

COUNTY OF LASSEN MAILING ADDRESS: 220 S. Lassen, Suite 3 CITY AND ZIP CODE: Susanville, Ca. 96130 BRANCH NAME: Recovery and Reimbursement	
PEOPLE OF THE STATE OF CALIFORNIA Vs. DEFENDANT:	
AGREEMENT TO INSTALLMENTS	

Read carefully and, if you agree, sign and return the form.

CLIENT NUMBER:
Related Parties

1. I am the defendant in this case and I have been charged with violations in the following dockets:

a. _____ b. _____ c. _____ d. _____ e. _____

2. I want to pay for the violation(s) listed above, but I am not able to pay the entire amount at the present time. I request that payment be accepted in installments.

3. TERMS OF THE AGREEMENT:

- The total fines and fees are \$ _____
- Payment installment fee of \$35
- Total amount due:** \$ _____

I agree to pay the total amount as follows:

\$ _____ immediately and installments of at least \$ _____ due:

() each month, starting (date): _____ and by the _____ day of each month until paid in full.

() Other (explain): _____

I agree that: All payments must be made by the due date and there is no grace period.

To inform the Office of Recovery and Reimbursement immediately of a change in address.

If I do not make a payment on time, I may have to pay the rest of my unpaid bail immediately.

If I do not make my payments by each due date, I will return on the next business day after the due date of the missed payment.

I understand that if I do not make the payment by each due date the county may assign my case to a collection agency or the State Franchise Tax Board for collection.

I understand that my case will continue to be open until the date that my last installment is paid. At that time my account will be complete and no further proceedings will be held in this matter.

By signing below I declare I have read, understand, and accept the terms and consequences stated above.

(SIGNATURE OF DEFENDANT)	(DATE)	(TYPE OR PRINT NAME)
SOCIAL SECURITY NUMBER		(ADDRESS)
		(CITY, STATE, AND ZIP CODE)

ACCEPTED DATE: _____

APPROVED BY: _____

AGREEMENT TO PAY IN INSTALLMENTS