FIRST JUDICIAL DISTRICT OF PENNSYLVANIA

OFFICE OF COURT COMPLIANCE

Request for Miscellaneous Relief

For Official Use Only

Must Be Emailed, Faxed or Mailed to:

Office of Court Compliance
Room 370 City Hall, Philadelphia, PA 19107
Email: OCC@courts.phila.gov
Phone: 215-683-7999 Fax: 215-683-7778

PAYMENT PLAN NUMBER (S)

51-_ _ _ _ PP-_ _ _ _ _ _
51-_ _ _ _ PP-_ _ _ _ _ _
51-_ _ _ _ PP-_ _ _ _ _ _

CRIMINAL CASE CAPTION

Commonwealth v.

CPCMS CASE NUMBER

_ _-51-CR-_ _ _ _ _ _ -_ _ _ _

DEFENDANT'S EMAIL ADDRESS

PHONE (CELL) NUMBER

DEFENDANT'S CURRENT HOME ADDRESS

PID

SID

RELIEF REQUESTED

CHECK THE REQUESTED RELIEF CONCERNING YOUR COURT IMPOSED FINANCIAL OBLIGATION AND PROVIDE RELEVANT INFORMATION

☐ **I REQUEST A PAYMENT PLAN CONFERENCE BECAUSE I CANNOT AFFORD TO PAY THE CURRENT MONTHLY PAYMENT PLAN AMOUNT OF $_____ PER MONTH.** I believe I can afford to pay $_____ per month based on my current income.
(Attach a completed ***Financial Information Form*** and proof of income including tax return, W-2s, pay-stubs, benefits letters etc.)

☐ **I CANNOT AFFORD TO PAY MY FEES, FINES, COSTS, SUPERVISION FEES, RESTITUTION ETC. IN A LUMP SUM. I REQUEST A PAYMENT PLAN CONFERENCE TO ESTABLISH AN INSTALLMENT PAYMENT PLAN.** I believe I can afford to pay $_____ per month based on my current income.
(Attach a completed ***Financial Information Form*** and proof of income including tax return, W-2s, pay-stubs, benefits letters etc.)

☐ **OTHER RELIEF (***State your request in detail and attach relevant information***):**

(Attach Additional Pages If Necessary)

VERIFICATION

I, being duly sworn according to law, depose and say that I am the Defendant in the within action and that the facts set forth above are true and correct to the best of my knowledge, information and belief.

I verify that the statements made herein are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.

_____ _____ _____
Date *Name of Defendant* *Signature of Defendant*

10/19/12

FOR OFFICIAL USE

F/C: $ _____ **OSP**: $ _____ **Rest**: $ _____ **Bail**: $ _____ **Collect Fee**: $ _____ **TOTAL**: $ _____ _____
Employee Date