

JESSICA M. MATTINGLY, CLERK
KING GEORGE COUNTY CIRCUIT COURT
9483 KINGS HIGHWAY, SUITE 3
KING GEORGE, VIRGINIA 22485
540-775-3322 TELEPHONE
540-775-5466 FACSIMILE

PAY ONLINE AT: WWW.VACOURTS.GOV

King George County Circuit Court Payment Plan

CASE NUMBER (S): _____

DEFENDANT NAME: _____ PHONE: _____

DEFENDANT ADDRESS: _____

I respectfully ask the Court to enter into a payment plan for the restitution, fines and/or costs owed to the King George Circuit Court. I understand that if I owe restitution, I will pay it in accordance with the Court Order. This payment plan is outlined as defined in VA Code §19.2-305.1 and §19.2-354, starting July 1, 2021.

Initial any that apply below:

_____ I owe \$ _____ for **RESTITUTION**, to be paid as determined by the Restitution Order entered in Court. Order is attached to this payment plan. If a payment plan is not expressly outlined in the order, Restitution will be paid before all fines and costs until paid in full. Upon full payment of Restitution, payments of a minimum rate of \$50.00, every 30 days, beginning _____ will be required of me to satisfy any fines and costs. It is my responsibility to be aware of balances, what to pay, and when.

_____ I **ONLY owe COSTS and/or FINES**. I agree to pay a minimum rate of (check one): ____ \$50.00 or ____ higher (state amount you agree to pay): _____, every 30 days, beginning on _____ until paid in full. It is my responsibility to be aware of the balance and what to pay, and when.

_____ I know that I have **MULTIPLE** cases as referenced above. I understand that if I make any payments online at www.vacourts.gov it is my responsibility to pay the oldest case first, and then any subsequent cases in numerical order as to maintain fluidity of the payment plan. If I pay out of order it may result in me being in default of this payment plan. If I make an error it is my responsibility to contact the Clerk's office immediately.

_____ I understand that the clerk cannot alter payment amounts or payment date once this agreement has been entered. Additionally, I agree to notify the Court, in writing, of any change in my address until payment is made in full.

_____ I understand that since my sole financial resource is a Social Security benefit or Supplemental Security income, that I am not required to pay until I have another resource or income. As long as my sole income remains unchanged, I understand my account will not go to collections. I also understand that any restitution that may have been ordered to pay is NOT included in this exemption of payment and is due as the court has ordered.

_____ I cannot meet these requirements and wish to address the Court.

Case balances may change as the Clerk receives updates. (In accordance with Code §19.2-349, failure to pay fines/restitution or entering into and staying current on a payment agreement within 60 days of the date of judgment will incur a 17% penalty “to help offset the costs associated with employing such individuals or contracting with such agencies or individuals” assisting in collection. **The Clerk cannot remove, reduce or alter collection fees.**)

I, acknowledge that if I violate the terms of the payment plan:

- 1) Upon a first violation, I must return to the Clerk and enter into a new payment plan which shall result in a down payment of \$100.00, or otherwise petition the Court.
- 2) Upon a second or subsequent violation, I will be required to complete a Petition provided by the Court which may result in additional costs such as a down payment.

NOTICE: Violation of the payment plan may be punished by the following:

- a) Additional fines or imprisonment pursuant to §19.2-358, and/or
- b) Revocation of any suspended sentence or probation; and/or
- c) Any unpaid amounts owed collected as an unpaid judgment garnishment, levy, etc., pursuant to §19.2-358.

Payments must be made to the: Clerk of Circuit Court. We accept cash, check, money order, cashier’s check or credit card (**Visa or Mastercard**) in person or online at www.vacourts.gov (we do not take payment over the phone). You must inform the clerk of your name and social security or case number when paying in person, if by mail please write this information on the memo of your check/money order. A self-addressed stamped envelope is required to return your receipt if mailed.

NOTICE: PAYMENT WITH CHECK OR CREDIT CARD RETURNED AS BAD WILL RESULT IN TERMINATION OF YOUR PAYMENT PLAN, COLLECTION OF AN ADDITIONAL \$50.00 FEE, OR 10% OF THE AMOUNT OF PAYMENT, WHICHEVER IS GREATER PURSUANT TO §17.1-275(A)28. NOTICE WILL BE FORWARDED TO THE KING GEORGE COMMONWEALTH ATTORNEY, PURSUANT TO §18.2-181.

ATTENTION: A COPY OF THIS PAYMENT AGREEMENT WILL BE ENTERED INTO YOUR CASE FILE. IT IS YOUR RESPONSIBILITY TO ADHERE TO THIS AGREEMENT AND PENALTIES, ETC. THAT MAY OCCUR IF IT IS VIOLATED.

*****By signing below I acknowledge that I have read this agreement in its entirety and am aware of my responsibilities.***

Defendant’s Signature: _____ Date: _____

Clerk/Deputy Clerk Signature: _____ Date: _____

Notary Signature: _____ Registration #: _____ Date: _____
Seal:

CLERK’S OFFICE USE:

_____ A copy of this agreement was provided to the Defendant and scanned in the related file(s).