



**Middleton Municipal Court**  
 Honorable Benjamin J. Schulenburg  
 7341 Donna Drive  
 Middleton, WI 53562  
 (608) 824-7370 (608) 833-9995 (Fax)

## PAYMENT PLAN AGREEMENT

Please complete all of the following fields:

DEFENDANT NAME: \_\_\_\_\_ SOCIAL SECURITY NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CELL PHONE: ( ) \_\_\_\_\_ HOME PHONE: ( ) \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

I work \_\_\_\_\_ hours per week at \$ \_\_\_\_\_ per hour.

Other income sources (check all that apply and the amount):

- Food Stamps                       Social Security/Government Aid: \$ \_\_\_\_\_ per month  
 Medical Assistance               Family Assistance: \$ \_\_\_\_\_ per month  
 Veterans Benefits                 Other: \_\_\_\_\_ \$ \_\_\_\_\_ per month

Number of dependents living with you: \_\_\_\_\_ Monthly child support payment: \$ \_\_\_\_\_

How much do you pay for rent/mortgage? \$ \_\_\_\_\_ per month

List any other monthly expenses you would like us to know about when considering your payment plan:

List all citation(s) to be included on the payment plan (use back of form as needed):

CITATION NUMBER	OFFENSE	AMOUNT DUE
		\$
		\$
		\$
		\$
<b>TOTAL AMOUNT DUE:</b>		\$

**\*\*\*\*\* FINE MUST BE PAID WITHIN 6 MONTHS \*\*\*\*\***

Monthly installment payments of \$ \_\_\_\_\_ must be paid by the \_\_\_\_\_ day of every month beginning \_\_\_\_\_.

**You are hereby notified that your failure to make a payment or request a poverty hearing within the allotted time may result in: the suspension of your driving privileges for up to one year; having the outstanding amount certified to the State Department of Revenue; having the matter referred to a collection agency or be incarcerated in the county jail for a period of up to 90 days.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
 Defendant's Signature

\_\_\_\_\_  
 Benjamin J. Schulenburg, Municipal Judge