

CIRCUIT COURT OF SHERIDAN COUNTY
FOURTH JUDICIAL DISTRICT
224 S. MAIN STREET; SUITE B-7
SHERIDAN, WYOMING 82801

(307) 674-2940

Hon. Shelley A. Cundiff, Circuit Court Judge

REQUEST FOR PAYMENT PLAN

Name: _____

Case Number(s): _____

Total fine amount: \$ _____

Restitution: \$ _____ Victim: _____

I request to pay \$ _____ every month beginning in _____, 20____

and will continue to make a payment each month until ALL fines are paid in full. Payment is due by the last working day of the month.

FAILURE TO MAKE MONTHLY PAYMENTS OR STAY IN CONTACT WITH THE COURT WILL RESULT IN A BENCH WARRANT BEING ISSUED.

PAYMENTS WILL BE APPLIED TO OLDEST FINES AND/OR RESTITUTION FIRST

I have read and agree to the above terms:

Signature _____ Date _____

Address _____