



BLAINE MUNICIPAL COURT

TIME PAYMENT COLLECTION APPLICATION

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

ACCOUNT INFORMATION

Name: _____
(Last) (First) (M.I.) (Nickname)

Residence Address: _____

City, State, Zip: _____

Mailing Address (if different): _____

Home Telephone #: (_____) _____ Work Telephone #: (_____) _____

Email Address: _____

Date of Birth: _____ Sex: M _____ F _____ Single _____ Married _____ Div _____ Widowed _____

Drivers License #: _____ SSN: _____

Employer _____ 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: _____ Phone: (_____) _____

Employer _____ or _____ Name _____ of _____ Business _____

Employer _____ Address _____ and _____ Phone: _____

Occupation: _____ Take Home Pay: _____

TIME PAYMENT AGREEMENT

Case Number: _____ Database: BLAINE MUNICIPAL COURT
Division: _____

Name: _____ SCMS Acct No.: _____ Set Up Deadline: _____
Total Amount Owed: (This amount includes Fine/Penalty/Probation/Costs/Fees/Assessments) \$ _____

Account Set-up Fee
(one time charge — if no previous BLAINE MUNICIPAL COURT account) \$ 15.00
Minimum Monthly Payment Amount
(10% of account balance 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 payments 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.

5th 10th 15th 20th 25th

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 RCW 3.02.045, 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.

By signing I consent to allow AllianceOne to contact me by any and all commercial means; including but not limited to email, cellular phone, text message, or other wireless device, and including via automatically-dialed calls and messages, and with pre-recorded or artificial voice messages.

SIGNATURE _____ SSN _____
ADDRESS _____ PHONE () _____
CITY/STATE _____ ZIP _____