For Administrative Use Only

PAYMENT PLAN FEE

☐ Paid ☐ NOT Paid

Chippewa County Circuit Court
Deferred Payment Plan Agreement

It is hereby acknowledged by the undersigned that all financial obligations must be paid to the Clerk of Courts in cash, money order or check in the amounts and at the times specified by the Court, or this Payment Agreement. I understand that the terms of this agreement will not commence until payment of the setup fee has been received by the Clerk of Courts office.

I further agree to notify the Court at (715) 726-7758 of any change in address, employment or phone number within 10 days of the change. Personal checks must include a telephone number, name of debtor/case number and current address.

I swear that the statements herein are true and complete, and agree to abide by this deferred payment agreement. In the event that payments are not paid by the due date, the entire unpaid balance becomes due and payable immediately. Payment schedules exceeding twelve months will also be submitted to the Department of Revenue at the time of implementation.

I have been given a Statement of Policy regarding my payments and understand my responsibilities to the Clerk of Court's Office for the duration of this deferred payment agreement. I understand that the voluntary disclosure of my social security number will be used for purposes of tax intercept.

Defendant Information

*** Name**: _____

*** SSN:** _____ *** DOB**: _____

*** Address**: _____

*** City:**_____ ***Zip:**_____

*** Phone:** _____

*** Employer:** _____

*** Phone**: _____

Court Date/Telephone Call Date: _____

Case # _____ $ _____

Case List TOTAL (Attached) $ _____

Subtotal: $ _____

LESS Required Payment: $ _____

Total/Current Balance Owed: $ _____

DOR Tax Intercept? ☐ **Yes** ☐ **No**

Mail payments to: CLERK OF COURTS
711 N BRIDGE STREET
CHIPPEWA FALLS, WI 54729

PAYMENT PLAN FEE: $ _____ **DUE DATE :** _____

PAYMENT SCHEDULE: $ _____ **PER MONTH BEGINNING:** _____

NOTE*: *Reminder Notices will NOT be sent – payment cycle schedules are the responsibility of the party or defendant.

*_____ * _____

Date **Defendant Signature**

_____ _____

Date **Court Representative Signature**

____ Copy to Defendant

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