

BAYFIELD COUNTY CLERK OF COURT'S OFFICE  
P.O. BOX 536  
WASHBURN, WISCONSIN 54891  
(715) 373-6108  
Business Hours: Monday – Friday, 8:00 a.m. to 4:00 p.m.

## **PAYMENT OF COURT ORDERED OBLIGATIONS**

### Payment Options:

- Pay the full amount no later than the due date ordered by the Court
- Pay half of the amount due no later than the due date and make a written request for a 30-day extension to pay the balance. **NOTE: A 30-day extension is not automatic—you must request the extension in writing or in person.**
- If there are financial difficulties making payment in full, you may be eligible for a deferred payment agreement through the Clerk of Court's Office, provided you have a source of income. Applications for deferred payment agreements must be submitted within ten (10) days of conviction to the Clerk of Court's Office. Late payment plan agreements will require a down payment equal to 10% of the outstanding fine. A \$15.00 payment plan fee will be assessed for each payment plan agreement. A \$5.00 fee is assessed for each petition to include additional case's obligation (s) to a current payment plan. At any time you may request a voluntary wage assignment through your employer.

Mail or bring payments (personal check, money order or cash) to:  
The Bayfield County Clerk of Circuit Court  
117 East 5<sup>th</sup> Street, P.O. Box 536  
Washburn, Wisconsin 54891

**MASTERCARD CREDIT CARD AND BANK CARD (Electronic Check)** transactions are accepted at <http://wcca.wicourts.gov/loadCourtFeeCaseSearch.do>. An additional fee is charged to the user by US Bank.

**OTHER CREDIT CARD** transactions may be processed by contacting Government Payment Services (GPS) at 888-604-7888 or on-line at [www.governmentpayment.com](http://www.governmentpayment.com). An additional fee is charged to the user by GPS.

### **COLLECTION METHODS IF COURT-ORDERED OBLIGATIONS ARE NOT PAID AS ORDERED:**

- Driving privilege suspended until paid, not to exceed 2 years. The suspension is not in lieu of payment, payment is still required. A reinstatement fee is charged by the Wisconsin Department of Motor Vehicles to reinstate a suspended license, once the debt is paid in full.
- A warrant may be issued for failure to pay. Time spent incarcerated is not in lieu of payment, payment is still required.
- A civil judgment will be entered for the outstanding amount, which affects a person's ability to obtain a loan.
- Unpaid court obligations are certified with the State of Wisconsin Department of Revenue for tax refund interception.
- Referral of the outstanding amount may be made to a collection agency, which can negatively affect a person's credit rating.

BAYFIELD COUNTY CIRCUIT COURT  
DEFERRED PAYMENT PLAN CHECKLIST

The following MUST be presented at the time of application for a payment plan:

1. DOCUMENTATION OF INCOME

- Last two pay stubs from employer
- If self-employed, prior year's income tax form 1040
- If unemployed, on strike, or on workman's compensation, proof of monthly benefit
- If receiving AFDC, SSI, a pension, disability, etc., proof of monthly government benefit
- Proof of any other type of income including, but not limited to: child support, alimony and day care/babysitting

2. DOCUMENTATION OF CERTAIN ALLOWABLE BILLS

- Rent/mortgage; Written statement from landlord or rent receipt acceptable
- Last month's heat bill
- Last month's electric bill
- Last month's water bill
- Last month's garbage bill
- Written proof of payments made on court-ordered obligations including, but not limited to: restitution, child support, payments to probation officer, monthly fine payments made to this court and other courts during the past month.

3. 10% OF THE TOTAL FINE FOR ANY LATE PAYMENT PLAN AGREEMENT, NOT TO EXCEED \$50.00

4. \$15.00 FEE TO IMPLEMENT PAYMENT PLAN AGREEMENT

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Social Security #: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_

PAYMENT PLAN AGREEMENT  
 FOR COURT-ORDERED  
 OBLIGATIONS-WAIVER OF  
 TIME LIMITS  
  
 CASE: \_\_\_\_\_

WHEREAS, on \_\_\_\_\_, Judgment was entered in the entitled cases, and the Court having ordered obligations that I must pay in the amount of \$ \_\_\_\_\_, and Ordered that such sum be paid within \_\_\_\_\_ days.

