

Milwaukee Municipal Court
951 N James Lovell St
Milwaukee, WI 53233-1449
Phone: (414) 286-3800
Fax: (414) 286-3615



Defendant Name: _____

Date of Birth: _____

Defendant Address: _____

Telephone: _____

Street, Apt. No.

City, State, ZIP

Email Address: _____

INDIGENCE / FINANCIAL HARDSHIP

I hereby request to appear before the Judge to request that the Court authorize me to pay my forfeiture(s) through a minimum monthly payment or alternative sentence based on my poverty condition as described on this form. If there are enforced penalties on any of the cases, I further request that the penalties be terminated.

Case Number(s): _____

I currently receive the following means-tested public assistance (check all that apply):

<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Food Stamps
<input type="checkbox"/> Medical Assistance (Title 19)	<input type="checkbox"/> W-2 Benefits
<input type="checkbox"/> Other: _____	

I am currently being represented by an attorney in a program for indigent persons:

Civil Legal Services Program: _____
Name of Program: _____

State Public Defender: _____
Name of Attorney: _____

I swear/affirm that the information contained on both sides of this form is a complete statement of my financial condition. I understand that the penalty for false swearing is a \$10,000 fine and up to nine (9) months imprisonment.

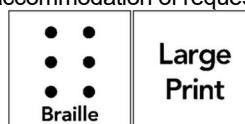
I understand that being placed on an installment plan will not prevent the interception of any pending tax refund that may already be underway as of the date of this request.

If I am put on a payment plan, 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 also 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: ____ / ____ / ____

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



EACH SECTION MUST BE COMPLETED

INCOME INFORMATION

I am employed by: _____

I work _____ hours per week
I earn \$_____ per hour

I have income from the following:

SSI/SSDI: \$_____ Unemployment Compensation: \$_____

Pension: \$_____ W-2: \$_____

Other _____: \$_____

I am paid: Weekly Every 2 weeks Monthly

I receive no income

ASSETS

I have a bank account NO YES My current balance is approximately: \$_____

I own a vehicle NO YES Year _____ Make and Model _____

I own property NO YES Value is approximately: \$_____

DEBTS

I have a mortgage NO YES My monthly mortgage payment is \$_____

I pay utilities NO YES My monthly utilities average \$_____

I pay rent NO YES My monthly rent payment is \$_____

I have credit card debt NO YES My monthly credit card payments are \$_____

I have a car loan NO YES My monthly car loan payment is \$_____

I have transportation costs NO YES My monthly transportation costs average \$_____

I pay child/spousal support NO YES My monthly support payment is \$_____

I have other bills NO YES Describe: _____

The monthly payments average \$_____

PERSONAL

I am married NO YES My spouse has a monthly income of \$_____

I have dependents NO YES Number of dependents: _____

I have the following unusual expenses, other than ordinary living expenses:

For Court Use Only

\$_____ - \$_____ = \$_____

Income Liabilities Usable Income

Potential monthly payment amount: \$_____