

**DEFERRED PAYMENT/RESTITUTION AGREEMENT**

CASE NUMBER(S)

120450400

NAME [REDACTED]

Fines/Costs [REDACTED]

Time Plan [REDACTED]

Restitution [REDACTED]

I owe \$ [REDACTED] in fines, forfeitures, costs or restitution to the Tacoma Municipal Court on the above listed case(s).

I promise to pay \_\_\_\_\_ by \_\_\_\_\_

Beginning [REDACTED], I agree to make payments of at least \$ [REDACTED] on or before the [REDACTED] of each month until the total is paid.

I realize that failure to pay as scheduled may result in one or more of the following: (1) a delinquency charge added to my payment account; (2) suspension of my drivers license; (3) a hold placed on my ability to renew the registration on my vehicle(s); (4) a warrant issued for my arrest; (5) a show cause hearing; (6) the balance owing referred to a collection agency. I also understand that if the court refers my account to a collection agency, the balance due may be reported to a credit bureau and that I will be required to pay the additional costs of collection.

The court's telephone number is 591-5357. Check, cash, money orders, cashiers check or credit cards (VISA, MC) are acceptable. Other than cash or credit card, payment may be mailed to:

**Tacoma Municipal Court  
Room 841, County City Building  
930 Tacoma Avenue South  
Tacoma, WA 98402-2181**

Please include your case number and driver's license number on all correspondence.

Defendant: [REDACTED]

Date: [REDACTED]

Clerk: [REDACTED]

MC 196 (04/09)RIm