

**FORT COLLINS MUNICIPAL COURT  
REQUEST TO CHANGE TERMS OF PAYMENT PLAN**

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

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

\_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email Address: \_\_\_\_\_

Case No.: \_\_\_\_\_ Total now due: \_\_\_\_\_ + \$25 DNP Fee  
(Payment Due Date is/was: \_\_\_\_\_ Payment Amount Due: is/was \$ \_\_\_\_\_)

Current employer (company name, address and telephone number): \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Earnings: \$ \_\_\_\_\_ per \_\_\_\_\_ Number of hours worked weekly: \_\_\_\_\_

Last pay date: \_\_\_\_\_ Next pay date: \_\_\_\_\_

If not currently employed, list source and amount of income: \_\_\_\_\_

Major credit cards: \_\_\_\_\_

Bank name and location: \_\_\_\_\_

Type of account(s) and approximate balance in each: \_\_\_\_\_

**Amount I can pay immediately: \$ \_\_\_\_\_**

I request that the Court change the payment terms of my Payment Plan. The reason that I am not able to pay the amount due as originally agreed is as follows: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that if this request is denied, payments are due as originally agreed.

Defendant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing address and telephone # (if different than above): \_\_\_\_\_

\_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_

\*\*\*\*\*

[ ] Request approved \_\_\_\_\_

[ ] Request denied \_\_\_\_\_

\_\_\_\_\_  
Clerk or Municipal Judge \_\_\_\_\_ / Date

Decision Communicated to Defendant \_\_\_\_\_ in person \_\_\_\_\_ by phone Clerk initials \_\_\_\_\_

Date \_\_\_\_\_

Court Email Address: [court@fcgov.com](mailto:court@fcgov.com)