



# United States District Court District of New Jersey Criminal Debt Payment Form

Use this form to make Criminal Debt Payments

Defendant Type:  Individual  Business

Defendant Name:      
Last: First: Middle Name: Suffix:

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

CCAM Number as it appears on your payment coupon: DNJX  CR  -

### **Billing Information:**

Self Pay  Third-Party Payer

Account Holder Name: Last:  First:

Address:

City / State / Zip:

Phone Number:  Ext:

Amount of this Payment:

If you require assistance with this form, please contact the

U.S. District Court for the District of New Jersey

Finance Department at (609) 989-0468