



IN THE 13<sup>th</sup> JUDICIAL CIRCUIT COURT, BOONE COUNTY, MISSOURI  
**AGREEMENT TO PAY**

<b>NAME:</b>		<b>CASE NUMBER:</b>
<b>ADDRESS:</b>	<b>APT/LOT#:</b>	
<b>CITY, STATE:</b>	<b>ZIP CODE:</b>	<b>JUDGE/DIVISION:</b>
<b>DATE OF BIRTH:</b>	<b>EMPLOYER:</b>	
<b>SOCIAL SECURITY NUMBER:</b>	<b>ADDRESS:</b>	
<b>TELEPHONE NUMBER:</b>	<b>PHONE NUMBER:</b>	
<b>CELL PHONE NUMBER:</b>		
<b>E-MAIL ADDRESS:</b>		
<b>REFERENCE NAME / TELEPHONE NUMBER:</b>		
<b>I acknowledge that I currently owe the Court the amount of \$_____.</b>  <b>I understand the costs and fine are due within 90 days of the sentencing date.</b>  In 30 days _____ \$25 will be added to any court costs or fine not paid in full.  In 90 days _____ the Court will be notified if the fine is not paid in full.		<b>I understand that I have been ordered to pay court cost and fine. Failure to pay as required may result in:</b> <ol style="list-style-type: none"><li>1. A warrant for my arrest.</li><li>2. A requirement to appear in court.</li><li>3. Delinquent amounts being turned to tax intercept.</li><li>4. Delinquent amounts being turned over to a collection agency which will add an additional percentage to the amount owed.</li><li>5. Credit agency reporting.</li><li>6. Revocation of drivers' licenses in certain instances.</li><li>7. Revocation of probation if payment is a condition of probation.</li></ol> <b>I understand these actions may be taken without further notice.</b>
<b>Adult Court Services will be supervising the payment of your court costs and fine.</b>  <b>You may be eligible to satisfy your fine with community service work. If interested please speak with an Adult Court Services Officer.</b>  <input type="checkbox"/> <b>I <u>DECLINE</u> Community Services Work In Lieu of Fine</b> at this time  Choose one of the following: <input type="checkbox"/> I will pay \$ _____ in full within 90 days with the following installments: <input type="checkbox"/> Weekly payments of \$ _____ starting on _____. <input type="checkbox"/> Bi-weekly payments of \$ _____ starting on _____. <input type="checkbox"/> Monthly payments of \$ _____ starting on _____. <input type="checkbox"/> I request to speak with an Adult Court Services Officer to discuss my ability to pay.		

**I HAVE READ AND UNDERSTAND THE ABOVE.**

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clerk/CSO

\_\_\_\_\_  
Date

If you have any questions, please call Adult Court Services at **573-886-4180**.