

1                   **IN THE DISTRICT & MUNICIPAL COURT OF ISLAND COUNTY**  
2                   **IN AND FOR THE STATE OF WASHINGTON**

3  
4       ☐ STATE OF WASHINGTON  
5       ☐ CITY OF OAK HARBOR

INFRACTION NO:

6       vs.                               Plaintiff,

REQUEST FOR AN INFRACTION  
PAYMENT PLAN

7  
8                               Defendant

9  
10   Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

11   Address: \_\_\_\_\_

12   Email: \_\_\_\_\_ Phone No.: \_\_\_\_\_

13   **IF MORE THAN ONE INFRACTION, PLEASE LIST ALL INFRACTION No(s):**

14                               1. \_\_\_\_\_

15                               2. \_\_\_\_\_

16                               3. \_\_\_\_\_

17                               4. \_\_\_\_\_

18                               5. \_\_\_\_\_

19                               6. \_\_\_\_\_

20                               **RELIEF REQUESTED**

21       ☐ I would like to request a payment plan and I can make minimum payments of at least  
22       \$50.00 month.

23       *If you select this option, you do not need to fill out the financial information below.*  
24       *However, you may incur an additional payment plan cost of \$10.00.*

25       ☐ I would like to request a reduced monthly payment of \$\_\_\_\_\_/month.

*The financial information requested below is required. If granted you will be assigned a  
reduced payment plan and may incur additional payment cost of \$10.00.*

**IF YOU HAVE SELECTED THE REDUCED PAYMENT PLAN, PLEASE PROVIDE THE FOLLOWING FINANCIAL INFORMATION.**

1. My current household monthly income (bring home) is: \$\_\_\_\_\_.

2. The source of this income is:

- ☐ Welfare,  
☐ Food Stamps,  
☐ SSI/SSDI,  
☐ Medicaid,  
☐ TANF,  
☐ Other: \_\_\_\_\_  
☐ Employment at: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. My employment circumstance is:

☐ Employed and receiving a wage of \_\_\_\_\_ /Month for  
(duration): \_\_\_\_\_.

☐ Unemployed, but able to work, I last worked  
\_\_\_\_\_ (when) for  
\_\_\_\_\_ (duration).

☐ Unemployed and not able to work because  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. I have the following additional expenses:

☐ Living Expenses of \_\_\_\_\_ /Month (basic living costs—housing, utilities,  
food, health care or medical costs, transportation, clothing, etc.).

☐ Debt of \_\_\_\_\_ /Month and total debt of \_\_\_\_\_.

☐ I support \_\_\_\_\_ other persons in my household.

5. I would like the court to also consider the following factors in determining my ability to pay:

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*I understand the court may require verification of the information provided above. I agree to immediately report any change in my financial status to the court. I certify under penalty of perjury under Washington State law that the information I have provided on this form is true and correct.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR COURT USE ONLY**  
**DETERMINATION OF ELIGIBILITY FOR REDUCED PAYMENTS**

☐ Eligible for Reduced Payment of \$ \_\_\_\_\_ /month.

☐ Not Eligible for Reduced Payments.

Reviewed On: \_\_\_\_\_

\_\_\_\_\_

Judge/Commissioner