



Judge Michael Easton  
Municipal Court

**MUNICIPAL COURT PAYMENT PLAN REQUEST**  
**MPP102 (rev. 03/16)**

Please print clearly

Date: \_\_\_\_\_

\_\_\_\_\_  
(Last Name)

\_\_\_\_\_  
(First Name)

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Apt. #)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

Citation # \_\_\_\_\_  
                  \_\_\_\_\_

I am unable to pay at this time because: ( this is mandatory )

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CHOOSE ONLY ONE:**     I need 30 days to pay in full  
                                   I need 60 days to pay in full  
                                   I need a payment plan of \_\_\_\_\_ per month

*I understand if I default on this agreement, I could potentially have a warrant, drivers license suspension and/or tax intercept/collections.*

Sign: \_\_\_\_\_