

**TREMPEALEAU COUNTY CLERK OF COURT
PAYMENT PLAN REQUEST**

Note: A \$15 fee is required for EACH payment plan. The fee is due when approved for a payment plan. If the fee is not paid, the amount of \$15 will be deducted out of your first payment to cover the assessed payment plan fee.

Defendant is currently being held at: Trempealeau County Jail Other County _____.

I AM CURRENTLY IN JAIL AND CAN PAY \$ _____ BEFORE RELEASE. I AGREE TO PAY \$ _____ PER MONTH AND WILL BEGIN MY PAYMENTS ON _____.
Date

I am not in jail and am requesting a Payment Plan.

Case # (s) _____

Amount Owed \$ _____

I AGREE TO PAY \$ _____ PER WEEK/MONTH AND WILL BEGIN MY PAYMENTS ON _____.
Circle one Date

Full Name: _____ MALE _____ FEMALE _____

Are you known by any other name? No ___ Yes ___

If you answered yes, what other names are you known by? _____

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____ - _____ - _____

ADDRESS _____

CITY _____ STATE _____

ZIPCODE _____ PHONE _____

NAME OF EMPLOYER _____

PHONE _____

ADDRESS _____

CITY _____ STATE _____ PHONE _____

INCOME PER MONTH:

- | | |
|----|---|
| 1. | TAKE HOME PAY |
| | \$ _____ |
| 2. | OTHER INCOME |
| | \$ _____ |
| 3. | TOTAL INCOME (Add lines 1 & 2) |
| | \$ _____ |

ALLOWABLE EXPENSES PER MONTH:

- | | | |
|----|--|----------|
| 4. | RENT/MORTGAGE | |
| | \$ _____ | |
| 5. | UTILITIES | \$ _____ |
| 6. | OTHER ALLOWABLE BILLS | |
| | \$ _____ | |
| 7. | FOOD (\$100/ADULT, \$75/CHILD UNDER 12) | |
| | \$ _____ | |
| 8. | TOTAL ALLOWABLE EXPENSE (ADD LINES 4-7) | |
| | \$ _____ | |

TOTAL MONTHLY NET ADJUSTED INCOME

(SUBTRACT LINE 8 FROM LINE 3)

\$ _____

CASH ASSETS: SAVINGS \$ _____ CHECKING \$ _____ CASH \$ _____

DEFENDANT SIGNATURE

DATE