

FINAL PAY PLAN AGREEMENT

Defendant Name: _____

Defendant Address: _____

Citation Number:	Offense:	Amount Due:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Monthly / Weekly / Bi-weekly installment payments of \$_____ must be paid by the _____ day of every month beginning _____.

You are hereby notified that your failure to make a payment or request a poverty hearing within the allotted time may result in the suspension of your driving privileges for up to one year, having the outstanding amount certified to the Department of Revenue's State Debt Collection program, having the matter referred to a collection agency or be incarcerated in the county jail for a period of up to 90 days.

Dated this _____ day of _____, 20_____.

Municipal Judge:

Defendant:

Payments shall be made to:

**City of Burlington Municipal Court
300 N. Pine Street
Burlington, WI 53105**