



Fountain Hills Municipal Court

16705 E. Avenue of the Fountains, Fountain Hills, AZ 85268 • (480)816-5103
municipalcourt@fh.az.gov • www.FH.AZ.GOV/court

Payment Plan Request

If you are unable to pay in full you may request a payment plan, Compliance Assistance Program (CAP). This Payment Plan Request form must be completed in full and submitted to the Court for review and decision.

Payments will start 2 weeks from the date of the creation of the payment agreement and will be determined by the income vs. expenses listed on the Payment Plan Request form. Please allow 2-3 business days for processing.

If eligibility is determined, a payment plan will be created and mailed to the last mailing address on file with the Court. A onetime \$20.00-time payment fee mandated by Arizona Revised Statute will be added to your balance. If your mailing address has changed, please be sure to include that information with your request or contact the Court.

Instructions for filing a 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) Submit the completed form to the Court.

If filing by email:

Attach the completed form and send to municipalcourt@fh.az.gov

Only Word and PDF documents will be accepted. Photos (.jpeg or other photo files) will not be accepted.

If filing by mail:

Mail the completed form to Fountain Hills Municipal Court, 16705 E. Avenue of the Fountains, Fountain Hills, Arizona 85268.

If filing in person:

Bring the completed form to the Court, take a number in the lobby and wait for a Clerk to assist you or you may place your filing in the drop box.

It is the filer's responsibility to ensure the Court is in receipt of your filing. All responses will be sent via USPS mail to the last address on file.

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 <input type="checkbox"/> Yes / Si <input type="checkbox"/> No	MASTERCARD <input type="checkbox"/> Yes / Si <input type="checkbox"/> No	
	Limit \$ _____ Available balance \$ _____	Limit \$ _____ Available balance \$ _____	
	Saldo \$ _____ Equilibrio disponible \$ _____	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 Habitacion	\$	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 Préstamos del Auto(s) y Aseguranza / Seguro	\$
Retirement / Pension Jubilación / Pensión	\$	Loans and Credit Card payments Préstamos 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)