

Defendants Signature

Date

MONTGOMERY COUNTY COLLECTIONS DEPARTMENT PAYMENT PLAN APPLICATION

Please complete the following sections:

Section I - Personal Information	Name:	First		Middle		Home Phone			Work Phone		
	Address:	Street Code		City	y State	Zip	/ Date	e of Birth	Socia!	l Security #	
		# of Dependan		License #		•		Married) (Single) (Divorce		Ţ	
		•					·	, , ,		1) (Widowca)	
	<u>DEFEND</u>	DEFENDANT MUST PROVIDE TWO ALTERNATE CONTACT NAMES AND PHONE NUMBERS: (family, friend, cellular or pager)									
	Contact #	` •	one number								
	Contact #2 -Name and phone number										
Section II -	Name of I	Employer				Contact (St				Evt	
Employment		-					-				
						now iong.				Monthly	
		Spouse's Information: Name of Employer:									
		tact (Supervisor)								Ext:	
	Address:					How long:					
	Please inc	Weekly Bi-weekly Monthly Please indicate any other source(s) of income and the amount:									
	Welfare \$;	Medicaid \$		Social Secu	ırity \$		Retirement	\$		
	Unemploy	yment \$	Disab	bility \$							
Section III -			_ or Own								
Personal	Bank Nam	ne			Che	ecking	Savings _	Balance	;\$		
Assets	Bank Nam	ne			Che	ecking	Savings _	Balance	;\$		
	Other (please indicate name of institution, type of account and balance):										
Section IV-	Alimony	<u></u>	Auto Insurance	<u> </u>	Au	to Payment(s	s) \$		Childcare \$		
Expenses			Credit Car			-					
-		one \$ Utilities									
and accur Montgome verificatio understan	rate state ery Count ons of all eding and	tement of n ty to conduc information I acknowled	aration: Undeny current finct a thorough in given and obligment that I fall to the total total total to the total total total total to the total tota	nancial co investigati btaining re formally re	ondition. ion of my eports fro equest a inty.	I autho y stateme om credit nn extensi	orize the ents. I u it report sion of ti	e Directo inderstan ting agend ime for pa	or of Coll nd this cou icies. It is ayment of	lections & uld include s with this f fines and	
								Verify By(i			
						IINTERVIEW NO		Collectors	< Name		