Office of State Court Collections Office Locations:

☐ Hares Corner Main Office
97-A Parkway Circle
New Castle, DE 19720
(302)323-5356

☐ Wilmington Probation Office
1601 N. Pine St.
Wilmington, DE 19801
(302)577-3443

☐ Dover Probation Office
511 Maple Parkway
Dover, DE 19901
(302)739-5387 ex.213

☐ Georgetown Probation Office
546 S. Bedford St
Georgetown, DE 19947
(302)856-5243

☐ Sussex Violation Unit
Rd 6 Box 700
Georgetown, DE 19947
(302)856-5790 ex.172

PAYMENT AGREEMENT

It is hereby acknowledged by the undersigned that all fine, costs, surcharges and restitution must be paid to the OFFICE OF STATE COURT COLLECTIONS ENFORCEMENT in **cash, money order or check made payable to the State of Delaware** in the amounts and at the times specified by the Court, or this Payment Agreement.

Personal checks must include a telephone number and current address.
THERE WILL BE A $25.00 FEE FOR ALL RETURNED CHECKS.

It is also acknowledged and understood that failure to abide by the specific court orders or a breach of this agreement shall be sufficient cause for a "Contempt of Court Hearing."

Court:_____ Judge:_____ Case#(s):_____

Defendant Name:_____ SSN#_____ DOB:_____

Defendant Address:_____ City:_____ State:_____ Zip:_____

_____ Home Phone:_____

Employer:_____

Employer Address:_____ City:_____ State:_____ Zip:_____

_____ Work Phone:_____

Payment Schedule: $_____ Per Month beginning _____.

Total/Current Balance Owed: $_____.

*****FAILURE TO COMPLY WITH THIS MONTHLY PAYMENT AGREEMENT SHALL RESULT IN A CONTEMPT OF COURT HEARING*****

_____ _____
(Defendant Signature) Date

_____ _____
(Collection Officer Signature) Date

State SBI#_____

Driver's License #_____ State:_____

White-OSCCE; Pink-Prothonotary; Yellow-Defendant
Revised: 3/8/01