

MADISON MUNICIPAL COURT

REQUEST FOR PAYMENT ARRANGEMENTS

PAYMENT INSTRUCTIONS:

- WE ACCEPT CASH, CHECK, MONEY ORDER OR VISA/MASTERCARD. YOU MAY PAY BY MAIL, IN PERSON OR ONLINE.
- ADDRESS TO MAIL PAYMENT: MADISON MUNICIPAL COURT, 210 MARTIN LUTHER KING, ROOM 203, MADISON 53703.
- ONLINE: WWW.MADISONPAY.COM, GO TO "MUNICIPAL COURT" AND FOLLOW THE INSTRUCTIONS CAREFULLY.

NAME: _____
FIRST MIDDLE INITIAL LAST

ADDRESS: _____
STREET NUMBER AND NAME CITY STATE ZIP CODE

DATE OF BIRTH: _____ TELEPHONE NUMBER: _____

ARE YOU EMPLOYED? _____ IF SO, NAME OF EMPLOYER: _____

OCCUPATION: _____ TELEPHONE NUMBER OF EMPLOYER: _____

I WORK _____ HOURS PER WEEK. MY MONTHLY SALARY IS _____

MARITAL STATUS: _____ MARRIED _____ UNMARRIED _____ SEPARATED

NUMBER OF DEPENDANT CHILDREN: _____

DO YOU RECEIVE CHILD SUPPORT? _____ IF SO, HOW MUCH PER MONTH: \$ _____

DO YOU RECEIVE
GOVERNMENT ASSISTANCE: _____ IF SO, HOW MUCH PER MONTH: \$ _____

EXPENSES PER MONTH: RENT/MORTGAGE: \$ _____ FOOD: \$ _____ UTILITIES: \$ _____

BY SIGNING THIS FORM I AM STATING THAT THE ABOVE INFORMATION IS TRUE AND CORRECT:

DATE: _____ **SIGNATURE:** _____

FILL OUT ONLY ONE OF THE LINES BELOW:

IF YOU WOULD LIKE TO REQUEST A MONTHLY PAYMENT PLAN:

I REQUEST A PAYMENT PLAN OF \$ _____ EVERY MONTH STARTING _____

OR

IF YOU WOULD LIKE TO REQUEST AN EXTENSION TO PAY IN FULL:

I WOULD LIKE TO PAY MY CASE(S) IN FULL BY: _____

I AGREE THAT ALL CASES WITH THE MADISON MUNICIPAL COURT THAT ARE STILL UNPAID AS OF THE DATE OF THIS ORDER ARE TO BE INCLUDED IN THIS PAYMENT PLAN REQUEST.

DEPENDING ON THE TYPE OF CASE, I UNDERSTAND THAT A FAILURE TO COMPLY WITH THE TERMS OF THE COURT ORDERED PAYMENT PLAN MAY RESULT IN A WARRANT FOR MY ARREST, AND/OR A 2-YEAR SUSPENSION OF MY DRIVER'S LICENSE, AND/OR INTERCEPTION OF MY TAX REFUND, AND/OR A COLLECTION ACTION AGAINST ME. I ALSO UNDERSTAND THAT ANY PENALTIES THAT HAVE BEEN ISSUED FOR FAILING TO PAY WILL REMAIN IN PLACE AND WILL NOT BE LIFTED UNTIL THE CASE IS PAID IN FULL. IF A DRIVER'S LICENSE SUSPENSION HAS BEEN ISSUED IT WILL ONLY BE LIFTED IF YOU SUBMIT A WRITTEN REQUEST TO THE COURT AND ARE UNABLE TO PAY IN FULL BECAUSE OF POVERTY AS THAT TERM IS USED IN WIS STATS 814.29(1)(d) AND YOU HAVE NOT PREVIOUSLY FAILED TO COMPLY WITH A PAYMENT PLAN.

DATE: _____

SIGNATURE: _____

COURT USE ONLY:

<u>CASE/TICKET/PLATE NUMBER</u>	<u>AMOUNT PAID</u>	<u>AMOUNT DUE</u>

_____ **YOUR REQUEST FOR PAYMENT ARRANGEMENTS IS APPROVED.
PLEASE PAY AS REQUESTED.**

_____ **YOUR REQUEST IS DENIED.
YOUR PAY PLAN IS AS FOLLOWS:** _____

DATED: _____

JUDGE DANIEL P. KOVAL