

CITY OF WHITEWATER MONTHLY PAYMENT PLAN REQUEST

Name: _____
Address: _____
City, State, Zip Code: _____
Phone # _____ email: _____

Employer: _____

I work _____ hours per week. I am paid \$ _____ per hour.

Other Income: Social Security/Government Aid \$ _____ / month
Family \$ _____ / month
Other _____ \$ _____ / month

I have _____ children living with me OR I pay \$ _____ month child support.

My share of the rent/mortgage is: \$ _____

FILL IN ONLY ONE OF THE LINES BELOW:

- I request a payment of \$ _____ every month starting _____
- I would like to pay my fine(s) in full by _____

I swear under pain of penalty for perjury that the above is true and accurate.

Signature Date

COURT ORDER

YOU MUST PAY THE FOLLOWING CASES AND AMOUNTS OR THERE WILL BE A WARRANT FOR YOUR ARREST, AND/OR LOSS OF YOUR DRIVER'S LICENSE FOR UP TO 2 YEARS, AND/OR INTERCEPTION OF YOUR TAX REFUND AND/OR A COLLECTION ACTION FILED AGAINST YOU. KEEP IN MIND, ANY WARRANTS, SUSPENSIONS, TAX INTERCEPTIONS OR COLLECTION ACTION THAT HAVE ALREADY BEEN ISSUED WILL REMAIN IN PLACE AND WILL NOT BE LIFTED UNTIL THE CASE IS PAID IN FULL.

Case No.	Amount Paid	Amount Due
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPROVED: YES ___ NO ___ YOUR PAYMENT PLAN DUE DATE IS: _____
YOUR MONTHLY PAYMENT AMOUNT IS \$ _____

City of Whitewater

Dated: _____

Judge