

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
APPLICATION FOR PAYMENT PLAN FOR COURT COSTS, FINES AND/OR FEES

Answer all the questions

PERSONAL INFORMATION

Case Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN\*: \_\_\_\_\_ Sex: Male Female

Home Address: \_\_\_\_\_

Mailing Address (If different) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Driver License or ID Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Marital Status/Civil Union: Married Single Widowed Divorced

Spouse's Name: \_\_\_\_\_

FRIENDS OR REFERENCES

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

PAYMENT AGREEMENT

Total amount due: \$ \_\_\_\_\_

I agree to set up an Automatic Debit to make my payment. (Please complete Page 3)

I agree to mail in my payments of: \$ \_\_\_\_\_ on: \_\_\_\_\_

Pay Schedule: Weekly Biweekly Monthly

I agree to make my payment by using the Pay by Phone service with a debit or credit card.

Payment amount: \$ \_\_\_\_\_ (See instruction on Page 4)

**OBLIGATIONS**

I UNDERSTAND IF MY FINES AND FEES BECOME DELINQUENT THAT THERE WILL BE A LATE FEE ASSESSED.

- The late fees are the following:
- Over 30 days delinquent: 5%
- Over 60 days delinquent: 10%
- Over 90 days delinquent: 15%

After 90 days, I further understand that outstanding debt will be sent to a collection agency and an additional 30% collection fee will be assessed. I also understand that any outstanding debt is subject to tax intercept from the Office of the State Comptroller on the behalf of the Clerk of the Circuit Court.

**ACKNOWLEDGEMENT AND DECLARATION**

I agree that the Clerk of the Circuit Court (CCC) or any representative may contact me by telephone at any telephone number associated with my account, including cellular telephone numbers, which could result in charges to me. The CCC may also contact me by sending text messages or e-mails, using any e-mail address I provide to the CCC. Methods of contact may include using prerecorded/artificial voice messages and/or use of an automatic dialing device, as applicable.

By signing this application, I acknowledge and agree that I have read and fully understand its terms and conditions and agree to be bound by the terms and conditions. I am signing the application knowingly and voluntarily. It is with this understanding and knowledge that I formally request payment arrangements for payment of the fines/fees and court costs that are now due and payable.

\* Any sensitive information will be maintained by the Clerk of the Circuit Court in a secure location.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Customer

**INTERNAL OFFICE ONLY**

**ACKNOWLEDGEMENT AND DECLARATION**

Any information collected on this application is for the intended use of the Clerk of the Circuit Court for collection purposes. Any misuse of this information is a violation of Clerk of the Circuit Court ethical policy.

Processed by: \_\_\_\_\_

Date: \_\_\_\_\_

Entered by: \_\_\_\_\_

Date: \_\_\_\_\_