



BROWN COUNTY JOINT MUNICIPAL COURT

PO Box 278, Wrightstown, WI 54180
920-660-2331

Email: courtclerk@brownjmcourtwi.gov
Website: <https://brownjmcourtwi.gov>

STATE OF WISCONSIN
BROWN COUNTY

PAYMENT PLAN REQUEST FORM

NAME (defendant): _____ SSN# or DL#: _____

ADDRESS (defendant): _____

DOB (date of birth) : _____ PHONE: _____

Citation # _____	Offense: _____
Citation # _____	Offense: _____
Citation # _____	Offense: _____

I request to have a payment plan for all the fines I owe. By requesting a payment plan, I agree to make the following payments as agreed until the amount owed is paid in full. Minimum payment is based upon amount owed and are as listed below:

Payment Amount \$ _____ to be paid by the _____ day of every
☐ Monthly ☐ Bi-Weekly ☐ Weekly to begin _____.

I UNDERSTAND that failure to make my payment or request a Good Cause hearing within the allotted time may result in:

- A one-year suspension of your driving privilege
- Entry into the State Debt Collection (SDC/TRIP)
- A commitment order being issued to serve a jail sentence
- Future permits being denied
- Registration suspension

I have read and understand the information listed above and agree to the terms as stated.

Signature: _____
Dated: _____

**SEND THIS FORM BY MAIL OR
EMAIL TO THE COURT PRIOR
TO YOUR DUE DATE**

PAY BY CREDIT OR DEBIT CARD:

You can make payment by credit card through Allpaid at 1-888-604-7888 with or online at <https://allpaid.com/#/plc-search> PUT 7750 in the Search Bar and our information will appear as the destination. Please know there will be a fee for this service. The court receives no portion of the service fee

PAY BY MAIL:

Send check or money order payable to: BCJMC and mail to: PO Box 278, Wrightstown, WI 54180.

**JUDGE HUBERS WILL REVIEW THIS REQUEST AND YOU
WILL BE NOTIFIED OF HIS DECISION.**