



Middleton Municipal Court
Honorable Marjorie H. Schuett
 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
		\$
		\$
		\$
		\$
Text		TOTAL AMOUNT DUE: \$

******* 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

Municipal Judge Benjamin J. Schulenburg