

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Case No.: \_\_\_\_\_  
Citation No.: \_\_\_\_\_

**TIME PAYMENT  
AGREEMENT**

TERMS

1. Partial payments can be made.
2. Payments can be made in person, by mailing to the above address, or online at <https://www.nebraska.gov/apps-courts-epayments/public/index>
3. If fine(s) and/or cost(s) are not paid by the due date:
  - a. If this time payment agreement is for a traffic offense, failure to pay as directed may result in the suspension of the \_\_\_\_\_'s driver's license.
  - b. \_\_\_\_\_ must appear before this court on the date set forth below.
  - c. If the \_\_\_\_\_ fails to pay and does not appear a warrant may be issued for their arrest.

AGREEMENT

I, the \_\_\_\_\_ in this matter, understand that I have been ordered to pay the fine(s) and/or cost(s) listed below. I have the ability to pay the fine(s) and/or cost(s), but not in full at this time. I understand that by signing this agreement, I'm agreeing to abide by the terms listed above and understand **if I do not pay the amounts listed below or appear as directed, a warrant may be issued for my arrest.**

**Amounts Due:**

Fines: \_\_\_\_\_ Costs: \_\_\_\_\_ Restitution: \_\_\_\_\_

**TOTAL DUE:** \_\_\_\_\_ **TO BE PAID BY:** \_\_\_\_\_

Probation Enrollment Fee of \_\_\_\_\_ is to be paid immediately. Probation Administrative fees of \_\_\_\_\_ are to be paid at the rate of \_\_\_\_\_ by the 10th of each month.

Special Conditions:

If fine(s) and/or cost(s) are not paid by the date listed above, you agree to appear in court on \_\_\_\_\_ at \_\_\_\_\_, M., in courtroom No. \_\_\_\_\_ for further action. This may include extension of time for payment; order of community service instead of paying fine; discharge of fine if indigent and unable to perform community service or commitment to jail to discharge balance due at the rate of \$150.00/day. You should bring any information supporting a request for additional time or discharge or obligation.

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Cell Phone \_\_\_\_\_ Carrier \_\_\_\_\_

Accept text messages:        yes    no

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

\_\_\_\_\_  
's signature

Staff Initials \_\_\_\_\_