STATE OF MAINE

☐ UNIFIED CRIMINAL DOCKET	County:	
☐ SUPERIOR COURT	Location:	
☐ DISTRICT COURT	Docket No:	
STATE OF MAINE		
V.	Request for Fine Payment Modification or Extension of Time to Pay Fine 17-A M.R.S.§ 1303-B	
Defendant		
My name is and I number is : My date of b	reside at	My telephone
number is: My date of t	oirth is:	
Please note: Do not list your address or phone num keep your address and phone number confidential a I am requesting an extension on the deadline for the Total of all fines owed: The reason(s) I am requesting a fine extension/mode.	and not subject to public review. Ask to payment of my fine(s) Date Fines Due:	for Form CR-011 instead.
At the present time I am:		
Employed by I	make \$ every \(\subseteq \text{week} \subseteq \text{mo}	onth \square two weeks.
Unemployed and receive \$a week	in unemployment compensation.	
Disabled and receive \$a mo		
Unemployed and receive \$ per	month in TANF benefits.	
Unemployed but expect to start working on	and expect to make \$ every	□ week □ month □ two weeks.
Am currently expecting a State or Federal T	ax refund in the total amount of \$	·
Have no source of income.		
Have \$ cash in my possession. Choose One:		
I request that the Court grant me more of	days to pay my fine in full	
☐ I request a new repayment plan of \$ eve	ry \square week \square two weeks \square month b	peginning (date).
I UNDERSTAND THAT THIS REQUEST WILL BE UNDERSTAND THAT UNLESS THE COURT GRETURN TO COURT ON AT	E PRESENTED TO THE COURT FOR ANTS MY REQUEST BEFORE THE DEFORE THE	REVIEW. I FURTHER DATE OF THE HEARING, I MUST
l understand the information on this form, incl provided on this form is true to the best of my		Court, and I swear the information
Date:		
	Defendant's Signature	
_	Sworn to Before Me - Asst./Asso	ciate/Deputy Clerk
0	RDER	
☐ The request for an extension of time is granted. A no		
Defendant shall appear for a hearing on this reque		am/pm.
Date:		
	Judge/Justice	