

**RICHLAND COUNTY**  
**REQUEST FOR PAYMENT ARRANGEMENTS**  
(Effective Jan. 4, 2017: \$15 fee for new plan set-ups; \$5 fee for plan changes and case add-ons)

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Date of Request:** \_\_\_\_\_

**Case or Citation Number(s):**

A down payment of \$ \_\_\_\_\_ will be paid today and the following is requested:

A 30 day extension

A payment plan at a rate of \$ \_\_\_\_\_ per month due by the  1<sup>st</sup> or  15<sup>th</sup> of each month  
1<sup>st</sup> payment date: \_\_\_\_\_

Address:

Social Security Number:

Driver's License Number: Phone

Number:

Employer Name:

Employer Address:

Employer Phone Number:

**Do you consent to INCOME ASSIGNMENT/GARNISHMENT OF WAGES?**      Yes      No

**\*\*Any future cases need to be added to pay plan by submitting a new form and a \$5.00 fee\*\***

By signing this agreement, I acknowledge my understanding of all terms of the agreement including the following:

**Any previously-imposed sanctions for failure to pay prior to the implementation of this payment plan, with the exception of an arrest warrant (subject to Richland County's policy on arrest warrants) will remain in effect until debt is paid in full. All debts not paid in full by the due date originally set by the Court are subject to tax refund interception, until paid in full, regardless of pay plan status. Docketed civil judgment will be entered against the payee if 2 or more payments are missed. Missed payments may also result in driver's license suspension and referral to a collection agency.**

Defendant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Clerk of Court Official: \_\_\_\_\_ Date: \_\_\_\_\_

Under state law, 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, parking citations, or other debts of \$20 or more. Wis. Statute 71.935. We are requesting your social security number to use for this purpose if you fail to pay a judgment against you. Disclosure of your social security number is voluntary on your part. 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.

**Please include the case number on all payments and correspondence.** If mailing payment and a receipt is requested, please include a self-addressed, stamped envelope.

**Clerk of Court**  
**P O Box 655**  
**Richland Center, WI 53581**

Electronic payments can be made through [wicourts.gov](http://wicourts.gov)