

MADISON MUNICIPAL COURT

REQUEST FOR PAYMENT ARRANGEMENTS

IF YOU ARE UNABLE TO PAY YOUR CASE IN FULL BY THE DUE DATE AND WOULD LIKE TO REQUEST PAYMENT ARRANGEMENTS, PLEASE FILL OUT THE FRONT AND BACK OF THIS FORM AND RETURN IT TO MADISON MUNICIPAL COURT.

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:** _____

**MADISON MUNICIPAL COURT
REQUEST FOR PAYMENT ARRANGEMENTS (PAGE 2)**

- IF YOU WOULD LIKE TO REQUEST A MONTHLY PAYMENT PLAN:

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

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

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

I UNDERSTAND THAT I MUST PAY THE BELOW CASE(S) AS ORDERED BY JUDGE KOVAL OR, DEPENDING ON THE CASE, THE COURT MAY ORDER 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 WARRANTS, SUSPENSIONS, TAX INTERCEPTIONS OR COLLECTION ACTIONS THAT HAVE ALREADY BEEN ISSUED WILL REMAIN IN PLACE AND WILL NOT BE LIFTED UNTIL THE CASE IS PAID IN FULL.

DATE: _____ SIGNATURE: _____

-----COURT USE ONLY-----

<u>CASE 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**

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, WI 53703
ONLINE: WWW.MADISONPAY.COM, CLICK ON MUNICIPAL COURT AND FOLLOW THE INSTRUCTIONS CAREFULLY