

MOTION FOR EXTENSION OF TIME TO PAY FINE

TICKET/FINE HOLDER INFORMATION

FULL NAME: _____ DATE OF BIRTH: _____

DRIVER'S LICENCE #: _____

STREET ADDRESS: _____ APT #: _____

CITY: _____ P.O. BOX #: _____

POSTAL CODE: _____ EMAIL: _____

HOME TELEPHONE: _____ CELL: _____

FINANCIAL INSTITUTION: _____ LOCATION: _____

PLEASE CHECK AND COMPLETE EITHER 1 OR 2 BELOW – WHICHEVER IS APPLICABLE.

1) ☐ EMPLOYED, EMPLOYER: _____ JOB TITLE: _____

2) ☐ UNEMPLOYED, INCOME SOURCE: _____

TICKET/FINE(S): _____

REASON YOU ARE APPLYING FOR AN EXTENSION OF TIME TO PAY: _____

IF GRANTED, WHAT IS YOUR PROPOSED PAYMENT OR PAYMENT SCHEDULE TO TAKE CARE OF THIS DEBT
AS QUICKLY AS POSSIBLE? _____

SIGNATURE: _____ DATE: _____

COMPLETED FORM CAN BE SUBMITTED AS FOLLOWS:

BY EMAIL poacourt@uclg.on.ca **BY FAX** 613-342-8891

IN PERSON OFFICE HOURS ARE MONDAY TO FRIDAY, 8:00 A.M. - 4:00 P.M.

BY MAIL PROVINCIAL OFFENCES
UNITED COUNTIES OF LEEDS AND GRENVILLE
32 WALL STREET, SUITE 100
BROCKVILLE, ONTARIO K6V 4R9

NOTE: Soon after this completed form is received, a Justice of the Peace will review your request for an extension of time to pay and make their decision. Communication will follow by mail to the address completed above.