

WRIGHTSTOWN MUNICIPAL COURT

352 High Street, Wrightstown, WI 54180
920-532-5547 FAX 920-532-4996

STATE OF WISCONSIN

BROWN/OUTAGAMIE COUNTY

PAYMENT AGREEMENT

DATE: _____

NAME: _____ SSN#: _____

ADDRESS: _____ DOB: _____

CITY, ZIP: _____ PHONE: _____

TOTAL AMOUNT OWED TO COURT: _____

I request to have a payment plan for all my fines I owe. By requesting a payment plan, I agree to make the following payments as agreed until the amount owed is full. Minimum payment is based upon amount owed per Judge DeWane are as listed below:

Payment Amount \$ _____

Monthly Bi-Weekly Weekly

Payable on what day the 1st 15th 30th

_____ Other day than above

Payments to start ____/____/____

Min Amt	Amount owed
\$25.00	up to \$300.00
\$50.00	up to \$300.00
\$75.00	\$301.00 - \$600.00
\$100.00	\$601.00 - \$900.00
\$200.00	\$901.00 - \$1000.00
\$300.00	\$1001.00 and up

If you are unable to make the minimum payment you may request a Good Cause hearing and appear before Judge DeWane. The due date for payment is thirty days after filling out this form unless you request a specific date that you would like to pay each month.

In the event the payments are not made as agreed the following one or more will go into effect:

CANCELLATION OF YOUR PAYMENT PLAN AND THE FINES HAVE TO BE PAID IN FULL

- Entry into the State Debt Collection/Tax Intercept Program
- A one-year suspension of your driving privilege
- A commitment order being issued to serve the alternate jail sentence
- Registration suspension

The alternate does not replace the dollar amount of the fines you owe. You are still responsible for payment all the fines you owe.

I have read and understand the information listed above and agree to the terms as stated.

Signature: _____

Date: _____

Notice of Intent to Certify Debt

You are hereby notified that if you fail to pay your outstanding forfeiture, the Village of Wrightstown will certify this debt to the Wisconsin Department of Revenue, by making a claim for the balance due the Village of Wrightstown against any monies owed you by the Wisconsin Department of Revenue. This action will be done pursuant to Wisconsin Statute 71.935. This claim will remain in effect until it is paid in full.