MASTERCARD OR VISA PAYMENT FORM FOR SHANDAKEN JUSTICE COURT

(please select)

☐ Fine/Surcharge ☐ Civil Filing Fees

☐ Suspension Termination Fee ☐ Other_____

☐ Certificate of Disposition ☐ Payment in Full ☐ Partial Payment

NAME:_____DOB_____
(Defendant, Plaintiff, Case Name)

ADDRESS:_____

PHONE:_____

DOCKET NUMBER (if known)_____

Card Holder:_____ Address_____Zip Code_____
(Print Name as it Appears on Card) (If Different From Above) (If Different From Above)

Account Number:_____ Expiration Date:_____ CVA Number_____
(3 digits on reverse of card)

Be advised that a transaction fee of **2.99%** of the total fine amount will be assessed on all credit card payments. Neither the court nor the municipality receives any portion of this fee. If you use a credit card, there will be two transaction receipts generated, one for the fine and one for the fee.

I hereby accept the fine amount(s) imposed by the Court and authorize payment thereof on the above credit card in the amount of $_____ plus any applicable transaction fees.

Signature:_____ Date:_____

Please mail to PO Box 6
Shandaken NY 12480 ***or***

by facsimile to 845-688-5348 ***or***

by email to shandakentowncourt@nycourts.gov (must be PDF format)