

REQUEST FOR PAYMENT PLAN

Citation # _____

Total fine _____

Name: _____

Address: _____

City, State, Zip Code: _____

Phone # _____

I will make payments of \$ _____ every month starting _____
until the total fine of \$ _____ is paid.

I agree to the terms and condition set above.

Signature

Date

COURT ORDER

You must pay the following cases and amounts or there will be a warrant for your arrest, and/ or loss of your driver's license for up to 2 years, and or a collection action filed against you.

Keep in mind, any warrants, suspensions, or collection actions that have already been issued will remain in place and will not be lifted until the case is paid in full.

Case No.	Amount paid	Amount Due
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Approved: YES
 NO Your pay plan is _____

Date: _____

Judge Fred Hewitt
34315 Geneva Rd
PO Box 797
New Munster WI 53152