

ADAMS COUNTY COURTHOUSE
117 BALTIMORE ST, ROOM 103
GETTYSBURG, PA 17325

OFFICE OF



PHONE: 717-337-9806
FAX: 717- 334-9333
EMAIL: klawver@adamscountypa.gov

KELLY A. LAWVER
CLERK OF COURTS

PAYMENT PLAN QUESTIONNAIRE

This questionnaire MUST be completed in full. If not fully completed, your payment obligation will remain as directed in the Sentencing Order (i.e. total obligation divided by months on supervision). The questionnaire and agreement MUST be notarized or signed in front of a Deputy Clerk.

Name: _____ Case number(s): _

Phone number: _____ home _____

_____ cell _____

Address _____

Street or Box Number

City

State

Zip

Are you currently employed: Yes No

Employer's name & address: _____

(Present or if unemployed last employer)

Type of work: _____

Pay period (weekly, bi-weekly, etc...) _____

Gross pay per pay period: _____ Net pay per period (take home pay): _____

A copy of your most recent pay stub MUST be attached. If not available, please state the reason(s) why.

Other income: \$ _____ Source: _____

(Within past 12 months)

\$ _____ Source: _____

\$ _____ Source: _____

Other contributions to household support: _____

Property Owned

cash: _____

bank accounts: _____

CD's, stocks, bonds: _____

Real estate (including home): list purchase price, present value, mortgage owed:

Car: make & year _____

cost \$ _____

amount still owed \$ _____

other property (specify type & value): _____

Regular monthly living expenses are \$ _____ as follows:

mortgage/rent: _____

food: _____

water/sewer: _____

electricity: _____

heating: _____

transportation: _____

clothing: _____

medical: _____

cable/satellite: _____

cell phone: _____

other (specify): _____

Person(s) dependent upon me for support (identify only by number and relationship,(DO NOT LIST NAMES):

I do hereby certify that the above wage statements are true and correct to the best of my knowledge, information and belief. I understand that any false statements would subject me to the penalties of 18 Pa.C.S. A. §4904, relating to unsworn falsification to authorities. I understand failure to provide copies of my most recent paystubs may result in contact with the Department of Labor and Industry to verify income.

I will notify the Clerk of Courts office within 7 days of any change of financial circumstances. I understand shall I fail to comply with that provision; I will be listed for contempt of Court. I understand that failure to make payments according to the established payment plan may result in **the suspension of driving privileges** and/or the matter being referred to a collection agency with collection fees added to the total amount owed.

Sworn and subscribed before me at

Gettysburg, this _____ day of _____, 20____.

Notary / Deputy Clerk of Courts

Signature of Defendant

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CASE NUMBER(S) _____

PAYMENT AGREEMENT

I, _____ agree to make payments of \$ _____
per _____ to the Clerk of Courts of Adams County until my financial obligation
of \$ _____ representing court costs, fines, and / or restitution is paid in full.

First payment due on: _____

I understand that failure to maintain this payment agreement will result in my case being
returned to Court for Contempt of Court proceedings and additional court costs.

Signature

Date

Signed and delivered before me on this

_____ day of _____, 20 _____.

Notary / Deputy Clerk of Courts

Pay online <https://ujportal.pacourts.us> or www.GovPayNow.com (PLC a001z3) or by phone 1-888-604-7888.
E-Checks accepted as well as Visa, MasterCard, Discover and ATM/Debit cards. There is a convenience fee
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