IN THE CIRCUIT COURT OF NEWTON COUNTY, MISSOURI
MUNICIPAL DIVISION – CITY OF DIAMOND

CITY OF DIAMOND V. _____ SS #: _____

CASE #(s) _____ PHONE #:_____
_____
_____

ADDRESS: _____ TOTAL AMOUNT OWED

_____ $_____

APPLICATION FOR DELAYED PAYMENT OF FINES AND COSTS

_____ I AGREE TO PAY THE TOTAL AMOUNT OWED ON THE CASES LISTED ABOVE BY _____ (COURT DATE).

I AGREE TO EITHER PAY BY THIS DATE OR APPEAR IN COURT ON SAID DATE.

I UNDERSTAND THAT A SHOW CAUSE HEARING WILL BE SCHEDULED ON DATE ABOVE AND FAILURE TO PAY OR APPEAR WILL RESULT IN A WARRANT ISSUED FOR MY ARREST.

OR

_____ I REQUEST THE COURT TO ALLOW INSTALLMENT PAYMENTS OF THE FINE AND COSTS ASSESSED IN THE CASES ABOVE

I AGREE THAT I CAN AND WILL PAY $_____ EACH MONTH BEGINNING _____
I UNDERSTAND THAT THIS AMOUNT MUST BE PAID ON THE SAME DAY OF THE MONTH UNTIL THE ABOVE AMOUNT IS PAID IN FULL.

I UNDERSTAND THAT SHOULD I FAIL TO PAY WHEN AGREED THAT A SHOW CAUSE HEARING WILL BE SCHEDULED AND FAILURE TO APPEAR WILL RESULT IN A WARRANT ISSUED FOR MY ARREST.

I AGREE TO INFORM THE CLERK OF THE COURT IN WRITING IF MY ADDRESS CHANGES BEFORE THE ABOVE AMOUNT HAS BEEN PAID IN FULL.

WHEREFORE, I REQUEST THIS APPLICATION BE APPROVED.

_____ _____
SIGNATURE DATE

ORDER APPROVING APPLICATION

The application for Delayed Payment of Fines and Costs is approved. IT IS THEREFORE ORDERED THAT YOU SHALL PAY AS SHOWN ABOVE AND THAT A SHOW CAUSE HEARING BE HELD ON ABOVE DATE (IF ANY).

DATE: _____ _____
JUDGES SIGNATURE

PAYMENT METHODS:

Pay Online:
Go to **www.courts.mo.gov**
Click on **Case.net** and follow instructions
You will need your ticket number, name, and a credit/debit card.

Pay by Mail or In Person:
Diamond Municipal Court
301 E. Market, PO Box 8
Diamond, MO 64840
(417) 325-4444