

IN THE TOWN OF HARPERSVILLE MUNICIPAL COURT

SCHEDULE OF PAYMENTS FORM

Note: This section to be completed by Court staff.

DEFENDANT NAME: _____ DATE: _____

The above-named Defendant, having appeared in Court on this date and having been found guilty of the offense(s) listed below, was hereby ordered to pay the following amount(s):

Case No.	Offense	Fine	Costs	Restitution	Bail Fee	Total

GRAND TOTAL: \$ _____

The Court, having determined that the Defendant lacks the ability to pay in full the amount owed on this date, hereby **ORDERS** that the Defendant is:

ORDERED to **MAKE PAYMENTS** of \$ _____ **per month**, made payable to the Harpersville Municipal Court, and deposited with the Clerk of this Court **by close of business on the final day of each month**, and **SHALL** appear in Court on _____ (date) if the above balance is not then **PAID IN FULL**, unless such attendance is excused by the Court Clerk **BEFORE** the next scheduled court appearance.

Note: This section to be completed by Defendant.

I have the ability to pay, and I understand that I will pay \$ _____ (amount) per month, which will be applied to my outstanding balance of fines, fees, court costs, and/or restitution. **I have no questions** about the amount I am required to pay and when it is to be paid.

I understand that if I cannot make monthly payments in the amount described above, I am required to notify the Court **as soon as possible**, before my next scheduled court appearance (if possible), by going to the Court or calling at (205) 672-9961 EXT: 202. I understand that I can ask to change the monthly payment amount to match what I am able to pay.

I understand that (1) if I fail to make payments and/or appear in Court as ordered herein, I may be ordered to appear in Court and explain why I should not be jailed or incarcerated for contempt of Court, and/or why my probation should not be revoked; (2) if I cannot make the monthly payments described above, I will have the opportunity to prove this to the judge; and (3) I can be jailed for nonpayment if the Court determines that I had the ability to make the payments as ordered and intentionally failed to do so.

(Defendant's Signature)

(Date)

(Judge's Signature)

(Date)