

# APPLICATION FOR EXTENSION OF TIME TO PAY FINE

ONTARIO COURT OF JUSTICE  
PROVINCE OF ONTARIO

Under Section 66.0.1 of the *Provincial Offences Act*

**Form 125**  
*Courts of Justice Act*  
R.R.O. 1990  
Reg. 200

I, \_\_\_\_\_  
(name of defendant)

of \_\_\_\_\_  
(current address) (municipality) (province) (postal code)

\_\_\_\_\_ (phone number) \_\_\_\_\_ (email)

make this application in good faith and not to evade payment of the fine. In support of this application, I confirm and assert as follows:

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: \$ \_\_\_\_\_ Amount paid to date: \$ \_\_\_\_\_ Amount outstanding: \$ \_\_\_\_\_

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.)

I can pay \$ \_\_\_\_\_ per month.

Additional information/supporting documentation attached.

4. I hereby apply for an extension of time for payment until \_\_\_\_\_  
(date Y/M/D)

5. This is my first application for an 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 Defendant

FOR INFORMATION ON ACCESS  
TO ONTARIO COURTS  
FOR PERSONS WITH DISABILITIES, CALL  
**1-800-387-4456**  
TORONTO AREA **416-326-0111**



POUR PLUS DE RENSEIGNEMENTS SUR L'ACCÈS  
DES PERSONNES HANDICAPÉES  
AUX TRIBUNAUX DE L'ONTARIO, COMPOSEZ LE  
**1-800-387-4456**  
RÉGION DE TORONTO **416-326-0111**