



COMMONWEALTH OF VIRGINIA
COUNTY OF LOUDOUN
OFFICE OF THE CLERK OF CIRCUIT COURT

P.O. Box 550
 LEESBURG, VIRGINIA 20178
 703-777-0270

www.loudoun.gov/clerk

Gary M. Clemens
 Clerk



Kevin J. Blatchley
 Chief Deputy-Business Services

Laura E. Boudreaux
 Chief Deputy-Operations & Finance

Karen M. Myers
 Chief Deputy-Judicial Services

CRIMINAL DIVISION PAYMENT AGREEMENT

Defendant: _____

FOR CLERK'S OFFICE USE:

Address: _____

1st case to pay # _____ / \$ _____ R

2nd case to pay # _____ / \$ _____ R

Phone Number: _____

3rd case to pay # _____ / \$ _____ R

SSN: _____

4th case to pay # _____ / \$ _____ R

DOB: _____

TOTAL: \$ _____

***Additional costs may apply**

Payment Terms: Select one or more of the three (3) options below:

_____ **Deferred Payment Plan:** No monthly payment required. The due date will be based on the estimated release date from probation **or** one-year from the date of this agreement. The above amount must be paid in full by ____/____/____. If the account is not paid in full by the stated date, the defendant will need to contact the Clerk's Office to make further arrangements.

_____ **Installment Payment Plan: Monthly payments are required until ALL cases are paid in full.** Minimum monthly installments of \$ _____ per month due by the _____ day of **each** month with the first payment due _____. **DO NOT** "double-up" on payments as they will not be credited to the following month.

_____ **Community Service Plan: Participation is NOT permitted to pay Restitution.** Allows you to earn credits for performance of Court-approved community service work at the current rate of \$11.00 per hour. Total amount listed above will be satisfied by completing _____ hours of community service. Contact the Department of Community Corrections at 107 Loudoun St., SE, Leesburg, Va. 20176 (703-777-0207) or District 25 Probation and Parole office at 751-D Miller Dr., SE, Leesburg, Va. 20176 (703-771-2510). An enrollment letter **must** be provided within 30 days of the date of this agreement to avoid termination. **THIS OPTION WILL REDUCE THE COLLECTION FEE.**

***Pursuant to Va. Code §17.1-275.5 additional costs from the trial or appeal Court will be charged if applicable**

Guidelines for Payments:

Payments can be made online at www.loudoun.gov/clerk , in person, or through the mail. There is a 4% or \$2.00 service fee, whichever is greater for credit card payments. Receipts will be mailed if a self-addressed stamped envelope is provided. If the due on date falls on a weekend or when the office is closed, payment is due the following open business day.

Acceptable forms of payment: Cash, Personal Check with printed information – NO STARTER CHECKS ACCEPTED, Cashier's Check, Money Order, MasterCard, Visa and Discover.

Make checks payable to: Clerk of Circuit Court

Mail to: Clerk of Circuit Court, ATTN: Criminal Division P.O. Box 550, Leesburg, VA 20178

Returned check: All checks returned by the bank will be assessed a return fee of \$50.00 or 10% of the amount of the check (whichever is greater) in addition to the below penalties

Penalties for Defaulting on a Payment Agreement:

Payments are due as specified above. If you default on your payment agreement in ANY manner, the following may occur:

- Account will be sent to collection agency
- Interest will begin accruing on unpaid balance
- Payment agreement will be void requiring a Subsequent agreement with a deposit
- Collection fee of 22.5% of the unpaid balance will be assessed

Certification

I do hereby certify that I understand the penalties should I fail to meet the terms of the payment agreement to include the possibility of not being placed in a new agreement. I further certify that I understand I am to advise the Court of any change of address occurring during the period of this payment arrangement and that I will be sent a notice of the new total amount by first class mail to my last address of record for additional costs that may be assessed by the Clerk of this Court.

_____ Defendant's Signature _____ Date

To wit: The signature above was acknowledged, subscribed and sworn to before me on the _____ day of _____.

State of _____, City/County of _____

_____ Deputy Clerk/Notary _____ Date

Commission expires: _____ Registration # (if applicable) _____

Received by Accounting: _____/_____/_____ Initials: _____

Entered by Accounting: _____/_____/_____ Initials: _____