

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: \_\_\_\_\_

### INDIGENCY / 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):

- Supplemental Security Income (SSI)
- Food Stamps
- Medical Assistance (Title 19)
- W-2 Benefits
- 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

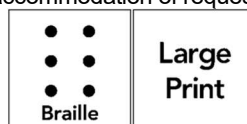
I swear/affirm that the information contained on both sides of this form is a complete statement of my financial condition. I understand that the penalty for false swearing is a \$10,000 fine and up to nine (9) months imprisonment.

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](mailto: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: \$ \_\_\_\_\_**