

Request to Modify Payment Plan

Chester County Adult Probation & Parole Department

Instructions:

Please complete pages 1-6
Complete page 7 if you are self-employed
Make sure your name is at the bottom of each page
Attach last 3 pay stubs or proof of income
Submit to your assigned Probation Officer
You will be notified within 30 days of a decision

CHESTER COUNTY ADULT PROBATION & PAROLE
REQUEST TO MODIFY PAYMENT PLAN

☛☛☛ Please provide last 3 pay stubs with this application ☛☛☛
For Self-Employed Complete Page 7

Name: _____ Date _____ Case #: _____

Address: _____

Email: _____ Phone #: _____

Salary/Rate of Pay: _____ Length of Employment _____

Employer Name/Address: _____

Occupation: _____

Hours/Week: _____

Have you filled out a financial statement to apply for a court-appointed attorney within the last 12 months?

Yes No Was an attorney appointed for you? Yes No

MONTHLY INCOME

Source of Income	Self	Spouse/Other
Take Home Salary/Wages	\$	\$
Commissions/Bonuses	\$	\$
Tips	\$	\$
Unemployment Compensation	\$	\$
Workman's Compensation	\$	\$
Social Security Income	\$	\$
Disability	\$	\$
Public Assistance (Cash)	\$	\$
Food Stamps	\$	\$
Veterans Benefits	\$	\$
Retirement Pension Income	\$	\$
Interest Income	\$	\$
IRA Payouts/Dividend Income	\$	\$
Child Support	\$	\$
Spousal Maintenance	\$	\$
Insurance Settlement Annuity	\$	\$
Allowance	\$	\$
Rental Property Income	\$	\$
Stocks, Bonds, Insurance Policy	\$	\$
Cash owed to you by another	\$	\$
Lottery Annuity	\$	\$
Gifts, Inheritance	\$	\$

TOTAL MONTHLY INCOME

Income Self: \$ _____

Income Spouse/Other: + \$ _____

Total Household Income: = \$ _____

Total number of Adults _____ and Children _____ in household

Do you expect to receive other income in the next 6 months (for example, settlements, dividends, gifts, inheritances)? Yes No If yes, please specify _____

Last Name: _____ First Name: _____

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ASSETS

	<u>SELF</u>	<u>SPOUSE/OTHER</u>
Vehicles (Cars, trucks, motorcycles, RV, boats, etc.) Any type of vehicle that is required to be licensed: YEAR _____ MAKE _____ MODEL _____	\$	\$
Bank/Credit Union Checking Account Balance:	\$	\$
Bank/Credit Union Savings Account Balance:	\$	\$
Bank/Credit Union Money Market Balance:	\$	\$
Bank/Credit Union Vacation/Christmas Club Balance:	\$	\$
Cash on hand:	\$	\$
Real Estate (Equity in home):	\$	\$
Stocks, Bonds, Trust Fund or Investments:	\$	\$
Retirement Fund:	\$	\$
Life Insurance:	\$	\$
Deferred Compensation/401K:	\$	\$
Credit Card(s)		
Type of Card:		
Credit Limit:	\$	\$
Balance Amount:	\$	\$
Type of Card:		
Credit Limit:	\$	\$
Balance Amount:	\$	\$
Type of Card:		
Credit Limit:	\$	\$
Balance Amount:	\$	\$
Type of Card:		
Credit Limit:	\$	\$
Balance Amount:	\$	\$
Attach additional page if needed Computer/Laptop/Tablet, Type: _____	\$	\$
TV/Stereo/DVD	\$	\$
Furs, Jewelry, Precious Metals, or Precious Stones	\$	\$
Tools	\$	\$
Guns	\$	\$
Sports Equipment (Skis, Scuba, Fishing, etc)	\$	\$
SUBTOTALS	\$	\$
GRAND TOTAL SELF +SPOUSE/OTHER	\$	

Do you need any of the above items to earn your living? Yes No If yes, list item and describe why you need it:

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MONTHLY EXPENSES

<u>Court Fines & Costs</u>		
Court:	\$	
Court:	\$	
Court:	\$	
Court:	\$	
<u>HOUSING</u>		
Mortgage: 1 st Mortgage Company:	\$	
2 nd Mortgage Company:	\$	
Home Equity Loan Company:	\$	
Home Owners Association Fees:	\$	
Other Home Expenditures explain:	\$	
Homeowners Insurance	\$	
Rent, Landlord:	\$	
Renters Insurance:	\$	
<u>UTILITIES</u>		
Electric	\$	
Gas	\$	
Garbage	\$	
Water/Sewer	\$	
<u>FOOD/SUPPLIES</u>		
Food	\$	
Household Supplies	\$	
School lunches	\$	
Bottled Water delivery		\$
Meals outside the home		\$
<u>COMMUNICATION</u>		
Telephone Basic Service	\$	
Caller ID		\$
Call Waiting		\$
Call Forwarding		\$
2 nd Phone Line		\$
Cellular Phone, Smart Phone yes/no		\$
<u>SUBTOTAL</u>	\$	\$

