

**NOTICE OF COURT HEARING
FOR PAYMENT OF FINES AND COSTS**

Offender name/DOC #

Your Judgment and Sentence in case(s) _____
indicate that you are to return to the sentencing court in _____ County
for a judicial hearing to determine your ability to pay your court-ordered fines and costs.
If you are not immediately able to pay the fines and costs, a payment schedule will be
established. You are to appear before the Honorable Judge
_____ of _____ County on
_____ at _____ am/pm, to determine your ability to pay
your fines and costs. Failure to attend this hearing could result in further imprisonment
in the _____ County jail.

I acknowledge this notice and agree to appear in court on the scheduled date and time.

Signed this _____ day of _____.

Offender signature and DOC #

Offenders forwarding address:

Street

City State/Zip

Witness

CC: Offender
Sentencing Court
Field File (Section I)