BUFFALO COUNTY
REQUEST FOR PAYMENT ARRANGEMENTS

Full Name: **Date of Request:** **Case Number(s):**

A down payment of at least $25 is included and the following is requested:

☐ A 30-day extension

☐ A payment plan at a rate of $_____ per month due by the ☐ 1st or ☐ 15th of each month

(Minimum payment $50 per month) 1st payment date: _____

Address:

Social Security Number: Driver's License Number:

Phone Number: Birth Date:

Employer Name:

Employer Address:

Employer Phone Number:

By signing this agreement, I acknowledge my understanding of all terms of the agreement including the following:
Any previously-imposed sanctions for failure to pay prior to implementation of this payment plan will remain in effect until debt is paid in full. All debts not paid in full by the due date originally set by the Court are subject to tax refund interception, until paid in full, regardless of pay plan status. Docketed civil judgment will be entered against the payee if 2 or more payments are missed. Missed payments may also result in driver's license or DNR suspension and referral to State Debt Collection Agency (SDC).

Defendant's Signature: _____ Date: _____

Clerk of Court Official: _____ Date: _____

Under state law, the court is allowed to ask the Wisconsin Department of Revenue to intercept your state tax refund and apply it to your unpaid fines, fees, forfeitures, parking citations, or other debts of $20 or more. Wis. Statute 71.935. We are requesting your social security number to use for this purpose if you fail to pay a judgment against you. Disclosure of your social security number is voluntary on your part. It assists us in confirming your identity and in using the Department of Revenue to collect an unpaid judgment rather than using an arrest warrant or other means.

Please include the case number on all payments and correspondence.

Clerk of Court
P O Box 68
Alma, WI 54610

Electronic payments can be made through: https://wcca.wicourts.gov/payOnline.html

To Pay Fines by Credit Card: (with a service fee): Call ALLPAID: 888-604-7888

24 hours a day or To Make a Payment Online go to: www.allpaid.com Have the Pay Location Code: 2024 and your case number.

Scan to be directed to online payment option.