

Suamico Area 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 EMPLOYMENT: _____ PHONE #: _____

CITATION #:	_____	Amount Due \$	_____
CITATION #:	_____	Amount Due \$	_____
CITATION #:	_____	Amount Due \$	_____
CITATION #:	_____	Amount Due \$	_____
		TOTAL \$	_____

Give brief description of your current financial situation and an idea of what you are able to pay:

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, 2 YEAR SUSPENSION OF MY DRIVER'S LICENSE, TAX INTERCEPT, 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 a 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: Suamico Area Joint Municipal Court, 12781 Velp Ave., Suamico, WI 54313.

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 SUAMICO COURT CLERK AT 920-544-8711.