



KING COUNTY DISTRICT COURT

TIME PAYMENT COLLECTION APPLICATION
Signal Credit Management Services
(253) 620-2239 OR (800) 874-1958

ACCOUNT INFORMATION

Name: _____

(Last)

(First)

(M.I.)

(Nickname)

Residence Address: _____

City, State, Zip: _____

Mailing Address (if different): _____

Home Telephone #: (_____) _____ Work Telephone #: (_____) _____

Date of Birth: _____ Sex: M _____ F _____ Single _____ Married _____ Div _____ Widowed _____

Drivers License #: _____ SSN: _____

Employer or Name of Business: _____

Employer Address: _____

Occupation: _____ Take Home Pay: _____

Nearest Relative Name: _____ Relationship: _____

Relative's Address: _____ Phone: (_____) _____

Contact Person Name: _____ Phone: (_____) _____

Contact's Address: _____

SPOUSE INFORMATION

Name: _____

(Last)

(First)

(M.I.)

(Nickname)

Residence Address (if different from above): _____

City, State, Zip: _____ Phone: (_____) _____

Employer or Name of Business _____

Employer Address and Phone: _____

Occupation: _____ Take Home Pay: _____

TIME PAYMENT AGREEMENT

Case Number: _____ Database: KING COUNTY DISTRICT COURT

Name: _____ SCMS Acct No.: _____ Set Up Deadline: _____

Total Amount Owed to KCDC: \$ _____

(This amount includes Fine/Penalty/Probation/Costs/Fees/Assessments.)

Account Set-up Fee (one time charge — if no previous KING COUNTY DISTRICT COURT account) \$ 15.00

Minimum Monthly Payment Amount (10% of account balance if total amount owed is less than \$1,000; 5% of account balance if total amount is \$1,000 or more; or \$25.00, whichever is greater.) \$ _____

FIRST PAYMENT REQUIRED FOR ACCOUNT SET-UP: \$ _____

MONTHLY PAYMENT: \$ _____

If you need assistance in determining your monthly payment, call SCMS at 1-800-874-1958.

TIME PAYMENT AGREEMENT

In addition, Court costs will be assessed each month to the total amount owing, as follows:

- A. The account set-up fee of \$15.00 (if applicable) and the first payment must be paid before the account will be set up by SCMS.
B. If the account is in "current status" (all payments made as agreed) the monthly court cost shall be \$4.75 for one case or \$8.25 for multiple cases.
C. If the account falls into "past due status" (any payments not made as agreed) the monthly court cost shall increase to \$7.75 for one case and \$11.25 for multiple cases, for every month thereafter.

It is in your best interest to make payments larger than the minimum due each month and/or to pay this account in full early. HOWEVER, an additional or larger payment made in one month will not change the "Minimum" payment due the next month.

PLEASE CIRCLE A PAYMENT DUE DATE. YOUR PAYMENT WILL BE DUE ON THIS DAY EACH MONTH. Please include your case number with all payments.

5th 10th 15th 20th 25th

ALL PAYMENTS ARE TO BE MAILED TO: SIGNAL CREDIT MANAGEMENT SERVICES P.O. BOX 1849 GIG HARBOR, WA 98335

IF YOU FAIL TO MAKE PAYMENTS AS PROMISED AND/OR FAIL TO KEEP YOUR PERSONAL INFORMATION (ADDRESS AND PHONE NUMBERS) CURRENT, THE FOLLOWING WILL OCCUR:

All amounts will become immediately due. The court may re-impose suspended portions of the fine/penalty/costs, may assess additional court costs pursuant to RCW 3.02.045, and may refer the account to a collection agency for full collection efforts. If this is a traffic infraction, the court may also assess a \$52.00 failure to pay penalty, a hold may be placed on your license and the Department of Licensing in Olympia may send you a letter concerning the status of your license until all amounts have been paid. If this is a criminal matter, the court may issue a bench warrant for contempt of court and impose a fine or cost for contempt of court.

SIGNATURE _____ SSN _____

ADDRESS _____ PHONE () _____

CITY/STATE _____ ZIP _____