

**JUSTICE COURT, STATE OF OREGON, COUNTY OF DESCHUTES  
Installment Payment Agreement**

**Name:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Social Security #: ###-##-** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

State of Oregon )  
County of Deschutes ) ss.

I swear that the information contained in this affidavit is true. I understand that:

- 1) The \$20 administrative fee for this agreement will not be applied to my fines and it is not refundable. If I add new fines to this agreement, I must pay another \$20 administrative fee.
- 2) I will keep the Court informed of any change in my address and telephone number,
- 3) If any payment is 11 or more days past due, the following will happen without further notice to me:
  - a. The Court will revoke this payment agreement;
  - b. The Court may refer this debt to a collection agency and impose additional fees; and,
  - c. The Court may sanction my driver's license.
- 4) If I have a condition that will suspend part of my fine on one of the cases under this agreement, these rules apply:
  - a. The amount to be suspended is not included in this payment agreement.
  - b. The amount to be suspended becomes due immediately if I fail the condition.
  - c. If this payment agreement is revoked, and any charge with a condition is not paid in full, the condition is also revoked.
- 5) If I default on this loan, my personal information above may be used by the Court and given to outside collection agencies in an effort to collect the outstanding fine. I hereby authorize the collection agency to contact me by calling my cell phone number.

**I agree to make my monthly payments on or before the due date until the fine is paid in full.**

**DEFENDANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

SUBSCRIBED AND SWORN TO before me \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC (required)

My Commission Expires \_\_\_\_\_

***\*You must call the Justice Court prior to mailing in your notarized payment agreement to ensure you are sending in the correct amount of money required to enter into this Court Approved payment agreement, along with this affidavit.***

**Make Payments to:**  
Deschutes County Justice Court  
2444 SW Glacier Place  
Redmond, OR 97756  
541.617.4758

**To be filled out by Deschutes County Justice Court Clerk & returned to defendant:**

**Your payment of \$\_\_\_\_\_ is due on the \_\_\_\_\_ of each month until paid in full.**