



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 **FIRST** (1st) ON THE MONTH, UNTIL THE BALANCE IS 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 **FIRST (1st)** OF THE MONTH.
3. I AM OBLIGATED TO IMMEDIATELY ADVISE THE COURT OF ANY CHANGE OF ADDRESS
4. THE CLERK WILL **NOT** GRANT AN EXTENSION
5. PAYMENTS MUST BE \$25.00 OR MORE MONTHLY
6. **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 PAYMENT AGREEMENT

FIRST PAY DATE: (court use only)

NAME: _____

STREET ADDRESS: _____

CITY, STATE ZIP _____

PHONE NUMBER _____

EMAIL ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

SIGNATURE: _____