

City of Waukesha Municipal Court
(www.waukesha-wi.gov)
201 Delafield Street, Waukesha, WI 53188
(262) 524-3704 (262) 524-3705
PAYMENT AGREEMENT



DATE: _____

Name: _____

ITIN or SSN #: _____ Date of Birth: _____

Address/Apt #: _____

City, Zip: _____ Phone: _____

I request to have a payment plan for **all** fines I owe. By requesting a payment plan, I agree to make the following payments each month until the amount owed is paid in full. Minimum payments are based upon amount owed per Judge Wimmer, they are listed below:

TOTAL AMOUNT OWED TO COURT _____

Min Amt	Amount owed
\$50.00	to \$300.00
\$75.00	\$301.00 - \$600.00
\$100.00	\$601.00 - \$900.00
\$200.00	\$901.00 - \$1000.00
\$300.00	\$1001.00 and up

Amount _____ (from table on left)

Monthly Bi-Weekly Weekly

Payable on the 1st 15th 28th

_____ Other

Next Payment is due on or before: _____

If you are unable to make the minimum payment you may request a Good Cause Hearing. The due date for payment is thirty days after filling out this form unless you request a specific date that you would like to pay each month. Payments must be made as scheduled on your payment plan. **You may pay more each month to reduce your balance, however, you cannot pay ahead. You must make your minimum payment every month.**

In the event the payments are not made as agreed the following one or more actions will be taken:

CANCELLATION OF YOUR PAYMENT PLAN AND THE FINES HAVE TO BE PAID IN FULL

- ◆ Commitment order being issued to serve the alternative jail sentence of one day for each \$50.00 of the fine or forfeiture
- ◆ Suspension of your driving privilege
- ◆ Entry into the Tax Intercept Program
- ◆ Future permits being denied
- ◆ Registration suspension
- ◆ Referral to State Debt Collection with fees added to fine

These alternates, other than the alternate jail sentence, do not replace the dollar amount of the fine you owe. You are still responsible for the full amount of the fine(s).

I HAVE READ AND UNDERSTAND THE INFORMATION LISTED ABOVE AND AGREE TO THE TERMS AS STATED.

Signature: _____ Date: _____

NOTICE OF INTENT TO CERTIFY DEBT

You are hereby notified that if you fail to pay your outstanding forfeiture, the City of Waukesha will certify this debt to the Wisconsin Department of Revenue, by making a claim for the balance due the City of Waukesha against any monies owed you by the Wisconsin Department of Revenue. This action will be done pursuant to Wisconsin Statute 71.935. This claim will remain in effect until it is paid in full.