

AGREED PAY ORDER

Defendant Name & Address:

Case Number & Amount(s):

TOTAL DUE \$_____

A payment hearing was held on _____ resulting in the defendant entering into the following agreement.

1. Defendant agrees to pay all court ordered fines, costs, assessments, and restitution at the rate of \$_____ per month, payable on the 1st 2nd 3rd 4th Friday of each month at 8:30 a.m. **or re-appear in Court on said date and time to explain just cause for non-payment**, with the first payment being due on or before _____ at 8:30 a.m.
2. Because payments are set at a low amount, Defendant shall appear in court at 8:30 a.m. on _____ for purposes of reviewing the Defendant's ability to increase the monthly payments.

FAILURE TO PAY OR RE-APPEAR AT 8:30 A.M. ON ANY OF THE ABOVE COURT DATES WILL RESULT IN A REFERRAL TO COLLECTIONS WITH AN ADDITIONAL COLLECTION FEE, A RULE TO SHOW CAUSE MAY ISSUE, A WARRANT MAY ISSUE FOR YOUR ARREST, OR ANY OTHER STATUTORY REMEDY AUTHORIZED BY LAW MAY BE IMPOSED.

By signing this agreement the defendant hereby acknowledges that the agreement will become an order of the Circuit Court for the 14th Judicial Circuit, Rock Island County, IL.

Signature of Defendant

Date _____ Date _____
Payment Hearing Officer

By agreement it is so ordered. _____

Judge

**Make checks payable to: ROCK ISLAND COUNTY CIRCUIT CLERK
ROCK ISLAND COUNTY CIRCUIT CLERK'S OFFICE
1317 3rd Avenue, Suite 101
Rock Island, IL 61201**

PAYMENT DROP BOX AVAILABLE OUTSIDE OF JUSTICE CENTER

We are not responsible for any cash payments made in the drop box. Please use check or money order AND indicate your case number(s) on your payment.

CREDIT CARD PAYMENTS ACCEPTED or PAY ONLINE AT: <http://www.rockislandcounty.org/CourtPayments/Home/>