

PAY BY MAIL

1. **READ** and **SIGN** the following statement:

"I waive my right to a hearing and enter a plea of responsible."

Signature: _____

2. Write the complaint number located at the top of the citation:

" _____

3. Match the violation code (s) on the **Complaint** to the codes listed on the **FINE/SANCTION SCHEDULE** in order to determine the amount owed.

4. **PRINT** the following information:

Name: _____

As it appears on your citation

Address: _____

City, State, Zip: _____

Daytime Phone: _____ DOB: _____

5. **DETACH and MAIL this page** along with a **copy of your citation**, in the provided envelope, to the court Noted on your citation **five working days prior to the court date**.

Choose the charge #s being paid; enter the amount for each charge and fee, and then **total**.

CHARGE#		FINE AMOUNT
<input type="checkbox"/> 1A	=	\$ _____
<input type="checkbox"/> 2/B	=	\$ _____
<input type="checkbox"/> 3/C	=	\$ _____
<input type="checkbox"/> 4/D	=	\$ _____
<input type="checkbox"/> 5/E	=	\$ _____
TOTAL	=	\$ _____

METHOD OF PAYMENT

(Cash or Personal Checks will not be accepted)

Cashier's Check or Money Orders are made payable to **Fort McDowell Yavapai Nation Tribal Court**

Cashier's Check Money Order

Enclose self-address stamped envelope for receipt