



NUNAVUT COURT OF JUSTICE

FINE EXTENSION

Date:

Court File Number:

Name:

Date of Birth:

Address:

Telephone:

Charge(s):

Fine Amount:

Conviction Date:

Due Date:

Dates and amounts of payments made:

Previous extensions: Yes (Date: _____) None.

Balance Owing:

I would like until: _____ to pay this fine.

And my reasons for this request are:

SIGNATURE

Extension Granted: Yes

No

JUDGE

Passed on to Applicant: Phone Fax Other

Date _____ Clerks Initials: _____