

308-26 Pitt Street, Cornwall, ON K6J 3P2

Phone: (613) 933-4301 Fax: (613)933-4161

www.courtservices@sdgcounties.ca

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicant Information** POA# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Applicant Information** | | | | | | | |
| Last Name |  | First | |  | | Middle Name |  |
| Address |  | | | | |  |  |
| City |  | | Prov | | Ontario | Postal Code |  |
| Phone |  | | Cell phone # | | |  | |
| Date of Birth |  | | Drivers Lic. # | | |  | |
| Own/Rent |  | | Monthly Mortgage/Rent | | | $ | |
| Email address |  | | Monthly Income | | | $ | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Employment/Source of Income Information** | | | | | |
| Company/Agency |  | Phone |  | | |
| Address |  | Job Title |  | | |
| City and Province |  | Employed since |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **OFFICE USE ONLY Outstanding Fine Details** | | | |
| NUMBER OF CASES OUTSTANDING  (SDG Only) |  | TOTAL AMOUNT DUE  (SDG Only) | $ |

|  |  |
| --- | --- |
| Case number | Amount owing |
| 3960-999- | $ |
| 3960-999- | $ |
| 3960-999- | $ |
| 3960-999- | $ |
| 3960-999- | $ |
| 3960-999- | $ |
| 3960-999- | $ |
| 3960-999- | $ |
| 3960-999- | $ |
| 3960-999- | $ |

**Office Use Only**

|  |  |
| --- | --- |
| * **Extension with Payments Proposed Monthly Payment** | |
| Payment will be made by the end of each and every month beginning | Minimum monthly payment of |
|  |  |

* **I sign this document voluntarily and on the understanding that it is a proposed plan in support of an application for extension of time to pay my fine(s).**
* **I understand that if the extension is not granted my fines become due and payable.**
* **I understand that if I do not pay the fines that I owe in accordance with any order of a Justice of the Peace, my driver’s license may go into suspension without further notice.**

**----------------------- --/--/----**

(signature of applicant) DDMM YEAR

Office Use Only

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| **First Extension Application** |
| **Repeat Extension Application** |
| **Preauthorized Payment Plan in Place since: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Preauthorized payment plan proposed** |

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| --- |
| **Recommendation of Collection Officer** |

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|  |

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(Signature of Collections Officer) DDMM YEAR