APPLICATION FOR EXTENSION OF TIME TO PAY FINE

| | NTARIO COURT OF JUSTICE Under Section 66.0.1 of the <i>Provincial Offences Act</i> PROVINCE OF ONTARIO | | | ct | Form 125 Courts of Justice Act R.R.O. 1990 Reg. 200 |
|------|--|---|--|----------------------------|--|
| I, | (name of defendant) | | | | |
| of | | | | | |
| 01 | (current address) | (munici | pality) | (province) | (postal code) |
| | (phone number) | | | (email) | |
| | ake this application in good faith ar follows: | nd not to evade payment of th | e fine. In suppo | ort of this application, I | confirm and assert |
| 1. | I was convicted of the following offence and given the following sentence: | | | | |
| | Offence number: | | | | |
| | Offence description: | | | | |
| | Conviction date: Time given to pay: | | | | |
| | Court ordered fine amount: \$ | | | | |
| 2. | . My employment status is: Employed Unemployed Corporate defendant* * Applies only where corporate entity has been convicted. | | | | |
| | | | | | |
| 3. | I am unable to pay the outstanding amount because: (Kindly set out what circumstances, such as financial, medical, employment, or other, have contributed to the fine not being paid within the time given.) | | | | |
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| | | | | | |
| | Additional information/supporting documentation attached. | | | | |
| 4. | 4. I hereby apply for an extension of time for payment until (date Y/M/D) | | | | |
| 5. | This is my first application for an e | extension of time to pay: | 🗌 Yes 🗌 |] No | |
| 6. | I previously obtained extension(s). The last extension of time for payment expired/will expire upon (date Y/M/D) | | | | |
| | | | | | |
| Date | | | | Signature of Defenda | Int |
| | | | | | |
| | | | | | |
| | | FOR INFORMATION ON ACCESS TO ONTARIO COURTS FOR PERSONS WITH DISABILITES, CALL 1-80-387-4456 | POUR PLUS DE RENSEIG DES PERSONNES HANDIO AUX TRIBUNAUX DE L'ONTARIO 1-800-387-4456 | CAPÉES | |
| | A 0000 (Mai: 40, 0004) OOD | TORONTO AREA 416-326-0111 | RÉGION DE TORONTO 416-3 | 26-0111 | |