

INFORMATION FOR THE REQUEST FOR EXTENSION OF PAYMENT OBLIGATION FORM

If you are unable to pay your monthly payment, you have the option to fill out and submit the following Request for Extension of Payment Obligation Form. If you decide to submit this form, please include any documents you would like for the Judge to review with your request. You may submit the completed form and documents by the following means:

1. E-mail to FergusonCourt@FergusonCity.com;
2. Fax to (314) 524-4127; or
3. Mail or in-person at 222 S. Florissant Rd., Ferguson, MO 63135

You are not required to fill out this form to ask for an extension. You may also appear in court to discuss why you need an extension of your monthly payment.

Additionally, if you want to request any of the following, you must appear in court and speak with the Judge:

1. To complete community service instead of paying your fines and fees;
2. A reduction in fines and fees owed;
3. A new Ability to Pay Determination; and/or
4. A modification in your monthly payment plan.

Once your completed form and any documentation submitted is received, the Judge will review your request within one business day. You will be informed by the Court clerk by phone and also in writing by mail or e-mail as to the Judge's decision. **Please submit your request at least two business days prior to your due date to allow time to review your request and notify you of the Judge's decision.**

Thank you,
Ferguson Municipal Court

IN THE MUNICIPAL DIVISION OF FERGUSON
STATE OF MISSOURI

CITY OF FERGUSON

Plaintiff,

Vs

_____,
Defendant.

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)
)
)

Case/Ticket #: _____

REQUEST FOR EXTENSION OF PAYMENT OBLIGATION

I, _____, request an extension of my payment obligation. My current payment date is scheduled for _____. The reason for this request is _____

_____.

Additionally, please see attached documents in support of granting my request.
(NOTE: include any documents you want to judge to review with your request).

Phone Number: _____

E-mail Address: _____

Street Address: _____

City/State/Zip Code: _____

Respectfully Submitted,

X _____

Defendant

Date: _____

SO ORDERED:

Judge