| | FORT MOJAVE Fort Mojave Indian Tribe of Arizo Physical & N 8492 South Highway 95, N Telephone: (928) 346-5 | = | | |
|---|--|------------------------------|------------------------|--|
| PETITIONER: | | | - | |
| Address: | | | | |
| City, State, Zip: | | | COURT USE | |
| Phone: Home: | Work: | Mobile: | ONLY | |
| V. | | | | |
| | | | Case Number | |
| A data a a c | | | | |
| City/State/Zip: | | | Division: CIVIL | |
| Phone: Home: | Work: | Mobile: | | |
| REQUEST TO EXTEND PAYMENT OF SANCTIONS | | | | |
| am the ⊡Petitione | r □ Pespondent in this action | and am requesting an EXTENSI | | |

1. Check one:

- (a) ___Unemployment as of _____ (Date)
- (b) ___Illness or work injury evidenced by the attached document
- (c) __Other _____

2. I agree to make monthly payments on or before the date(s) below until the total sanction amount is paid in full. I understand if payment is not made on or before the specified dates provided, the payment plan will be revoked and the Court may refer this debt to a collection agency. If the payment plan is revoked, I authorize the collection agency to contact me by calling my telephone number of record.

| Date: | Amount: | |
|--|---------|---------------------------|
| Date: | Amount: | |
| Date: | Amount: | ····· |
| REQUEST TO EXTEND PAYMENT OF SANCTIONS Revised 7/2020 Chief Judge Y.A. Ayala | | Page 1 of 2 |

I certify that this request is not sought for the purpose of disobeying any court order issued by the Fort Mojave Tribal Court.

Signature

Printed Name

Address

City, State, Zip

Telephone Number

ORDER REGARDING REQUEST TO EXTEND PAYMENT OF SACNCTION

Having reviewed the Request to Extend Payment of Sanction, the Request is:

□ Granted

□ Denied

Date

Judge