

Paying Philadelphia Court Fines and Costs to Prepare to Clean Up Your Record

PAYMENT PLANS

Only agree to a monthly payment plan you can afford.

You can get into a low payment plan if you are on public benefits or have little income.

TO GET INTO A PAYMENT PLAN

Walk-in any weekday from 10:30AM-4:00PM for a Payment Plan Conference at the Criminal Justice Center, Basement Room 004. No appointment needed.

Bring criminal history form if you need it signed for welfare.

Bring proof of benefits (SSI, SSDI, food stamps, TANF, medical) if you can.

Keep copies of all forms!

In order to **apply for a pardon** or ask a court to **seal old and minor misdemeanor convictions**, it is important to pay court fines and costs.

TO FIND OUT WHAT YOU OWE

Go to the basement of the Criminal Justice Center at **1301 Filbert St.** and ask for your "Participant Accounting Report" or PAR.

TO PAY YOUR COURT FINES AND COSTS

Go to the Payment Center in the basement of the Criminal Justice Center. For some cases, you may also be able to pay online at: <https://ujportal.pacourts.us/ePay/Default.aspx>

SUPERVISION FEES MAY BE WAIVED

If you were charged fees while on probation, you may be able to get them waived or reduced. **You may be eligible if you are:**

- Unemployed
- 62 or older with no income
- Unable to work due to a disability
- Getting public assistance
- Supporting children or others
- In school or a training program
- Participating in an inpatient treatment program
- Or have other good reasons for not being able to pay.

FILE SUPERVISION FEE WAIVER

- To file a motion to reduce or waive supervision fees, fill out the petition below, and submit it at the Criminal Motions Unit on the second floor (**Room 206**) of the Criminal Justice Center at **1301 Filbert Street**.
- The Motions Unit will charge you **\$12.50** for each petition. You can ask to have this fee waived by requesting to file "**In Forma Pauperis**."
- After you file the petition, you will have a hearing in front of a judge. You should explain why you need the fees waived and bring documentation you have to show the judge why you cannot pay.

Center City Office:

1424 Chestnut St. | Philadelphia, PA 19102-2505 | Telephone: 215-981-3700 clsphila.org

North Philadelphia Law Center:

1410 West Erie Ave. | Philadelphia, PA 19140-4136 | Telephone: 215-227-2400



FIRST JUDICIAL DISTRICT OF PENNSYLVANIA

Motion to Defer, Reduce, or Waive
Supervision Fees

Must Be Filed With: Criminal Motions Unit Room 206 Criminal Justice Center 1301 Filbert Street Philadelphia, PA 19107	<div style="border: 1px solid black; height: 40px;"></div>				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">PID/SID</td> <td style="width: 50%; text-align: center;">PHONE NUMBER</td> </tr> <tr> <td style="height: 30px;"></td> <td style="height: 30px;"></td> </tr> </table>	PID/SID	PHONE NUMBER		
PID/SID	PHONE NUMBER				

CRIMINAL CASE CAPTION Commonwealth v.	CPCMS CASE NUMBER <div style="border: 1px solid black; padding: 2px;"> -51-CR-- </div>
--	---

DEFENDANT'S CURRENT ADDRESS

MOTION

- 1) On _____ the defendant was placed on probation in the above-case, to be supervised for a maximum term of _____ months, beginning on _____. A supervision fee in the sum of \$25 per month was ordered.
- 2)The Defendant is/was also supervised in the following cases during the same period identified above:
_____.
- 3) The Defendant has paid \$ _____ in supervision fees, and as of _____ owes \$ _____.
- 4) The Defendant has paid \$ _____ in fees, fines, costs and restitution and as of _____ owes \$ _____
- 5) Defendant requests the Court to defer, reduce, or waive supervision fees for the following reason(s),
(Check the basis for your request and attach relevant information)
 - a. the Defendant is 62 years of age or older with no income.
 - b. The Defendant is receiving public assistance in the sum of \$ _____. The *Award Letter* is attached;
 - c. The Defendant is enrolled as a full-time student for 12 semester hours in an educational institution approved by the United States Department of Education Proof of enrollment attached;
 - d. The Defendant is currently incarcerated or was incarcerated at _____ from _____ to _____;
 - e. The Defendant is not employable as a result of a disability, as determined by an examination which must be acceptable to the court. *A copy of the medical examination is attached;*
 - f. The Defendant is responsible for the support of dependants, and the payment of a supervision fee constitutes an undue hardship upon the offender. List in detail the name, age, relationship, and income of each dependant;
 - g. The Defendant is participating in an in-patient treatment program. *Attach proof of admission and duration;* and
 - h. Due to the following extenuating circumstances *(describe in detail)*;

(Attach Additional Pages As Necessary)

VERIFICATION

I, being duly sworn according to law, depose and say that I am the defendant in the within action and that the facts set forth above are true and correct to the best of my knowledge, information and belief.

I verify that the statements made herein are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.

<i>Date</i>	<i>Name of Defendant</i>	<i>Signature of Defendant</i>
-------------	--------------------------	-------------------------------