## **Online Payments**

ePay

## **Quick Reference Guide**

## Administrative Office of the Courts 1001 Vandalay Drive Frankfort, KY 40601 (502) 573-2350



Legend:	Look for <i>Helpful Hints</i>	Bold Text = Action	Bracketed Text<> = button or link	
	Click=Select w/ Mouse or Touch Pad	Italicized Text = Object of Action	Single Quotes = Description	

**Online payment options:** You may pay your court fines and costs in full, or you may setup a payment plan. Credit/Debit/Prepaid cards are all accepted for online payments. Cash payments must be made at the Circuit Clerk's office.

The balance of your fines and costs must be **paid in full** at least 2 days prior to the court date. If paid in full, no further action is required, and you do not need to appear on the scheduled court date. If you have not paid your fines and costs in full, you have not requested an extension, or your payment plan has expired, you must appear in court on your scheduled court date. **Failure to appear may result in a warrant for your arrest and/or driver's license suspension.** 

Step	Objective	Action	
1	Navigating to ePay	1.	Navigate to <a href="https://courts.ky.gov/">https://courts.ky.gov/</a> , then select <online payments="">.</online>
2	Finding your case	1.	Select the <start> button.</start>
		2.	Search for your case by one of the following methods.
			<ul> <li>Case Number: Select the desired County from the dropdown list, then enter your case number and click <search>.</search></li> </ul>
			b. Party/Business: Enter a party's Last Name and Birth Date, or Last Name and First Name, or Drivers License Number, or Business Name and select the related County from the dropdown list.
			c. <b>Citation: Enter</b> Year as well as Control Number and Type.
		3.	Locate your case in the search results and click <epay>.</epay>
			Actions     Alerts       ● JEFFERSON : 20-T-100061     ● Clerk Contact       COMMONWEALTH VS.     ● Clerk Contact       ●     *       *     ●       *     ●       *     ●       *     ●       *     ●
		4	
		4.	Pay in Full Partial Payment
3	Making a payment Helpful Hint: Payment reminders and notifications will be sent via text and/or email.	1.	If <i>Pay in Full</i> is selected, <b>Enter</b> Payment Information and complete the required fields. <b>Click</b> <continue>, then <b>click</b> <confirm>.</confirm></continue>

For additional questions, please contact Support Services at (502) 573-2350 ext 50109.

 If Partial Payment is selected, Select or Enter payment amount, and check the affirmation statements.



3. Enter and Confirm a valid phone number for text notifications, or an active email address, then click <Make Payment>.

COMMONWEALTH VS.	Minimum Payment is \$25.00 plus a 3% credit card processing fee.
JEFFERSON	<ul> <li>Please allow up to 3 days for your balance to be updated.</li> </ul>
20-T-100061	<ul> <li>If you are paying in full, no further action is necessary and you will not be required to appear at your next court date if one is scheduled.</li> </ul>
Storage States Stress Minimum amount \$170,00 Current balance \$Other amount	<ul> <li>After successfully making your first partial payment, your next court date will be scheduled 6 months after your payment date. That date will be provided in future notifications or if you contact your Circuit Clerk's Office.</li> <li>If the above amount does not appear to be correct, please contact your Circuit Clerk's Office.</li> </ul>
I understand a court date will be sch reminders. The balance of the paymer action is required. If I have not paid in and/or license suspension.	eduled for me to ensure proper payments are made and this court date will appear on payment nt plan must be paid in full at least 2 business days prior to the court date. If paid in full, no further full, I will appear in court. I understand that failure to appear may result in a warrant of arrest
* I affirm that I will allow the court to	send me notifications/reminders regarding the details and status of this payment plan.
* Please provide either a Text number	capable of receiving text messages, or a valid email address.
Email	Confirm Email
being sales and in Observation	nis.mi kalesokombritikoovitu.rat
Make Payment	

 Enter Billing Address, Payment Information, and complete the required fields, then click <Continue>.

		Agency Amount: LexisNexis Service Fee: Total Amount:	\$25.00 \$0.75 \$25.75	
* Indicates a required fiel	d			
Address Type Domestic (US and I Military (APO/FPO) International (inclu	Puerto Rico) ding Canada, Mexico)		Payment Information Payment Type Credit Card Personal Check Business Check	
Billing First Name: *			Card Number: *	
Billing Last Name: *			Expiration Date: *	<u> </u>
Billing Zip Code: * Billing Address Line1: *			Security Code: *	sample credit card to assist you in finding the security co
Billing Address Line2: Billing City: * Billing State: * Email Address: *	Street address, P.O. box, company na Apartment, suite, unit building, floor e KY	me, c/o	MasterCard, Visa, Discov	er 
Phone: *	(999-999-999	9)		
		,	Remember payment informati	ion.
			Captcha:	<mark>a58pr</mark>
		Conti	nue	J

5. Check authorization box and Click <Complete Payment>.

For additional questions, please contact Support Services at (502) 573-2350 ext 50109.