



IN THE CIRCUIT COURT OF ST. LOUIS COUNTY, MISSOURI
MUNICIPAL DIVISION, CITY OF ELLISVILLE

AGREEMENT TO PAY

I UNDERSTAND THAT THE PAYMENTS ARE DUE BY THE **FIRST** (1) ON THE MONTH, UNTIL THE BALANCE IS PAID OFF. FURTHER, I UNDERSTAND THE FOLLOWING PAYMENT CONDITIONS:

1. I UNDERSTAND THERE IS **NO GRACE** PERIOD ON PAYMENT(S).
2. ALL PAYMENT(S) MUST BE PAID BY THE FIRST OF THE MONTH.
3. I AM OBLIGATED TO IMMEDIATELY ADVISE THE COURT OF ANY CHANGE OF ADDRESS OR TELEPHONE NUMBER.
4. THE CLERK WILL **NOT** GRANT AN EXTENSION BY TELEPHONE
5. **FAILURE TO COMPLY WITH THE PAYMENT SCHEDULE WILL REQUIRE APPEARANCE BEFORE THE COURT ON THE COURT DATE OF THE MONTH THE PAYMENT IS DUE.**

I UNDERSTANT, THAT SHOULD I FAIL TO MAKE A PAYMENTS ACCORDING TO THE SCHEDULE SET FORTH, LEGAL ACTION WILL BE TAKEN AGAINST ME AND THE COURT CAN WILL PURSUE COLLECTIONS THROUGH A COLLECTION AGENCY.

FURTHER, I UNDERSTAND THAT PAYMENTS MAY BE MADE BY MAIL BEING MAILED TO:

COURT CLERK, ELLISVILLE MUNICIAPL COURT

37 WEIS AVENUE

ELLISVILLE, MO 63011



DEFENDANT PAYMENT AGREEMENT



NAME: _____

STREET ADDRESS: _____

CITY, STATE ZIP _____

PHONE NUMBER _____

EMAIL ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

SIGNATURE _____