

APPLICATION FOR EXTENSION FOR PAYMENT CHEROKEE COUNTY JUSTICE COURT

Name:					
Last		First		Middle	
Address:					
Street	City/State			Zip Code	
hone Number:	Is this nu	mber your Home	or other? (V	Vhere)	
Date of Birth Di	Driver's License/ID #		StateSSN		
f married, Spouses Name:					
Two Dorsons who will know how	Last	t all times:	First	Middle	
wo Persons who will know how	to contact you a	t all times:			
Name	Address			Phone	
Name	Address			Phone	
MPLOYMENT INFORMATION:	Employed	Unemployed	How Long?		
Company Name	Address	Phone		Position/How Long?	
Please <u>Check ONE</u> of the Followi					
I hereby enter a plea of G					
I hereby enter a plea of <u>N</u>	IO CONTEST and	i waive appearance i	or triai.		
	ACKNO	WLEDGMENT AFFID	AVIT		
I swear that the above info	rmation is true, co	orrect and complete to	the best of my kno	owledge and belief. I attest	
ANNOT MAKE FULL PAYMENT of th		•	•		
I UNDERSTAND THAT FAILU LAN WILL RESULT IN THE ISSUANCE				F TIME TO PAY/TIME PAYM	
				LECTED FOR EACH VIOLATIO	
LACED ON A PAYMENT PLAN THAT					
O DAYS UNTIL THE BALANCE IS PAID	IN FULL. THERE IS	A \$2.00 FEE EVERY TII	ME A PAYMENT IS	MADE.	
				RE 21 DAYS FROM DATE TH	
CITATION WAS ISSUED WITH A PAYN					
orm in person or by mail.	irt rees and state o	osts nave been paid in	tuli, i wili notity th	e Court of any changes to the	
Defen	dant Signature _				
SWORN and SUBSCRIBED to this	the dav o	f	, 20 .		
			·		
				Notary/Court Cler	