



# United States District Court Middle District of Louisiana Criminal Debt Payment Form

Use this form to make Criminal Debt Payments

Defendant Type:  Individual  Business

Defendant Name:      
Last: First: Middle Name Generation:

Business: If payment is being made on behalf of a business, enter the legal entity name for the business.

Case and Defendant Number 3:  CR  -   
(Enter Case number as it appears on your payment coupon. See example to the right)

Account Number	
Name	
Court Number	3: xxCR00xxx-00x
Payment Due Date	
Total Amount Due	
Amount Enclosed	

Self Pay  Third-Party Payer

Account Holder Name: Last:  First:

Address:

City/State/Zip:

Phone Number:  Ext.  Home

Amount of this Payment:

If you require assistance with this form, please contact the  
Financial Services department of  
Court Clerk of Court Office by calling 225-389-3530

Submit