

RETURN to: Clerk of Court, 311 S Center Ave., Jefferson, WI 53549 by: _____

**\$15 Pay Plan Fee
will be Assessed**

JEFFERSON COUNTY CIRCUIT COURT PAYMENT PLAN APPLICATION

Full Name: _____ Date: _____

Address: _____ D.O.B.: _____

SSN/ID #: _____

Phone #: _____ Marital Status: _____

Employer: _____ If married, is your spouse employed? _____

Incarcerated? Y / N Release Date: _____ Alias/Other Name(s): _____

Case #(s): _____

SECTION #1:

Do you currently have an approved payment plan with Jefferson County? YES / NO

Is your current financial situation substantially the same as when the Court made that order? YES / NO

SECTION #2:

INCOME: Take home pay \$_____ per month
Other income (ie. Spouse, Child Support) \$_____ per month
TOTAL MONTHLY Income \$_____

ALLOWABLE EXPENSES:

Rent/Mortgage \$_____ per month
Total Utilities \$_____ per month
Court ordered payments:
- Probation \$_____ per month
- Child Support \$_____ per month
- Fines \$_____ per month
- Other (ie. GAL, Atty. Fee) \$_____ per month

DEPENDANTS (incl. yourself): _____

Food \$_____ per month
Medical \$_____ per month
Child Care \$_____ per month
Loans \$_____ per month
Insurance \$_____ per month

TOTALS:

Total allowable expenses \$_____ per month
Total monthly adjusted net \$_____ per month

SECTION #3

- I currently receive: Food Stamps Badger Care Medical Assistance Supplemental Security Income
 Relief Funded under public assistance or §59.53(21), Wis. Stats.
 Benefits for Veterans under §45.40(1) or 38 USC 501-562
 Legal representation or volunteer attorney based on indigence. Name of attorney: _____
 Other Public Assistance: _____

I DO NOT receive aid listed below.

SECTION #4

- I request to add additional financial obligations to my current pay plan.
 I request that my financial obligations for the above listed case(s) be paid at the rate of \$_____ bi-weekly / month starting _____.

RESPONSE: (To be completed by the Clerk of Courts Office)

- The request to add financial obligations to your current pay plan is approved.
 The request made in Section #4 is approved as written. Please review the terms of payment plan policy form and time to pay slip included in this mailing.
 You have been granted a payment plan for the above noted cases in the amount of \$_____ bi-weekly / monthly commencing _____. Please review the terms of payment plan policy form and time to pay slip included in this mailing.

**JEFFERSON COUNTY CLERK OF COURTS
STATEMENT OF POLICY REGARDING DEFERRED PAYMENT PLANS**

1. The Court views all financial obligations seriously and expects payment(s) as ordered.
2. Pay plans may be requested on any court ordered fine. This request **must** be made prior to the due date. Forfeitures and costs which total \$300 or less are not subject to deferred payment plan application and must be paid within 60 days unless the alternate sentence ordered by the Court for non-payment is a jail commitment or you are unable to pay due to poverty, as the term is used in §814.29(1)(d).
3. If a genuine hardship exists, a deferred payment plan may be approved at the discretion of the Clerk of Courts office in accordance with the guidelines established by the Court. The initial payments will be based upon an adjusted net monthly income. In payment plans that encompass multiple cases, payments received will be applied from the oldest date of conviction to the newest date of conviction until the total balance is paid.

Note: All monthly payments increase by 25% annually.

4. Effective April 1, 2006, and in accordance with Sec. 59.40(5) of the Wisconsin Statutes, the Jefferson County Clerk of Courts office will be charging a fee of \$15.00 to establish and monitor “time to pay” plans. You will be assessed an additional \$15.00 fee every time a fine/cost is added to an existing pay plan. In cases of extreme poverty, the fee may be waived upon application with the Clerk of Court’s Bookkeeping Department.
5. If a payment is not ordered by the Court at disposition of the case, the payment plan must be implemented within 60 days of the date of disposition. This requires the defendant to submit a completed Deferred Payment Plan Application to Room 115 of the Jefferson County Courthouse. The Clerk of Courts office may elect to accept an application by phone if the Clerk determines that the individual is unable to make the submission in writing due to good cause.

If the application for entry into a payment plan is declined, the fine must be paid within 60 days of the date of conviction, Sec. 973.05, WI STATS.

***** THE BURDEN OF HOW THE FINE/COSTS WILL BE PAID RESTS WITH THE DEFENDANT AND IS NOT THE RESPONSIBILITY OF THIS OFFICE *****

6. Payments methods:

In person or by mail:

Jefferson County Clerk of Courts
311 S Center Ave – Rm. 115
Jefferson, WI 53549

By telephone:

888-604-7888 *

***Enter Pay Location Code #:**

**4115 for Citations
2039 for All Others**

Via Internet:

www.GovPayNOW.com *

OR

<http://wicourts.gov/services/public/payonline.htm>

It is the payer’s obligation to properly identify payments by including the case number(s). The Clerk of Courts Office is not obligated to adjust records if funds are applied to other accounts of the same payer, if the payer failed to include the required information.

7. It is the responsibility of the payer to keep the Clerk of Courts office informed of changes in financial circumstances and/or change of address. Questions regarding the application process, an existing plan or adding a new fine/cost to a current plan, should be directed to the bookkeeping department at 920-674-7152 or 920-674-8639.

8. Failure to make a timely payment will result in one or more of the following actions:

*Arrest and commitment to the county jail

*Referral to a collection agency

*Suspension of your driving privileges

*Interception of your tax return

*A civil judgment entered against you

(01/11/2012)