ONTARIO COURT OF JUSTICE – CITY OF KENORA PROVINCIAL OFFENCES COURT

**Payment Plan Schedule**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME** |  | | | | **DATE OF BIRTH** | |  | |
| **CASE NUMBER(S)** |  | | | | | | | |
| **HOME ADDRESS** |  | | | | | | | |
| **EMAIL ADDRESS** |  | | | | | | | |
| **PHONE NUMBER** | **HOME** |  | **CELL** |  | | **WORK** | |  |

Which Payment method will you use to make payments? (please check one)

* In person debit/cash
* Credit Card pre-authorization (VisaDebit & VisaMC not accepted)
* Call in with Credit Card (VisaDebit & VisaMC not accepted)
* Mail Cheque or Money Order

|  |  |  |
| --- | --- | --- |
| **Number of Payments Payment Date** | | **Amount** |
| **1** |  | **$** |
| **2** |  | **$** |
| **3** |  | **$** |
| **4** |  | **$** |
| **5** |  | **$** |
| **6** |  | **$** |
| **7** |  | **$** |
| **8** |  | **$** |
| **9** |  | **$** |
| **10** |  | **$** |
| **11** |  | **$** |
| **12** |  | **$** |

**I confirm that the information set out above is true and correct and that this information is being requested by the Court and will be relied on by the Court to determine whether or not to grant this extension. I acknowledge that this information is collected under the authority of the Provincial Offences Act and that if payments are not made as proposed, this information may be used to enforce current or future defaulted POA fines.**

**Date: Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Mailing address: City of Kenora Provincial Offences, 1 Main St. S Kenora, ON P9N 3X2

Phone number for credit card payments : 807-467-2984