CLACKAMAS CIRCUIT COURT Payment Plan Agreement

Case#:		Balance		Notes
Full Norman				
Full Name:				
Mailing Address:				
Cell Phone #:				
standard text and d is still due on time. —	-	I do not receive a		e each payment is due. I understand nessage, I understand that payment
DOB:	*Social Security #:			Drivers License #, ST:
Current Employer:			MO Income: \$	
AGREEMENT: I under	stand and agree to the follo	wing payment plan	:	
 been requested by The court does not The court will add One or more of The court may I may be charned in the court may I may be charned in the court may My wages may I could be arres My wages may I could be arres The court may private collect This agreement rest intercepting tax rest intercepting tax	y the debtor. ot send billing statements. d a \$35 fee to my case balant if the following will happen i y require me to pay in full in ged with contempt of court ding to this agreement y be garnished ested y, without notice, refer my of tion agency. A collection fee eflects my ability to pay. The efunds to collect from income s subject to review or change <i>Social Security number but do so</i> in of my identity and review of my se I decide not to provide my Social	ace for each check r f I do not pay as ag mmediately and ordered to app cases for collection e will be added for e e court may take le ne sources outside e at any time o voluntarily. I understo credit and employment fal Security number.	eturn reed: bear in to the each c gal ac of my and the nt histo	n front of a judge to explain why I did e Oregon Department of Revenue or a ase referred for collection. etion, including garnishment and
moaifiea.				
Debtor's Sign	ature	Date		Clerk of the Court

Options:	Send Check or Money order to:	Pay Online at:
	1000 Courthouse Road Oregon City, OR 97045	1163 State Street Salem OR 97301

Payment by Phone: credit/debit card (Visa, Mastercard, Discover or American Express) CALL: 503.655.8447, option 6, option 2 (Clackamas Court) (888)-564-2828 (Central Services)