

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

Defendant Name: _____
Address: _____

**Must include a government
issued photo ID with form!**

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: _____

Defendant's signature: _____

Date: _____

Return:

In Person: 215 N Mason St, Fort Collins, CO

By Mail: PO Box 580, Ft Collins, CO 80522-0580

Fax: 970-416-2162

Email: court@fcgov.com

****If you have any questions please contact the Court at 970.221.6800 or court@fcgov.com****

[] Request approved _____

[] Request denied _____

Clerk or Municipal Judge / Date

Decision Communicated to Defendant _____ in person _____ by phone Clerk initials _____ Date _____