CROSS COUNTY CIRCUIT COURT

CR_____

Criminal Division

COPY

I _____

Was charged with:_____

Date:_____, I am ordered to pay: _____Fine

Attn.: Cynthia Ball
Cross County Sheriff's Department
705 East Union – Room 11
Wynne, Arkansas 72396

_____Court Cost

_____ Restitution

_____
Public Defender Fee

_____
Drug Act 1086 /Drug Assess

_____
DNA

870-238-5770

_____Forfeiture too:

_____

Total Amount Owed _____

I am unable to pay this amount in full, but I agree to pay _____

per week/month. I understand that there will be a five dollar $5.00 judicial fee collected each month until this is paid in full. It is further understood that failure to comply with the terms of this agreement will result in my **Drivers License suspended** and a warrant issued for my **arrest**:

_____ _____
Witness Signed

Name_____ Phone #_____ D.O.B. _____

Address _____ S.S. # _____

City and State _____ D.L. or other ID _____

Employer _____ Phone _____

Next of Kin and Address _____

_____ Officer _____