

IN THE DISTRICT COURT OF THE SEVENTH JUDICIAL DISTRICT
OF THE STATE OF IDAHO IN AND FOR THE COUNTY OF JEFFERSON
MAFISTRATE DIVISION

REQUEST FOR PAYMENT PLAN

Name _____

Case Number _____

Mailing Address _____

E-Mail Address _____

Phone Number _____

I wish to enter a guilty plea and be set up for a payment plan (Please choose an option below)

____ Minimum monthly payment allowed is **\$125** per month if you are on Formal Probation

OR

____ Minimum monthly payment allowed is **\$100** per month if you are not on

Formal Probation and for Infractions

OR

____ I wish to pay less than the Minimum monthly payment allowed

Amount I want to pay monthly _____

**Please explain the reason for needing to pay less than the minimum monthly payment allowed on the following lines

Defendant's Signature _____ Date _____