

Crawford County Circuit Court Payment Plan Request/Agreement

It is hereby acknowledged by the undersigned that all financial obligations must be paid to the Clerk of Court in cash, money order, check or electronically in the amount(s) and at the times specified by the Court or this Payment Plan Agreement. I understand that the terms of this agreement will not commence until payment of the setup fee (\$15.00) has been received by the Clerk of Court office.

I further agree to notify the Court at (608) 326-0209 and in writing of any change in address, employment or phone number within 10 days of the change. Personal checks must include a telephone number, name of debtor/case number and current address.

I swear that the statements herein are true and complete, and agree to abide by this payment agreement. In the event that payments are not paid by the due date, the entire unpaid balance becomes due and payable immediately. Payment plans exceeding twelve months will be submitted to the Department of Revenue at the time of implementation.

I have read the Statement of Policy regarding my payments and understand my responsibilities to the Clerk of Court's Office for the duration of this payment agreement. I understand that the voluntary disclosure of my social security number will be used for purposes of tax intercept only.

Defendant Information

* Name: _____	Case No: _____
* SSN: _____ * DOB: _____	Amount Due: \$ _____
* Address: _____	Payment Plan Fee: \$ _____
* City: _____ * Zip: _____	Subtotal: \$ _____
* Phone: _____	LESS Initial Payment: \$ _____
* Employer: _____	Total Balance Owed: \$ _____
* Employer Phone: _____	DOR Tax Intercept? <input type="checkbox"/> Yes <input type="checkbox"/> No

Mail payments to: **CLERK OF COURTS**
(See enclosure for other payment options.) **220 North Beaumont Road**
Prairie du Chien, WI 53821

PROPOSED PAYMENT: \$ _____ APPROVED PAYMENT: \$ _____

PAYMENTS BEGINNING: _____ PER: [] WEEK [] BIWEEKLY [] MONTHLY

NOTE: Reminder Notices will NOT be sent – timely payments are the responsibility of the party or defendant.

* _____
Date

* _____
Defendant Signature

Date

Court Representative Signature