

**DUNN COUNTY CIRCUIT COURT  
DEFERRED PAYMENT PLAN APPLICATION, ACKNOWLEDGMENT & ORDER**

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**DEFENDANT INFORMATION**

CASE # \_\_\_\_\_

NAME \_\_\_\_\_

BIRTH DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_

NAME OF EMPLOYER \_\_\_\_\_

PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**PERSONAL REFERENCE**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

DO YOU CURRENTLY HAVE A PAYMENT PLAN OR PAST DUE OBLIGATIONS WITH THE COURT? NO \_\_\_\_\_ YES \_\_\_\_\_

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Total amount of fine and costs \$ \_\_\_\_\_ Amount I can pay per month \_\_\_\_\_

I am requesting 60 days to pay.

**OR**

I am requesting that I be allowed to make monthly payments until it is paid in full because I can't pay the full amount within 60 days. If allowed to make monthly payments, I acknowledge the following:

1. I will be charged a \$15.00 fee to set up the payment plan.
2. I must notify the Dunn County Clerk of Court in writing of any change of address or employment within 5 days of such change, until the fine is paid in full.
3. If I fail to pay as ordered, any or all of the following may occur:
  - A money judgment may be granted against me for any unpaid amounts, without notice or a hearing
  - A bench warrant may be issued for my arrest for failure to pay as ordered
  - Driving privileges may be suspended
  - D.N.R. (hunting & fishing) privileges may be suspended
  - Sentence to county jail
  - Assignment of Income
  - Tax Intercept
  - Debt turned over to Collection Agency and interest charged
4. I voluntarily consent to an assignment of income, without notice or hearing if the payment plan is ordered and I fail to comply with the order.
5. Wis. Statute §71.935 allows courts to intercept state tax refunds for unpaid debts. Providing your SSN is done on your own accord to confirm your identity and collect unpaid debts.
6. **ANY PAYMENT PLAN THAT EXCEEDS \$500.00 WILL BE SUBMITTED FOR TAX INTERCEPT.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
Date

-----**ORDER**-----

The defendant shall pay \$ \_\_\_\_\_ on or before \_\_\_\_\_ **OR**

The defendant shall make payments of \$ \_\_\_\_\_ per month to the **DUNN COUNTY CLERK OF COURT, 615 STOKKE PARKWAY, SUITE 1500, MENOMONIE, WI 54751** on or before the \_\_\_\_\_

of each month beginning in \_\_\_\_\_ of 20\_\_\_\_\_, until the fine/forfeiture and fee are paid in full. Failure to comply with this order may result in penalties as indicated herein. A copy of this order shall be provided to the defendant.

\*\*\*\*\*ALL MONEY RECEIVED WILL BE APPLIED TO YOUR OLDEST FINE(S) FIRST\*\*\*\*\*

**BY THE COURT:**

\_\_\_\_\_  
Circuit Judge - BR I / BR II

\_\_\_\_\_  
Date