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<u>CLOTHING</u>		
Clothing for self		\$
Clothing for spouse/other		\$
Work Uniform	\$	
Shoes for self		\$
Shoes for spouse/other		\$
Children clothing	\$	
Children shoes	\$	
Laundry		\$
Dry Cleaning		\$
<u>TRANSPORTATION</u>		
Car Payment/Lease Self	\$	
Car Payment/Lease Spouse/other	\$	
Car Insurance Full or Liability	\$	
Bus Fare	\$	
Taxi		\$
Other		\$
Car Repairs	\$	
Car Maintenance	\$	
Car Wash		\$
Gas	\$	
AAA		\$
Parking Fees		\$
<u>MEDICAL</u>		
Medical Insurance	\$	
Doctor Visit Co-pay	\$	
Prescription Co-pay	\$	
Dental Insurance	\$	
Vision Insurance	\$	
<u>CHILDCARE</u>		
Daycare Name:	\$	
Private Sitter Name:	\$	
Tuition Name:	\$	
<u>LOANS</u>		
Personal Loan Name:	\$	
Student Loan Name:	\$	
Subtotal:	\$	
<u>SUBTOTAL</u>	\$	\$

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MISCELLANEOUS		
Tuition Self		\$
Cable/Satellite		
Provider:		\$
Package		\$
Internet		
Provider:		\$
Package		\$
Haircut/Styling Self	\$	
Spouse/Other	\$	
Children	\$	
Pet Food		\$
Veterinary Expenses		\$
Newspaper/Magazines		\$
Book/Craft Clubs		\$
Club Fees		\$
Entertainment		
Video Rentals		\$
Movies		\$
Take Out/Home Delivery Food		\$
Golf		\$
Bowling, Arcade, Amusement Park		\$
Concerts, Sporting Tickets		\$
Personal		\$
Cigarettes, Chewing Tobacco, Cigars, Pipes, etc.		\$
Liquor, Beer, Wine		\$
Nails Manicure/Pedicure		\$
Health Club Membership		\$
Lottery Tickets/Gambling		\$
Gifts		\$
Other, Explain		\$
Subtotal	\$	\$

Are any household expenses paid by someone other than you or your spouse/other (for example, by a roommate, parent, grandparent or child)? Yes No If yes, list:

Name: _____ Relationship: _____ Amount: _____
 Name: _____ Relationship: _____ Amount: _____

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I, _____, understand that all statements made in this application are made for the purpose of requesting a reduction in my court ordered payment plan. I further understand that the Court Collection Officer may verify any information provided in this worksheet at any time, either directly or through a credit-reporting agency, from any source named in this application or other sources as deemed necessary. I understand I may be subject to wage garnishment, arrest and incarceration, additional fees or costs or further action if I fail to pay the assessed amount as agreed.

I certify and swear under penalty or perjury that the information provided in this worksheet is true and correct as of the date set forth opposite my signature on this worksheet and acknowledge my understanding that any intentional or negligent misrepresentation(s) of the information contained in this worksheet may result in further action being taken against me by the Court.

Signature

Date

Probation Officer

Date

CHESTER COUNTY ADULT PROBATION & PAROLE
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SELF-EMPLOYED INCOME SUPPLEMENT

Name: _____ CR: _____

Name of Business: _____

Type of Business Entity (check one): S CORP C CORP PC LLL SOLE PROPRIETOR
Title: _____

State and Date of Incorporation: _____

Principal Business Address: _____

Business Telephone: _____

Percent Ownership: _____

Number of Shares of Stock: _____

Total issued and outstanding shares: _____

Nature of Business: _____

Specify perquisites ("perks"): _____

Do you use a company car for personal business? Yes No \$ _____

Does the company pay for your gas/oil/maintenance charges? Yes No \$ _____

Does the company pay your dues to any club or social organization? Yes No \$ _____

Does the company own a home, townhouse, or condo that is or may be available for your use?
 Yes No \$ _____

Did your company have net earnings in the last fiscal year that were not distributed to owners or shareholders or the business? Yes No \$ _____

Monthly premium for life insurance paid by the business for your benefit: \$ _____

Monthly premium for retirement benefits, 401K, I.R.A., and/or profit sharing: \$ _____

Annual travel expense (including lodging, travel, meals, etc.) for business promotion, education, professional development, etc.: \$ _____

GROSS SALES: \$ _____

COST OF SALES: \$ _____

TOTAL \$ _____

EXPENSES

Automobile Expense \$ _____

Bank Charges \$ _____

Insurance \$ _____

Payroll \$ _____

Rent \$ _____

Repairs & Maintenance \$ _____

Taxes & Licenses \$ _____

Travel \$ _____

Utilities \$ _____

Other Expenses (List) \$ _____

Total Expenses \$ _____

Total NP or (LOSS) \$ _____

Your annual salary/compensations: \$ _____

Your dividends or other profit distribution in the last 12 months: _____

Annual bonus if not included above: _____

Annual value of perquisites ("perks"): _____

Last Name: _____ First Name: _____

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PAYMENT PLAN EVALUATION WORKSHEET

Name: _____ Case #'s: _____
 Date: _____
 Verified By: _____

Income
 Grand Total from Page 1 \$ _____

Assets
 Grand Total from Page 2 \$ _____

Grand Total Income \$

Fixed Expenses (FE)
 Subtotal LEFT Column Page 3 \$ _____
 Subtotal LEFT Column Page 4 \$ _____
 Subtotal LEFT Column Page 5 \$ _____

Grand Total FE \$ _____

Disposable Income (DI)
 Subtotal RIGHT Column Page 3 \$ _____
 Subtotal RIGHT Column Page 4 \$ _____
 Subtotal RIGHT Column Page 5 \$ _____

Grand Total DI \$ _____

INCOME DISTRIBUTION	\$ _____	\$ _____
	FIXED	DISPOSABLE

MONTHLY COURT FEES

Total Ordered \$ _____
 Total Paid \$ _____
 Delinquent/Balance \$ _____
Disposable Income \$ _____

Modified Payment Plan: Approved Amount \$ _____ **Due:** _____
 Denied

Reviewed By: _____