

Washington County District Court
Elkins Department

1874 STOKENBURY RD.

ELKINS, AR 72727

479-643-4170

elkinscourt@elkins.arkansas.gov

NAME: _____ DOB: _____
RACE: _____ HEIGHT: _____ WEIGHT: _____ EYES: _____ HAIR: _____
SSN: _____ DL NO: _____
ADDRESS: _____
PO BOX: _____ APT: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ CELL: _____
EMPLOYER: _____ PHONE: _____
MESSAGE PHONE: _____ NAME: _____
EMAIL: _____

TIME PAY AGREEMENT

NOTE: THERE IS A \$10.00 PER MONTH FINANCE FEE ASSESSED TO ALL BALANCES PLACED ON A TIME PAY AGREEMENT.

I, the above named person, agree to pay \$ _____ per _____, until I reach a zero balance.

Payments will be due on the _____ of each month, beginning in _____.

****I understand that I have a 10 day grace period before a warrant would be issued for non-payment.****

Special Terms: _____

Signature: _____ Date: _____

****We accept: Cash, Money Orders & Checks****

WE ACCEPT DEBIT / CREDIT CARDS

www.courtpay.org

Or By Calling

1(844)507-3631