



**Snohomish County District Court**

**TIME PAYMENT COLLECTION APPLICATION**

Signal Credit Management Services  
(253) 620-2239 OR (800) 874-1958

Cascade Division  
415 E Burke  
Arlington, WA 98223  
(360) 435-7714

Everett Division  
3000 Rockefeller M/S 508  
Everett, WA 98201  
(425) 388-3593

Evergreen Division  
14414-179<sup>th</sup> Ave SE  
Monroe, WA 98272  
(360) 805-6784

South Division  
20520-68<sup>th</sup> Ave W  
Lynnwood, WA 98036  
(425) 744-6824

**ACCOUNT INFORMATION**

Name \_\_\_\_\_  
(Last) (First) (M.I.) (Nickname)

Residence Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Home Telephone # ( \_\_\_\_\_ ) Work Telephone # ( \_\_\_\_\_ )

Date of Birth \_\_\_\_\_ Sex M \_\_\_\_\_ F \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Div \_\_\_\_\_ Widowed \_\_\_\_\_

Drivers License # \_\_\_\_\_ SSN \_\_\_\_\_

Employment or Name of Business \_\_\_\_\_

Employer Address \_\_\_\_\_

Occupation \_\_\_\_\_ Take Home Pay \_\_\_\_\_

Nearest Relative Name \_\_\_\_\_ Relationship \_\_\_\_\_

Relative's Address \_\_\_\_\_ Phone ( \_\_\_\_\_ )

Contact Person Name \_\_\_\_\_ Phone ( \_\_\_\_\_ )

Contact's Address \_\_\_\_\_

**SPOUSE INFORMATION**

Name \_\_\_\_\_  
(Last) (First) (M.I.) (Nickname)

Residence Address (if different from above) \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Telephone ( \_\_\_\_\_ )

Employer or Name of Business \_\_\_\_\_

Employer Address and Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Take Home Pay \_\_\_\_\_

**TIME PAYMENT AGREEMENT**

Case Number: _____	Database: <u>Snohomish County District Court</u>
Name: _____	Division: _____
SCMS Acct No: _____	Set Up Deadline: _____
Total Amount Owed to SCDC: (This amount includes Fine/Penalty/Probation/Costs/Fees/Assessments.)	\$ _____

Account Set-up Fee  
 One time charge-if no previous SNOHMISH COUNTY DISTRICT COURT account \$ 15.00

**Minimum** Monthly Payment Amount  
 (10% of account balance if total amount owed is less than \$1,000; 5% of account balance if total amount is \$1,000 or more; or \$25.00, whichever is greater.) \$ \_\_\_\_\_

**FIRST PAYMENT REQUIRED FOR ACCOUNT SET-UP:** \$ \_\_\_\_\_

**MONTHLY PAYMENT:** \$ \_\_\_\_\_

If you need assistance in determining your monthly payment, call SCMS at 1-800-874-1958.

**TIME PAYMENT AGREEMENT**

In addition, Court costs will be assessed each month to the total amount owing, as follows:

- A. The account set-up fee of \$15.00 (if applicable) and the first payment must be paid before the account will be set up by SCMS.
- B. If the account is in "current status" (all payments made as agreed) the monthly court cost shall be \$4.75 for one case or \$8.25 for multiple cases.
- C. If the account falls into "past due status" (any payment not made as agreed) the monthly court cost shall increase to \$7.75 for one case and \$11.25 for multiple cases, for every month thereafter.
- D. Interest accrues on all outstanding amounts at 12% per annum if applicable.

*It is in your best interest to make payments larger than the minimum due each month and/or to pay this account in full early. HOWEVER, an additional or larger payment made in one month will not change the "Minimum" payment due the next month.*

**PLEASE CIRCLE A PAYMENT DUE DATE. YOUR PAYMENT WILL BE DUE ON THIS DAY EACH MONTH.** Please include your case number with all payments.

5<sup>th</sup>                      10<sup>th</sup>                      15<sup>th</sup>                      20<sup>th</sup>                      25<sup>th</sup>

ALL PAYMENTS ARE TO BE MAILED TO: **SIGNAL CREDIT MANAGEMENT SERVICES**  
**P.O. BOX 1849**  
**GIG HARBOR, WA 98335**

IF YOU FAIL TO MAKE PAYMENTS AS PROMISED AND/OR FAIL TO KEEP YOUR PERSONAL INFORMATION (ADDRESS AND PHONE NUMBERS) CURRENT, THE FOLLOWING WILL OCCUR:

All amounts will become immediately due. The court may re-impose suspended portions of the fine/penalty/costs, may assess additional court costs pursuant to RCW3.02.045, and may refer the account to a collection agency for full collection efforts. If this is a traffic infraction, the court may also assess a \$52.00 failure to pay penalty, a hold may be placed on your license and the Department of Licensing in Olympia may send you a letter concerning the status of your license until all amounts have been paid. If this is a criminal matter, the court may issue a bench warrant for contempt of court and impose a fine or cost for contempt of court.

SIGNATURE \_\_\_\_\_ SSN \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE (    ) \_\_\_\_\_

CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_