

CITY OF DECATUR MUNICIPAL COURT



DATE:

NAME:

CASE NUMBER:

CHARGE:

PAYMENT MODIFICATION REQUEST

Defendant's Place of Employment: _____

Hourly Rate of Pay: _____

Hours worked per week: _____

Defendant advises that he/she is experiencing a financial hardship, to wit:

_____ Loss of employment

_____ (Other) _____

Defendant advises that he/she

_____ is able to make monthly payments in the amount of \$_____ per month beginning on _____.

_____ unable to make monthly payments and is requesting a temporary suspension of payments for _____ months. Defendant understands that payment shall resume at the expiration of the temporary suspension.

I have read the above payment modification request and I agree to be bound by the terms and conditions therein.

Print Name

Signature