

**OZAUKEE COUNTY CIRCUIT COURT
PAYMENT PLAN APPLICATION & AGREEMENT**

Name:
Address:
City/State/Zip:

Telephone No.

EMPLOYMENT INFORMATION

Employed YES _____ NO _____
Unemployment Benefits _____ SSI Benefits _____
Family Support/Maintenance _____ Pension Benefits _____

Do you currently have a payment plan with this court? _____

Social Security No. _____

ADDITIONAL CONTACT (not living with you)

Name: _____ Phone: _____
Address: _____
City/State/Zip: _____

AGREEMENT

Case No(s). _____ Balance due: \$ _____

A.) I am submitting a down payment in the amount of \$ _____ (10% of balance or \$25, whichever is greater) **plus the \$15 Payment Plan Fee.**

B.) The balance due will be paid by monthly payments of \$ _____ (minimum \$25.00) to be paid on the _____ business day of each month commencing _____, 2023.
(DD/MM/YYYY)

I agree to the terms set forth in this Payment Agreement. I agree to notify the Clerk of Courts office of any change of address or employment status. I have been given the Policy Statement and understand the consequences I may face if I fail to comply with the provisions of the plan. Those consequences will include one or more of the following:

- **Arrest and commitment to the county jail**
- **Suspension of driving privileges**
- **Entry of a civil judgment, with interest**
- **Certification to the Department of Revenue for interception of tax refund and collections**
-

Defendant

Date

Ozaukee County Circuit Court Payment Plan/Extension Policy

1. It is understood that this Court views this financial obligation seriously and expects payment of the specified amount on the date agreed upon by you.
2. The Payment Plan Application must be completed in full and **Agreement** section signed.
3. A **\$15 Payment Plan Fee** must be submitted with the application (this amount is not applied to debt); **a down payment of 10% of the debt*** is also due with the application (min. of \$25).
4. *For the release of license suspensions, **a down payment of 25% of the debt** is required, in addition to the **\$15 Payment Plan Fee**.
5. **Payment plan not to exceed one year** (Example: If you owe \$300, \$25/month will be permitted. However, if your debt is \$600, the minimum monthly payment will be \$50/month. Divide the amount due by 12 to determine your monthly payment). A payment plan longer than one year may be granted with proof of unusual circumstances or for an amount larger than \$1,000. Minimum monthly payment is \$25.
6. Failure to comply with the provisions of the agreement **will result in one or more of the following:**
 - Arrest and commitment to the county jail
 - Suspension of driving privileges
 - Entry of a civil judgment, with interest
 - Certification to the Department of Revenue for interception of tax refund and collection
7. Your payment plan will be terminated for nonpayment. You must reapply for a payment plan and submit a \$15.00 payment plan fee.
8. Please note that if your account has gone into past due status at any time, your account will be certified to the Department of Revenue for interception of tax refund.
9. Any change to the payment plan or extension agreement will require an additional \$15.00 fee.
10. Return this application and mail your monthly payments to:

Ozaukee County Clerk of Courts
Attention: Collections Clerk
1201 S. Spring Street, P.O. Box 994
Port Washington, WI 53074
(262-238-8409)
<http://wicourts.gov>

You may also pay by credit card (MasterCard, VISA or Discover), in person, by phone or online. An additional service fee of 3.5% of the amount charged will be imposed to use your credit card.

11. If paying by check or money order, please note the case number(s) in the memo section. If you are using another party's check for payments, include **your** name in the memo section.
12. You must notify the Clerk of Court's office of any change of address or employment status.
13. You will be notified of approval of your payment plan and a payment plan due date summary will be sent to you. If your payment plan request is denied, you will be notified and the \$15.00 Payment Plan Fee will then be applied to your fine.

*Under state laws, the court is allowed to ask the Wisconsin Department of Revenue to intercept your state tax refund and apply it to your unpaid fines, fees, forfeitures, or other debts of \$20 or more, Wis. Statute Section 71.935. We are requesting your SSN to use for this purpose if you fail to pay a judgment against you. Disclosure of your SSN is voluntary. It assists us in confirming your identity and in using the Department of Revenue to collect an unpaid judgment rather than using an arrest warrant or other means.