

COURT PAYMENT MANAGEMENT SERVICES, INC.

750 S MARKET BLVD
CHEHALIS WA 98532
(360) 748-4784 / (877)748-4936

Thank you for your interest in Court Payment Management Services. We would like to assist you in taking advantage of the on-time payment option for your court fine(s). Please follow the instructions below to start your plan. If you have further questions, please contact Court Payment Management Services and a representative will assist you.

*****INSTRUCTIONS*****

- A. Fill out application completely
- B. Fill out and sign payment plan
 - 1. Fill in full name as listed on ticket
 - 2. Fill in all case numbers included in the payment plan
 - 3. Obtain total of your fine/fees/penalties from court clerk and fill in
 - 4. Add the set-up fee to total of fine/fees/penalties on line 4
 - 5. Fill in monthly payment amount
 - 6. Fill in total required to set up payment plan
 - 7. Circle preferred payment due date – 5th, 10th, 15th, 20th, 25th, or 30th
 - 8. Sign and fill out bottom of payment plan
- C. Return application and payment plan with first payment and set-up fee to CPMS by the case deadline previously issued by the court.
- D. We accept cashier's check and money order only by mail, and cash in the office as well.
- E. You may pay the fine in full at the court as long as payment in full is received by the due date indicated on your court order. If you fail to pay at the court or set up a payment plan with CPMS by the court fine due date, late penalties may be added to your fine and you may be sent directly to a collection agency. Additional penalties may include suspension of your driver's license.

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CHEHALIS, WA 98532
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**COURT PAYMENT MANAGEMENT SERVICES, INC.
PAYMENT PLAN**

Court: _____

Name ① _____

Case Numbers ② _____

CPMS Account number _____

Fine/Fees/Penalties ③ _____

Set-up Fee (Check One) \$10 (Single Obligation) \$20 (Two Obligations) \$25 (3 or More Obligations)

Total Amount Owning ④ _____

Monthly Payment ⑤ _____

TOTAL REQUIRED TO SET-UP PAYMENT PLAN AGREEMENT (1st pmt & set up fee) ⑥ _____

1. The monthly payment plan cost shall be \$10.00.
2. The set-up fee and the first monthly payment must be paid before CPMS will set up the payment plan.

All CPMS payments are due on the 5TH/10TH/15TH/20TH/25TH/30TH day of each month following payment plan set up. Please include your CPMS account number when submitting payments.

You are welcomed and encouraged to make payments larger than the monthly minimum on your account(s) or even pay the account(s) in full early to avoid the monthly payment plan fees. LARGER PAYMENTS MADE ONE MONTH WILL NOT CHANGE OR LOWER YOUR MINIMUM PAYMENT DUE THE FOLLOWING MONTH.

IF PAYMENTS ARE NOT MADE AS AGREED UPON OR IF YOU FAIL TO KEEP CPMS UPDATED ON YOUR CURRENT ADDRESS AND PHONE NUMBER, YOU WILL BE REMOVED FROM THE PAYMENT PLAN AND THE FOLLOWING ACTIONS WILL BE TAKEN:

All amounts will become due immediately. The court may re-impose suspended portions of your fine/fees/penalties and may assess additional court fees pursuant to RCW 3.02.045. Your account may be referred to Dynamic Collectors, Inc. for full collection procedures. If this is a criminal matter, the court has the authority to issue a bench warrant for contempt of court and can assess fines or fees for contempt of court. If this is a traffic citation, the court can assess a \$52.00 penalty for failure to pay and notify the Department of Licensing, and your driver's license can be suspended until all amounts have been paid. All payments are to be mailed to:

Court Payment Management Services, Inc.
750 S Market Blvd
Chehalis, WA 98532

*****WE ACCEPT CASHIERS CHECKS OR MONEY ORDERS ONLY BY MAIL AS WELL AS CASH IN OUR OFFICE*****

Signature _____

Address _____ City, St, Zip _____

Phone _____ SSN _____

CPMS/Court Representative approval _____

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PAYMENT PLAN APPLICATION

750 S. Market Blvd, Chehalis, WA 98532 (360) 748-4784

DEFENDANT INFORMATION

Name _____
(last) (first) (MI)

Home address _____

Mailing address (if different) _____

City, State, Zip _____ Home phone _____

Cell phone _____ Work phone _____

Date of birth _____ SSN _____

Drivers License # _____

Employer name _____

Employer address _____

Employer phone _____

ADDITIONAL CONTACT INFORMATION

Contact name _____ Contact phone _____

Contact address _____

SPOUSE INFORMATION

Name _____
(last) (first) (MI)

Home address (if different) _____

City, State, Zip _____ Home phone _____

Cell phone _____ Work phone _____

Employer name _____

Employer address _____

THIS IS AN ATTEMPT TO COLLECT A DEBT. ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE. THIS HAS BEEN SENT TO YOU BY A DEBT COLLECTION AGENCY.