



**APPLICATION FOR TIME TO PAY  
COURT FINES**

**Local Court of NSW**

Full name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

Name of Court (where fine imposed) \_\_\_\_\_

Date of Court: \_\_\_\_\_

Case Number/s: \_\_\_\_\_

**PROPOSED PAYMENT PLAN**

I request approval to pay the fine / costs of \$ \_\_\_\_\_ on the following basis:

I will pay the full amount by \_\_\_\_\_ (date) [Must be within 3 months]

OR

I will pay the amount owing in instalments. [Minimum amounts apply – see below]

Each instalment will be the amount of \$ \_\_\_\_\_ Per fortnight / month

I agree to make the first payment on or before \_\_\_\_\_ (date)

Minimum Amounts

(1) If you are the holder of a current Veterans Affairs Pension, Centrelink Payment or Concession card an offer to pay at least \$15.00 per fortnight will be accepted. (Indicate below the type and card number)

Type of pension, benefit received or concession card \_\_\_\_\_

Card number: \_\_\_\_\_

(2) If you are not the holder of a current concession card, an offer to pay at least \$100.00 per fortnight will be accepted.

(3) An offer less than these amounts will only be accepted in exceptional circumstances. Please indicate the exceptional circumstances that you rely upon: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT NOTICE**

**If the payment plan is approved, failure to make a payment will result in the fine being referred to the State Debt Recovery Office, unless you have contacted the Local Court and made further arrangements.**

**The State Debt Recovery office may impose further costs and sanctions against you, such as cancelling or suspending your drivers licence or taking money or property from you.**

Office Use Only:

Approved by: _____	Approved on: _____
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