

MAINE JUDICIAL BRANCH

STATE OF MAINE

"X" the court for filing:

Superior Court District Court

Unified Criminal Docket

County: _____

Location (Town): _____

Docket No.: _____

V.

Defendant

REQUEST FOR FINE PAYMENT MODIFICATION OR EXTENSION OF TIME TO PAY FINE

17-A M.R.S. § 1303-B

My name is: _____

My date of birth (mm/dd/yyyy) is: _____

My home phone # is: _____ My cell phone # is: _____

My residential/street address is: _____

My mailing address is: the same as my residential address

PLEASE NOTE: Do not list your address of phone number(s) if the court has previously granted your request to keep your address/phone confidential and not subject to public review. Ask for form CR-011 instead.

Total of all fines owed: \$ _____

Date fines due (the due-in-full date or the next payment date)(mm/dd/yyyy): _____

I am requesting an extension to the deadline for the payment of my fine(s). The reason(s) I am requesting a fine extension/modification is/are as follows:

At the present time I am:

Employed by: _____. I make \$ _____ every week month two weeks.

Disabled and receive \$ _____ a month in disability income.

Unemployed and receive \$ _____ a week in unemployment compensation.

Unemployed and receive \$ _____ per month in TANF benefits.

Unemployed but expect to start working on (mm/dd/yyyy) _____ and expect to make \$ _____ every week month two weeks.

Am currently expecting a State Federal Tax refund in the total amount of \$ _____.

Have no source of income.

I have \$ _____ cash in my possession.

ADA Notice: The Maine Judicial Branch complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation, contact the Court Access Coordinator, accessibility@courts.maine.gov, or a court clerk.

Language Services: For language assistance and interpreters, contact a court clerk or interpreters@courts.maine.gov.

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Choose one:

- I request that the Court grant me _____ more days to pay my fine in full.
- I request a new payment plan of \$_____ every week two weeks month beginning (mm/dd/yyyy) _____.

I understand that this request will be presented to the Court for review. I further understand that unless the Court grants my request before the date of the hearing, I must return to court on (mm/dd/yyyy) _____ at _____ AM PM for a hearing.

I understand the information on this form, including when I must appear again in Court, and I swear the information provided on this form is true to the best of my knowledge.

I swear under penalty of perjury that the above statements are true and correct. I understand that these statements are made for use as evidence in court and that I am subject to prosecution for perjury punishable by up to 5 years in prison and a fine of up to \$5,000 if I give false information to the court.

Date (mm/dd/yyyy): _____

► _____
Defendant's Signature

Sworn to Before Me
 Asst. Assoc. Deputy Clerk

ORDER

- The request for an extension of time is granted. A new fine payment order shall issue.
- Defendant shall appear for a hearing on this request on (mm/dd/yyyy) _____ at _____ AM PM.

Date (mm/dd/yyyy): _____

► _____
 Judge Justice

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