IN THE COURT OF THE GILA RIVER INDIAN COMMUNITY STATE OF ARIZONA	This box for Court use ONLY
Name:	
Address:	
City, State, Zip Code:	
Phone Number (optional):	

REQUEST FOR PAYMENT PLAN OR EXTENSION OF TIME TO PAY

 $\underline{\text{DO NOT}}$ use this form for restitution, child support, or spousal maintenance payments.

I owe fine(s) and/or fee(s) in the following cases:

Case No(s).	Amount	Case No(s).	Amount	
Total Due:				
I request the Court grant me one of	the following options	S:		
Payment Plan: I can make payments in the amoun and continuing on the	t of \$ day of each mon	_ per month, starting on th thereafter, until all my cou	(date) Irt fine(s) and/or fee(s) are paid in full.	
Extension of Time: I am requesting until		_(date) to pay all my court fi	ne(s) and/or fee(s).	
I understand if my request is not gra signed by a judge. I understand I m each month or by the due date, I m	ay only request one	(1) payment plan or extension	This request is not granted until on of time. If I fail to make payments	
SIGNATURE: I declare under pena	alty that the foregoin	g is true and correct.		
Signature		Date		
		68, Sacaton, Arizona 85147 Laveen, Arizona 85339	520-562-9860 (P), 520-562-9867 (F) 520-562-9862 (P), 520-562-9869 (F)	
INTERNAL USE ONLY – DO NOT WRITE BELOW THIS LINE				
IT IS ORDERED that the request is	: GRANTED	DENIED.		
IT IS FURTHER ORDERED:				
Dated:	Judge of the C	ommunity Court:		
	Clerk of the Co	ommunity Court:		