

**Defendant Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Defendant Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

Street, Apt. No.

**Email Address:** \_\_\_\_\_

City, State, ZIP

---

### REQUEST FOR INSTALLMENT PLAN

---

I hereby request that the Court authorize me to pay my forfeiture(s) through an installment plan. If there are enforced penalties on any of the cases, I further request that the penalties be terminated.

Case Number(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that being placed on an installment plan will not prevent the interception of any pending tax refund that may already be underway as of the date of this request.

I also acknowledge that I am required to make a payment each month, regardless of whether I have paid an additional amount in any previous month. I understand that failure to maintain the required monthly payments will result in termination of my installment plan and that all penalties will immediately be enforced.

**Defendant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### ***For Court Use Only***

##### Suggested Terms of Installment Plan

Total Amount of Plan: \$ \_\_\_\_\_

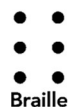
**Monthly Payment Amount:** \$ \_\_\_\_\_

Length of Plan: \_\_\_\_\_ months

Final Balloon Payment: \$ \_\_\_\_\_

This material is available in alternative formats for individuals with disabilities upon request. Please contact the ADA Coordinator at [ADAAccordinator@milwaukee.gov](mailto:ADAAccordinator@milwaukee.gov), (414) 286-3475, TTY: 711. Provide a 72-hour advance notice, 7 days for Braille, to ensure accommodation of request.

Large  
Print



---

## INSTALLMENT PLAN TERMS AND AGREEMENT

---

### Payment Options

In Person: Monday- Friday 8:00am-4:30pm  
Drop Box: 24 hours a day at the Milwaukee Municipal Court  
Mail: Mail check or money order (NO CASH) to the address at the top of the notice  
Telephone: Call (414) 286-2878 Mon.-Fri. 8:00-4:30pm to pay using VISA or MasterCard (*fees apply*)  
Online: Visit our website to pay using VISA or MasterCard (*fees apply*)

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account, or to process the payment as a check transaction.

---

### Terms and Agreement

\_\_\_\_\_ I understand that my installment plan will be terminated if I do not make my first payment.  
**Initial**

\_\_\_\_\_ I understand that I am **required to make my minimum payment each month**, regardless of whether I have paid  
**Initial** an additional amount in any previous month. I also understand that failure to maintain the required monthly payments will result in the termination of my installment plan.

\_\_\_\_\_ I understand that if I am unable to make my payment as scheduled, I must contact the Court **PRIOR** to my due  
**Initial** date to receive an extension of time to make my monthly payment. Such an extension will be no more than 10 calendar days from the original monthly due date.

\_\_\_\_\_ I understand that changes or modifications to my existing plan cannot be approved if my plan is not current.  
**Initial**

\_\_\_\_\_ I understand that if my payment is returned as non-payable (e.g., due to non-sufficient funds, fraud, stop  
**Initial** payments, etc.) my installment plan will be terminated.

\_\_\_\_\_ I understand that if my installment plan includes a final balloon payment which I am unable to pay at that time, I  
**Initial** must make new arrangements with the Court **at least 30 days prior to the final balloon payment date**. I also understand that failure to either make the final balloon payment or make new arrangements with the Court prior to the final balloon payment date will result in termination of my installment plan.

\_\_\_\_\_ I understand that any penalties will be enforced on my case(s) for failure to comply with the terms of  
**Initial** my installment plan.

\_\_\_\_\_ I acknowledge that I have read the Installment Plan Terms and Agreement and am responsible to comply with  
**Initial** them.

**Defendant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Defendant Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_