

Full Name:

Date:

Mailing Address:

Case Number:

City/State/Zip:

Attorney:

Email:

Phone Number:

**WASATCH COUNTY JUSTICE COURT
REQUEST FOR HEARING/REVIEW**

- An extension on my fine. I can pay the fine in full by _____.
- To adjust my monthly payments. I can pay \$ _____ per month to begin _____ of each month.
- An extension to complete my:
 - Assessment Class _____ Community Service Traffic School
 - I can complete by _____.
- Request bail money posted in the amount of \$ _____ be applied to outstanding fines in this case.
- To change my current court date – I understand a warrant may issue, if I miss my court hearing.
- A Hearing – I understand a warrant may issue, if I miss my court hearing.
- Other: _____

Brief explanation required for all request(s):

I _____ certify, that I am the defendant in the above noted

case and that I have provided accurate information and agree to the following terms:

- I understand that a warrant may issue, if I fail to appear for my court hearing or fail to complete the Judge’s orders.
- I agree to follow up with the court on my request after 10 days, if not contacted.
- I understand that by requesting more time to complete the terms of my probation, I am agreeing to have the period of probation extended.
- I understand that if I do not pay my fines as ordered, the fine MAY be sent to the Office of State Debt Collection.

RETURN THIS FROM TO THE COURT IN PERSON OR EMAIL TO: jcwasatch@utcourts.gov.

Approved:

Judge Brook J. Sessions

Dated