

WRIGHTSTOWN MUNICIPAL COURT

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

STATE OF WISCONSIN

BROWN/OUTAGAMIE COUNTY

PAYMENT PLAN AGREEMENT

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ SS#: \_\_\_\_\_

CITY, ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

TOTAL AMOUNT OWED TO COURT: \_\_\_\_\_

I request to have a payment plan for all fines I owe to the Wrightstown Municipal Court. By requesting a payment plan, I agree to make the following payments until the amount owed is paid in full.

My first payment will be due by \_\_\_\_\_ (month/day/year)

[ ] Monthly - I will pay by the [ ] 1st [ ] 15th [ ] 30th Amount \$ \_\_\_\_\_

[ ] Weekly - Day of the week I will pay by \_\_\_\_\_ Amount \$ \_\_\_\_\_

There are several ways to make payment:

- In Person: Place payment in the depository box next to the entrance. Please include "Court" on the outside of your envelope along with your name, citation number and phone number.
By Mail: Send your personal check or money order payable to Wrightstown Municipal Court., 352 High Street, Wrightstown, WI 54180. Please include the citation number and your phone number.
By Credit or Debit card: online at www.govpaynow.com and enter code 5239. There is a service fee added to all credit and debit card payments.

Failure to pay by the due date will result in one or more of the following:

- 1. Suspension of your driving privileges for 1 year or until the fine is paid in full.
2. Future permits being denied.
3. Interception of future Wisconsin Tax Returns.
4. Referral of debt to the State Debt Collection Program.
5. Issue a Warrant to have you arrested and brought before the judge.
6. Issue a Writ of Commitment ordering your arrest and commitment to jail.

All payment plans are subject to the approval of Judge Kingsbury. Regular and timely payments must be received to avoid the actions listed above, which will be assessed within 5 days of a missed payment. If you are unable to make the minimum payment, you may request a good cause hearing.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTICE OF ADDRESS CHANGE - You are required by law to notify the court in writing within 5 days of any change of your address during the pendency of your case(s).

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Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Municipal Judge Perry D. Kingsbury