## IN THE \_\_\_\_\_ JUDICIAL CIRCUIT, \_\_\_\_\_ COUNTY, MISSOURI

ebtor Name:	Case Number:		
	Case Name:		
	Case Location:		
Debtor Address & Phone Number:	Debtor Party ID:		
	Debtor SSN:		
	Payment Plan Number:		(Date File Stamp)
Application for Review	ew of Delinquent Jail Co	sts Debt Offset (L	ottery)
l,	, (name) received notice	e from the Office of Sta	ate Courts Administrator
of a debt offset with my Missouri lottery	prize payout due to the jail co	sts listed above not be	ing fully satisfied. The
date on the Notice of Delinquent Jail Costs Debt Offset is _			
review of this debt offset because this debt was paid on			
Date		Debtor Signature	
	Instructions to Debtor		
<ul><li>a. Copies of receipts and/or of b. A copy of the original Notice</li><li>2. A copy of this application must</li></ul>	O Box 104480, Jefferson City, I with the court and send a copy n the Notice of Delinquent Jail (	nent made satisfying the Offset.  Courts Administrator, DMO 65110.  to the Office of State C	Delinquent Jail Courts Administrator
	Review of Delinquent Jail Co	sts Debt Offset Actio	<u> </u>
	(To be completed by the cou		
Upon review of the debtor's Application the Office of State Courts Administrato			court finds that
☐ the debtor because the delinquent	debt has been fully satisfied.		
☐ the court because the delinquent d	lebt has not been fully satisfied		
both the debtor and the court for partial payment as follows: amount to debtor \$			
Allow 30 days for the Office of Stat		ount to court     \$ ess the refund.	<del></del> :
the debtor because the delinquent State Courts Administrator to proce		l in error. Allow 30 days	s for the Office of
<del></del>			
Date		Judge/Clerk	