

*Menominee County Circuit Court – Deferred Payment Plan Application and Agreement*

PPF Paid \_\_\_\_\_ (initials)

**Please Print Clearly**

Amended \_\_\_\_\_

**A \$10.00 fee has to be paid in order to get on a monthly payment plan**

Name: \_\_\_\_\_ M  F  Date of Birth: \_\_\_\_\_

Social Security # \_\_\_\_\_ DL# - WI ID Number: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_  
(please include post office box numbers and street address)

City, State, & Zip Code \_\_\_\_\_

**\*\*I agree to notify the Clerk of Court at (715) 799-3313 of any change of address or incarceration within 10 days\*\***

Name of Employer \_\_\_\_\_

Employer's Address: \_\_\_\_\_

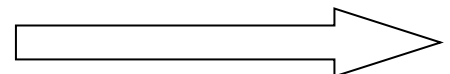
Number of Dependents, other than yourself, living with you \_\_\_\_\_  
(To be counted as a dependent, the individual must be supported by you)

Marital Status: Married  Single  Separated  Divorced

Are you or have you been known by any other names? No  Yes  If yes, what name \_\_\_\_\_

**NOTICE:** If your spouse/companion is employed and you wish to claim the full household expenses on this application, you must also include his/her income. All amounts listed below must be listed as a monthly average.

MONTHLY INCOME	Self	Spouse/Comp
1. Employment pay (net-after taxes)	\$	\$
2. Social Security / SSI (Monthly amount received)		
3. Unemployment/Child Support/Other Income		
4. Pension / Retirement / Disability		
5. Total Income (Add lines 1 thru 4)	\$	\$
6. Total Household Monthly Income (add self & other)		\$
<b>ALLOWABLE MONTHLY HOUSEHOLD EXPENSES:</b>		
7. Rent / Primary Mortgage		\$
8. Huber expense		\$
9. Utilities (heat, lights, water, gas for home)		\$
10. Phone Expense		\$40.00
11. Other Court ordered payments (fines from other counties, etc.) <b>Monthly</b>		\$
12. Food (\$200 per adult, \$150 per child under 12)		\$
13. Car payment and insurance for one vehicle		\$
14. Other (must be cleared w/COC)		\$
15. Other (must be cleared w/COC)		\$
16. Total Allowable Expenses	add lines 7 thru 15	\$
<b>TOTAL MONTHLY ADJUSTED INCOME</b> (subtract line 16 from 6)		\$



PLEASE READ AND SIGN PAGE 2

To qualify for a "Deferred Payment Plan" you **MUST**:

1. Have an outstanding fine(s) with a total balance **greater than \$250.00**
2. Payment plan application and the \$10.00 fee needs to be received by the Clerk of Courts Office within **7 days** from the date of conviction; or, if you posted the down payment to have a Commitment Order for Failure to Pay Fines recalled, whether you were in custody or not.
3. Present your application in person to the Clerk of Court office; or submit by mail to:  
CLERK OF COURT; PO BOX 279. – Keshena, WI 54135 with the \$10.00 application fee
- 4. Under state law, the court is allowed to ask the WI Dept. of Revenue to intercept your state tax refund and apply it to your unpaid fines, fees, forfeitures, parking citations, or other debts over \$20.00 (Wis. Statute §71.935). We are requesting your social security number for this purpose. Even if you are making your monthly payments, if a court obligation is not paid in full within 60 days after your conviction date, a civil judgment will be entered and the unpaid balance will be certified for tax intercept. Disclosure of your SSN is voluntary on your part.**
5. *Tax refund intercept is not a substitution for your monthly payments.*

The information provided is true and correct to the best of my knowledge. I have read this document and I understand my responsibilities. If my monthly payments are not made on time, I risk the alternative of a **WARRANT, DRIVERS LICENSE SUSPENSION OR A CIVIL JUDGMENT**

- > I will NOT be receiving reminder notices from the Clerk of Court office
- > I will keep a copy of this agreement as my own reminder  
(ex: on refrigerator; text alerts, etc.)
- > I will keep the Clerk of Courts Office informed of any address change & incarceration status

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**STOP! DO NOT COMPLETE THIS AREA**

CASE # \_\_\_\_\_

Payment plan balance as of application date: \$ \_\_\_\_\_ Jail release date \_\_\_\_\_

Your monthly payment amount is \$ \_\_\_\_\_, which is to be received in the Clerk of Court's office no later than 4:30 pm on or before the \_\_\_\_\_ of every month starting \_\_\_\_\_, 20 \_\_\_\_\_

Payments can be mailed to:  
Menominee County Clerk of Court  
PO BOX 279  
Keshena, WI 54135

payment plan process date \_\_\_\_\_  
staff initials \_\_\_\_\_