

**REQUEST FOR PAYMENT PLAN**

Citation # \_\_\_\_\_

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.

Case No.	Amount paid	Amount Due
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Approved: YES  
                  NO      Your pay plan is \_\_\_\_\_

Date: \_\_\_\_\_

Judge Fred Hewitt  
34315 Geneva Rd  
PO Box 797  
New Munster WI 53152