



IN THE CIRCUIT COURT OF ST. LOUIS COUNTY,
MISSOURI MUNICIPAL DIVISION, CITY OF ELLISVILLE
AGREEMENT TO PAY

I UNDERSTAND THAT THE PAYMENTS ARE DUE BY THE **FIFTEENTH (15th)** OF THE MONTH, UNTIL THE BALANCE IS PAID OFF. THE **MINIMUM PAYMENT ALLOWED IS TWENTY-FIVE DOLLARS (\$25.00)**.

FURTHER, I UNDERSTAND THE FOLLOWING PAYMENT CONDITIONS:

1. I UNDERSTAND THERE IS **NO GRACE** PERIOD ON PAYMENT(S)
2. ALL PAYMENT(S) MUST BE PAID BY THE **FIFTEENTH (15th)** OF THE MONTH
3. I AM OBLIGATED TO IMMEDIATELY ADVISE THE COURT OF ANY CHANGE OF ADDRESS AND/OR TELEPHONE NUMBER(S)
4. NO PAYMENT AGREEMENT SHALL BE ISSUED UNLESS A FULL AND ACCURATE SOCIAL SECURITY NUMBER IS PROVIDED
5. THE CLERK WILL **NOT** GRANT AN EXTENSION ON PAYMENT PLANS
6. PAYMENT PLAN PAYMENTS MUST BE AT LEAST \$25.00
7. IF PAYMENT CANNOT BE MADE ON TIME, I WILL APPEAR AT THE NEXT AVAILABLE COURT DATE
8. **FAILURE TO COMPLY WITH THE PAYMENT SCHEDULE WILL REQUIRE APPEARANCE BEFORE THE COURT ON THE COURT DATE OF THE MONTH THE PAYMENT IS DUE.**

I UNDERSTAND, THAT SHOULD I FAIL TO MAKE A PAYMENTS ACCORDING TO THE SCHEDULE SET FORTH, LEGAL ACTION WILL BE TAKEN AGAINST ME AND THE COURT WILL PURSUE COLLECTIONS THROUGH A COLLECTION AGENCY AND TAX OFFSET. PAYMENTS ARE MADE ON **ONE** CASE AT A TIME, ***IF YOU HAVE MULTIPLE CASES,*** PAYMENT PLANS WILL BE STAGGERED.

FURTHER, I UNDERSTAND THAT PAYMENTS MAY BE MADE IN PERSON, BY MAIL OR ONLINE:

**ELLISVILLE MUNICIPAL COURT
37 WEIS AVENUE
ELLISVILLE, MO 63011
www.courts.mo.gov/pbw**

FIRST PAYMENT DATE: (court use only)

DEFENDANT'S SIGNATURE:

Date: _____

Court copy



DEFENDANT PAYMENT AGREEMENT

(Court use only)
FIRST PAY DATE: _____
CASE NUMBER(S)

Please print:

NAME: _____

STREET ADDRESS: _____

CITY, STATE ZIP _____

PHONE NUMBER _____

EMAIL ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

DUE BY THE **FIFTEENTH** (15th) OF THE MONTH, UNTIL THE BALANCE IS COMPLETELY PAID OFF.
THE **MINIMUM PAYMENT ALLOWED IS \$25.**

FURTHER, I UNDERSTAND THE FOLLOWING PAYMENT CONDITIONS:

1. I UNDERSTAND THERE IS **NO GRACE PERIOD** ON PAYMENT(S).
2. ALL PAYMENT(S) MUST BE PAID BY THE **FIFTEENTH (15th)** OF THE MONTH.
3. I AM OBLIGATED TO IMMEDIATELY ADVISE THE COURT OF ANY CHANGE OF ADDRESS AND/OR TELEPHONE NUMBER(S)
4. NO PAYMENT AGREEMENT SHALL BE ISSUED UNLESS A FULL AND ACCURATE SOCIAL SECURITY NUMBER IS PROVIDED.
5. THE CLERK WILL **NOT** GRANT AN EXTENSION
6. PAYMENTS MUST BE AT LEAST **\$25.00**
7. IF PAYMENT CANNOT BE MADE ON TIME, I WILL APPEAR AT THE NEXT AVAILABLE COURT DATE.
8. **FAILURE TO COMPLY WITH THE PAYMENT SCHEDULE WILL REQUIRE APPEARANCE BEFORE THE COURT ON THE COURT DATE OF THE MONTH THE PAYMENT IS DUE.**

I UNDERSTAND, THAT SHOULD I FAIL TO MAKE A PAYMENTS ACCORDING TO THE SCHEDULE SET FORTH, LEGAL ACTION WILL BE TAKEN AGAINST ME AND THE COURT WILL PURSUE COLLECTIONS THROUGH A COLLECTION AGENCY AND TAX OFFSET. PAYMENTS ARE MADE ON **ONE** CASE AT A TIME, **IF YOU HAVE MULTIPLE CASES**, PAYMENT PLANS WILL BE STAGGERED.

DEFENDANT'S SIGNATURE:

Date: _____