PAYMENT PLAN FOR WHEATLAND MUNICIPAL COURT
PO BOX 797
NEW MUNSTER WI 53152
COURT CLERK EMAIL: dvos@townwheatland.com

Citation # and Charges_____

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.

Receipt No.	Amount paid	Balance Due.