

Lake Mills Joint Municipal Court

Payment Plan Application

(Please Print Legibly)

NAME: _____ BIRTHDATE: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE#: _____ SOCIAL SECURITY #: _____

DRIVER'S LICENSE/STATE ID #: _____

PLACE OF EMPLOYEMENT: _____ PHONE #: _____

CITATION #: _____ Amount Due \$ _____

CITATION #: _____ Amount Due \$ _____

CITATION #: _____ Amount Due \$ _____

CITATION #: _____ Amount Due \$ _____

Total \$ _____

What is your proposed payment plan per month:

_____.

I UNDERSTAND IT IS MY RESPONSIBILITY TO KEEP THIS COURT UPDATED ON ANY ADDRESS CHANGE. I FURTHER UNDERSTAND THAT NONCOMPLIANCE WITH THIS PAYMENT PLAN WILL RESULT IN ONE OR MORE OF THE FOLLOWING: SUMMONS TO REAPPEAR IN COURT, 1 YEAR SUSPENSION OF MY DRIVER'S LICENSE, TAX INTERCEPT, STATE DEBT COLLECTION, OR A WARRANT FOR MY ARREST.

Notice of Intent to Certify Debt Pursuant to Wisconsin State Statutes 71.935, you are hereby notified that the amount noted above will be filed with the Wisconsin Department of Revenue. This debt will remain certified with the Wisconsin Department of Revenue until it is paid in full. You have the right to appeal this action. An appeal must state the specific grounds for objection and must be postmarked within ten business days from this notice. Appeals must be mailed or delivered to Lake Mills Joint Municipal Court, 200D Water Street, Lake Mill, WI 53551.

Defendant Signature

Date

THE JUDGE WILL REVIEW THIS APPLICATION AND YOU WILL BE NOTIFIED BY MAIL OF HIS DECISION. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE LAKE MILLS COURT CLERK AT 920-350-7063.

LAKE MILLS JOINT MUNICIPAL COURT
Indigency Evaluation Form

Defendant's Name _____ Date of Birth _____
Address _____ Phone _____

Marital Status _____ Number of Dependents _____ Number of Persons Living in the
Household _____

Defendant's Employment Status _____ Spouse's Employment Status _____

Name and Address of Employer(s) _____

Length of Time Employed Here (Defendant) _____ (Spouse) _____
(If less than 6 months list previous employer) _____

Wage Per Hour \$ _____ No. Of Hours per week (Avg.) _____ Salary (If Applicable) \$ _____

SUPPLEMENTAL INCOME INFORMATION

Workers Compensation \$ _____ GA \$ _____ AFDC \$ _____ SSI(D) \$ _____

Any Other Source of Income Not Specifically Requested, List Here _____

ASSETS

Checking Account \$ _____ Savings Account \$ _____ Trust Accounts \$ _____

Cash \$ _____ Life Insurance \$ _____ Money Owed to You \$ _____

NON-LIQUID ASSETS

House (Value) \$ _____ Automobile (Value) \$ _____ Personal Property \$ _____

EXPENSES (Monthly)

Mortgage or Rent \$ _____ Credit Cards \$ _____ Utilities \$ _____ Groceries \$ _____

Outstanding Fines \$ _____ Child Support \$ _____ Medical Bills \$ _____ Insurance \$ _____

Auto Payments \$ _____ Any Other Expenses You Wish to Have Considered \$ _____

**Note: You must be able to verify the information requested on this form. Bring any
documentation necessary to substantiate your financial responses.**

**THIS FORM IS INTENDED TO HELP THE DEFENDANT TO SUPPLY FINANCIAL
INFORMATION AND CAN BE PRESENTED ON YOUR SCHEDULED APPEARANCE.**