

 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 | $ |

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

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| **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**

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| * **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.**

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(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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(Signature of Collections Officer) DDMM YEAR