



Judge Michael Easton
Municipal Court

MUNICIPAL COURT PAYMENT PLAN REQUEST
MPP102 (rev. 10/21)

Please print clearly

Date: _____

(Last Name)

(First Name)

_____-_____-_____
(Social Security Number)

(Date of Birth)

(Address)

(Apt. #)

(City)

(State)

(Zip Code)

Email _____

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: _____