BIG HORN COUNTY CIRCUIT COURT
PO BOX 749, BASIN WY 82410
307-568-2367 / 307-568-2554

POST SENTENCE PAYMENT PLAN WITHOUT COURT APPEARANCE

Name: **DEFENDANTNAME**

Case Number: **CASENUMBER** Current Amount of fines/costs owed **$**_____

I understand that I have a right to an arraignment (reading of my statement of rights), a formal reading of the charge(s), and of the maximum possible penalties for the charge(s). I wish to waive my right to an arraignment and to the formal reading of the charge(s) against me and the penalties for the charge(s) as evidenced by my signature below. (please initial) _____

I request that I be allowed to pay these sums as follows:

_____ every month beginning _____, and will

continue to pay monthly until the balance of **$**_____ fines/costs/assessments

are paid in full. I understand that by signing this document I am pleading guilty to the citation.

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

Signature: _____ Date: _____

Print Name: _____

Address: _____

Phone Number: _____

Approved this _____ day of _____, 2020.

_____
Big Horn County Circuit Court Clerk

Ordered this _____ day of _____, 2020.

_____
Circuit Court Judge