

**PETITION FOR DEFERRED OR INSTALLMENT PAYMENT OF FINE AND COSTS**

VIRGINIA: In the Circuit Court for the County of Arlington, Virginia

COMMONWEALTH OF VIRGINIA

VS.

\_\_\_\_\_, Defendant CASE # \_\_\_\_\_

Social Security Number \_\_\_\_\_

Telephone Number of Defendant \_\_\_\_\_

Address of Defendant \_\_\_\_\_

I respectfully ask the Court to allow me to pay my fine, costs and restitution (if any) in deferred or installment payments. In support of my Petition, the following financial information is provided.

**EMPLOYER**

**OCCUPATION**

Defendant \_\_\_\_\_

Spouse \_\_\_\_\_

Number of Dependents \_\_\_\_\_

**Household Net Income**

**Defendant**

**Spouse**

Monthly Take Home Pay (after taxes) + \$ \_\_\_\_\_ \$ \_\_\_\_\_

Other Income Sources \$ \_\_\_\_\_ \$ \_\_\_\_\_

**Assets:**

Bank Name \_\_\_\_\_

Bank Accounts/Cash on Hand + \$ \_\_\_\_\_ \$ \_\_\_\_\_

**Monthly Bills:**

Car Payment: - \$ \_\_\_\_\_

Rent/Mortgage: - \$ \_\_\_\_\_

Credit Cards: - \$ \_\_\_\_\_

Loans: - \$ \_\_\_\_\_

Medical Expenses: - \$ \_\_\_\_\_

Court Ordered Support: - \$ \_\_\_\_\_

Child Care Payments: - \$ \_\_\_\_\_

Other (groceries, cell phone, water...): - \$ \_\_\_\_\_

**Total Monthly Bills: \$ \_\_\_\_\_ Disposable Income: \$ \_\_\_\_\_**

**I understand that the following provisions apply if the court grants my petition:**

**Clerk’s Office Policy: \$100.00 minimum monthly payment unless further ordered by the Court**

- 1) If I am placed on supervised probation or allowed to participate in a community service work program, an installment payment schedule will be monitored by my Probation Officer; payments will be made to the Clerk of this Court; and I will keep the officer informed of any change of my residence address.
- 2) If I am not placed on probation or enrolled in a community service work program, payments will be paid to the Clerk of this Court.
- 3) Violation of this Court’s Order for Deferred or Installment Payment may be punished by:
  - a) Revocation of any suspended sentence or probation
  - b) An additional jail sentence of up to 60 days or fine of up to \$500
  - c) **Suspension of my driver’s license until all fines and costs are paid**
  - d) Suspension of all motor vehicle registrations and license plates held in my name, if my driver’s license is suspended or revoked
  - e) Any unpaid amounts owed collected as an unpaid judgment garnishment, levy, etc.

**f) Interest will be added if payments are not made on time every month.**

g) If due on date falls on a weekend or when the office is closed, payment is due the following open business day. This office does allow for a five day grace period.

**THIS STATEMENT IS MADE UNDER OATH; ANY FALSE STATEMENT OF A MATERIAL FACT TO ANY QUESTIONS CONTAINED HEREIN SHALL CONSTITUTE PERJURY UNDER PROVISIONS OF SECTION 18.2-434 OF THE CODE OF VIRGINIA. THE MAXIMUM PENALTY IS CONFINEMENT IN THE PENITENTIARY FOR A PERIOD OF TEN YEARS.**

**BELOW TO BE FILLED OUT BY THE CLERK'S OFFICE**

I hereby state that the above information is correct to the best of my knowledge. I acknowledge receipt of a copy of my Petition and agree to accept service of the Court's Order by first class mail to my address of record. I hereby agree to pay \_\_\_\_\_ per month on the \_\_\_\_\_ of each month thereafter until my costs of \_\_\_\_\_ are paid in full starting \_\_\_\_\_.

\_\_\_\_\_  
Signature of Defendant

Sworn and signed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Deputy Clerk \_\_\_\_\_

Payments can be made in person or through the mail. Payments are not accepted over the telephone or over the internet. Credit Card payments are accepted in person and there is a 4% convenience fee for use of the credit card. Receipts will be mailed back if a Self Addressed Stamped Envelope is provided.

Mail payments to:

Arlington Circuit Court  
1425 N. Courthouse Road, Suite 6100  
Arlington, Va. 22201

Please include a case number, name or social security number on check or money order.