CROSS COUNTY CIRCUIT COURT

	CR/JV
Ι	
Was charged with:	
Date:, I am ordere	ed to pay: Fine:
Attn: Shelly Mitleff or Cat Ball Cross County Sheriff's Department 1600 S. Falls Blvd. Wynne, Arkansas 72396	Court Cost:
	Drug Act 1086:
	Public Defender Fee:
Shelly Mitleff (870) 238-5781 Cat Ball (870) 238-5770	Probation Fee:
	DNA Fee:
	CC Drug Fund:
	Restitution:
	Act 372:
	Other:
Total Am	ount Owed:
restitution fee [ONLY if paying restitution	\$10.00 judicial/installment fee plus an extra \$5.00 nl collected each month until fine is paid in full. eement will result in my Drivers License Suspended
Social Security #	Signed
Phone#	DOB
Address	DL#
City/State/Zip	
	Phone#

SHERIRE DAVID WEST **CROSS COUNTY SHERIFF'S OFFICE**

Dear Customer.	Docket #:
Deal Custoniel.	Docket #.

You have been sent to this office to set up a payment plan because you owe a Circuit Court Fine or Fee. There are a few things you need to know. First, the Judge has decided on a specific payment amount that is due each month and unless otherwise stated that amount is \$100.00 per month. The paperwork you received from the court will include all information regarding what is owed. Each month, you will be responsible for paying that amount. If you are not able to pay the fine balance in full at the time of signing up, you will have an additional fee to pay each month. Please read the following information closely: a \$10.00 JUDICIAL/INSTALLMENT FEE will be added to your account balance each month until your fine is paid in full; if restitution is owed there is an additional [RESTITUTION FEE of \$5.00].

- ALL Payments must be CASH, MONEY ORDER, CASHIER'S CHECK OR ONLINE PAYMENT
- We DO NOT ACCEPT PERSONAL CHECKS.
- Make Money Orders payable to: CROSS COUNTY SHERIFF'S OFFICE.
- If payments are mailed in, address the envelope to: Cross County Sheriff's Office ATTN Shelly or Cat. 1600 South Falls Blvd, Wynne, AR 72396. Please include case number, name, and phone number in case of errors. If you would like your receipt mailed back, include a self-addressed and stamped envelope.
- https://ar.gov/crosssheriff Is the online payment system, you will have to have your docket # that we can provide for you. There is a 3% plus \$1.00 fee for using the online system with your credit card!!
- If a payment is not made once a month, a Failure to Pay Warrant will be issued.

If you have any questions at all, feel free to call the office. We will be glad to answer any questions you may have. Our office hours are Monday- Friday 8:00 AM to 4:30 PM, hours may differ for holidays and weather. We stop taking payments at 4:00 PM, to do end-of-day paperwork.

Sincerely,

Shelly Mitleff Warrants Coordinator 870-238-5781

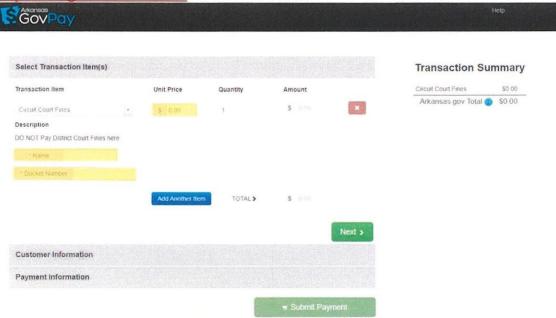
Cat Ball **Circuit Fines Coordinator** 870-238-5770



CCSO FRONT DESK (870) 238-5781 CIRCUIT FAX

(870) 238-5785

Go to https://ar.gov/crosssheriff it will look like:



You will need to fill out the Name section, your docket number, and the unit price. Hit Next to continue

You will then be prompted to fill out the customer information. This is your billing information. So your name, address, phone number, email address.

Hit Next to continue

You will be prompted to put in your payment information.

Hit Next and you will get a confirmation screen and then select Submit Payment