



Scottsdale City Court • 3700 N 75th Street Scottsdale, AZ 85251 • (480) 312-2442

Fax: (480) 312-2764 • court@scottsdaleaz.gov • www.ScottsdaleAZ.gov/Court
ORI: AZ007111J • Maricopa County, Arizona

DEFENDANT'S PAYMENT PLAN REQUEST

This Payment Plan Request form is used if you're unable to pay in full, to apply for a payment plan, Compliance Assistance Program (CAP), or Community Restitution in Lieu of fines/fees.

INSTRUCTIONS FOR FILING DEFENDANT'S PAYMENT PLAN REQUEST

- 1) Type in all necessary information on the form. Every section needs a response, if something does not apply please write a "0" or "N/A" for not applicable. The payments will start 2 weeks from the date of the creation of the payment agreement and will be determined by the income vs. expenses listed on the Payment Plan request form.
- 2) Save the form and file it with the Court.
- 3) To file with the Court, you must submit the completed form to the Court by email as an attachment (Word or PDF attachments only), by fax, by mail, or in person.
- 4) After the Court receives your form, it takes about 7-10 working days for the Court to process your request.
- 5) If eligible, a payment agreement will be created, which adds a \$10.00 Contract Administration fee, and a onetime \$20.00-time payment fee mandated by Arizona Revised Statute. However, pursuant to Senate Bill 1197, effective 10/31/2023 juvenile cases filed with the court are no longer subject to the \$20.00 time payment fee.
- 6) If your mailing address has changed, please be sure to include that information with your request or contact the Court.

NOTE: It is your responsibility to ensure that your fax or email was received by the Court. Review our website at www.scottsdaleaz.gov/court to check if the Court has received and processed your filing.

If filing by email:

- Attach the completed motion to an email and send to court@scottsdaleaz.gov.
- Only PDF and TIFF documents will be accepted.

If filing by fax:

Print the completed form and fax it to Scottsdale City Court at 480-312-2764.

If filing by mail:

Print the completed form and mail it to Scottsdale City Court, 3700 N 75th St, Scottsdale, AZ 85251.

If filing in person:

Print out the completed form and bring it to the Court (address above), date stamp it and drop it in the drop box in the Court's lobby.



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State of Arizona vs. _____	Case #: _____ Complaint #: _____	
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Defendant's Payment Plan Request / Solicitud de plan de pago del acusado

Defendant Name / Nombre del acusado: _____

Address / Dirección: _____

City, State, Zip / Ciudad, Estado, Código Postal: _____

Phone Number / Número de Teléfono: _____

DL Number and State / Número de Licencia y Estado: _____

Email Address / Correo electrónico: _____

Social Security # / Seguro Social: _____

(CIVIL ONLY) I hereby enter a plea of responsible and consent to judgment imposing the fine(s) on the charge(s) listed below, in order to obtain a payment plan and satisfy my financial obligation. Including the additional fees of a one-time \$20 Time Payment fee per ARS §12-116 and a \$10.00 Contract Administration fee per SRC Sec. 9-7.4e. Pursuant to Senate Bill 1197, effective 10/31/2023 juvenile cases filed with the court are no longer subject to the \$20.00 time payment fee.

(CASO CIVIL) Por la presente me declaro responsable y acepto a la sentencia que imponga la(s) multa(s) sobre los cargos enumerados a continuación, para obtener un plan de pago y pagar mi obligación financiera. Incluyendo la tarifa adicional de \$20.00 de pago por tiempo según ARS §12-116 y un cargo de administración de contrato de \$10.00 según SRC Sec. 9-7.4e. De conformidad con el Proyecto de Ley del Senado 1197, a partir del 31 de octubre de 2023, los casos de menores presentados ante el tribunal ya no están sujetos a la tarifa de pago puntual de \$20.00.

Charge(s)/ Cargos _____

The Court will report the finding to the Arizona Motor Vehicle Division and points will be assessed to your driving record if applicable.

El tribunal informará a la División de Vehículos Motorizados de Arizona del incumplimiento y se agregarán puntos a su historial de manejo, si corresponde.

If pleading responsible for a red-light traffic control signal violation including a flashing red signal, you will be ordered by the Arizona Motor Vehicle Division to complete traffic school.

Si se declara responsable de una infracción de semáforo en rojo, incluida una señal roja intermitente, la División de Vehículos Motorizados de Arizona le ordenará que complete la escuela de tránsito.

By providing your phone number you are granting permission to receive texts and other communication regarding court dates, pending payments and other relevant information about your case. Normal text and SMS rates may apply. Please contact the court in which your case is filed should you desire to opt out of this service./ Al proporcionar su número de teléfono, usted consiente a recibir mensajes de texto y otra correspondencia con respecto a las audiencias, pagos pendientes y otra información de su caso. Puede que se apliquen tarifas de mensajería por mensajes de texto estándar y SMS. Si desea optar por no participar en este servicio, comuníquese con el tribunal en el cual se conoce su caso.



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Monthly Income and Expense Information / Información de Ingreso y Gastos

Number of Dependents / Número de dependientes: _____

Monthly Income (after taxes) / Ingresos		Monthly Expenses / Gastos	
Your Income / Tus Ingresos	\$ _____	Rent and Mortgage / Alquilar y Hipoteca	\$ _____
Spouse Income / Ingresos de Conyuge	\$ _____	Utilities / Servicios Publicos	\$ _____
Unemployment / Desempleo	\$ _____	Food / Comida	\$ _____
Welfare, Disability, Veterans Benefits, Retirement / Bienestar, Discapacidad, Beneficios de Veteranos, Jubilación	\$ _____	Credit Card Payments / Pagos de las Tarjetas de Credito	\$ _____
Social Security / Seguro Social	\$ _____	Installment Loans / Préstamos a plazos	\$ _____
Workers Compensation / Compensación de Trabajadores	\$ _____	Charge Accounts / Cuentas de Cargo	\$ _____
Child Support / Manutención de los Hijos	\$ _____	Vehicle Payment / Pago del vehículo	\$ _____
Alimony / Pensión Alimenticia	\$ _____	Union Dues / Cuotas Sindicales	\$ _____
Other / Otro	\$ _____	Medical Care Costs / Costos de Atención Médica	\$ _____
		Child Support and Alimony / Manutención de los Hijos y Pensión Alimenticia	\$ _____
		Vehicle Insurance and Maintenance / Seguros y Mantenimiento de Vehículos	\$ _____
		Other / Otro	\$ _____
Total Monthly Income / Ingresos Totales	\$ _____	Total Monthly Expenses / Gastos Totales	\$ _____

I hereby make these representations under penalty of perjury / Por la presente, hago estas declaraciones bajo pena de perjurio

Signature of Defendant/Firma del acusado: _____ Date/fecha: _____