



Signal Credit Management Services

(253) 620-2239 OR (800) 874-1958

TIME PAYMENT COLLECTION APPLICATION

# LAKESWOOD / UNIVERSITY PLACE

## MUNICIPAL COURT

### 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: LAKEWOOD / UNIVERSITY PLACE 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 LAKEWOOD / UNIVERSITY PLACE 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                      10<sup>th</sup>                      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 \_\_\_\_\_