)

MONTHLY INCOME – INGRESOS MENSUALES		MONTHLY EXPENSES – GASTOS MENSUALES	
Your Income Sus ingresos	$	**Rent / Mortgage** Renta / Hipoteca	$
Spouse's / Roommate's Income Ingresos de Su Esposa/o o Masculino / Femenino de Habiticion	$	Utilities (Electric, Gas, Water) Servicios Públicos (Electricidad, Gas, Agua)	$
Unemployment Desempleo	$	Phone(s) / Internet / Cable or Satellite Teléfono(s)/ Correo Electrónico / Cable o Satellite TV	$
Welfare / Food Stamps Bienestar Social / Estampilla para Comida	$	Food (groceries & eating out) Alimento (tienda de comestibles y el comer hacia fuera)	$
Social Security and/or Disability Seguro Social y/o Incapacitado	$	Car Loan(s) and Insurance Prestamos del Auto(s) y Aseguranza / Seguro	$
Retirement / Pension Jubilación / Pensión	$	Loans and Credit Card payments Prestamos y Cuentas de Crédito	$
Child Support and/or Spousal Support Received Manutención Infantil y/o Pensión Alimenticia Recibida	$	Child Care / Support Paid Cuidado / Manutención Infantil Pagado	$
Veteran's Benefits Beneficios de Veteranos	$	Health insurance premiums Premios del seguro médico	$
Loans; trust or annuity income Préstamos; confianza o renta de la anualidad	$	Probation / Counseling fees paid Condena Condicional / pagos a conserjería	$
Money / income from other sources Dinero /renta de otras fuentes		Other Otro	
TOTAL	**$**	**TOTAL**	**$**

I swear or affirm under penalty of perjury that the preceding information is true and correct. I understand that providing false and/or incomplete information to the Court may result in further legal action against me. The Court has permission to make any necessary inquiries to verify the information provided and to obtain any additional information required by the Court.

Juro o afirmo bajo pena de perjurio, que la información contenida aquí es verdadera y correcta. Entiendo que dar información falsa y/o incompleta a este Tribunal podría ser causa de alguna acción legal en mi contra. Este Tribunal tiene mi autorización para hacer las indagaciones necesarias para verificar la información proporcionada y para obtener cualquier información adicional que este Tribunal requiera.

_____ _____
DATE (FECHA) SIGNATURE (FIRMA)

_____ _____
DATE COURT CLERK

Please specify amount you would like to pay monthly (this is not guaranteed):

Date you would like to pay each month: (ex. 15th of each month)