

AGREEMENT

I, _____ understand that I have an outstanding account balance owed the Bay County Circuit Court, Juvenile Division.

I AM UNABLE TO MAKE PAYMENT(S) AT THIS TIME.

I AGREE to pay the outstanding amount as soon as I am able, and AGREE to keep the Court informed of my financial situation ON A MONTHLY BASIS.

I ALSO UNDERSTAND that failure to comply with the payment arrangement(s) made in this Agreement WILL result in a Bench Warrant being issued.

Dated: _____

Signature

Date of Birth

Social Security Number

Address

City

State

Zip

Phone Number

Witness