WHEREAS, I am unable to make such payment within the time ordered, I hereby request to enter into a payment schedule as follows:

1. I agree to pay the amount determined by the Clerk of Circuit Court, based on the documentation provided by me.
2. I understand there will be a \$15.00 payment plan fee applied for the initial setup of the payment plan.
3. That if I fail to pay each and every payment as stated above, I may be found in contempt of court. In addition, a warrant may be issued for my arrest, my driving privilege suspended, a civil judgment may be entered, and tax intercept may be enforced and the debt may be turned over to a collection agency. All collection efforts will remain in full force until all debts in the payment plan are paid in full.

\_\_\_\_\_  
 Defendant's Signature

\_\_\_\_\_  
 Date

Payable to:  
 Bayfield County Clerk of Circuit Court  
 117 East 5<sup>th</sup> Street, P.O. Box 536  
 Washburn, Wisconsin 54891  
 715-373-6108

**ORDER OF THE COURT**

The Court has reviewed the above agreement and finds it is fair and reasonable. I HEREBY make the above-stated terms and conditions the ORDER OF THIS COURT.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
 Honorable John P Anderson

You will need to complete the following questions to help determine if you are eligible for a payment plan option. You will be asked to provide proof to support your answers. Failure to complete this form or your withholding information may result in a denial of payment plan option.

- 1. I \_\_\_\_\_ am \_\_\_\_\_ am not married.
- 2. I \_\_\_\_\_ am \_\_\_\_\_ am not employed. Name of Employer: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_  
 Address: \_\_\_\_\_

3. I earn \$\_\_\_\_\_ gross per month  
My take-home pay is \$\_\_\_\_\_ per pay period.

4. I receive monthly income totaling the amount of \$\_\_\_\_\_ from:  
 \_\_\_\_\_ Pension      \_\_\_\_\_ Social Security      \_\_\_\_\_ Unemployment  
 \_\_\_\_\_ Disability      \_\_\_\_\_ Student Loan/Grants      \_\_\_\_\_ Other: \_\_\_\_\_

5. I have the following cash assets (indicate today's value):  
 Savings Account: \_\_\_\_\_ Cash: \_\_\_\_\_  
 Checking Account: \_\_\_\_\_ Money owed to me: \_\_\_\_\_

6. I have the following other assets:  
 Equity in Home/Real Estate: \_\_\_\_\_  
 Vehicle-Yr/Make \_\_\_\_\_ Value: \_\_\_\_\_  
 Vehicle-Yr/Make \_\_\_\_\_ Value: \_\_\_\_\_  
 Household Furnishings Value: \_\_\_\_\_  
 All other Assets, please specify item and value:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. My household consists of myself and:  
 Full name: \_\_\_\_\_ Relationship to me: \_\_\_\_\_ Under 18(circle one) Y N  
 Full name: \_\_\_\_\_ Relationship to me: \_\_\_\_\_ Under 18(circle one) Y N  
 Full name: \_\_\_\_\_ Relationship to me: \_\_\_\_\_ Under 18(circle one) Y N  
 Full name: \_\_\_\_\_ Relationship to me: \_\_\_\_\_ Under 18(circle one) Y N  
 Full name: \_\_\_\_\_ Relationship to me: \_\_\_\_\_ Under 18(circle one) Y N

8. The other members of my household have monthly income totaling the amount of \$\_\_\_\_\_

9. I have the following debts:

	<u>Amounts due</u>	<u>Monthly Payment</u>
a. Mortgage	\$ _____	\$ _____
b. Auto Loan	\$ _____	\$ _____
c. Credit Cards	\$ _____	\$ _____
d. Court Ordered Obligations(Fines, Atty, etc)	\$ _____	\$ _____
e. Medical Expenses	\$ _____	\$ _____
f. Other (identify) _____	\$ _____	\$ _____

10. I have the following unusual expenses, other than ordinary living expenses:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

BAYFIELD COUNTY CIRCUIT COURT  
 PAYMENT PLAN  
 GUIDELINES

TOTAL NUMBER OF HOUSEHOLD MEMBERS

1            2            3            4            5            6 or  
 more

HOUSEHOLD MONTHLY  
 NET ADJUSTED INCOME

MONTHLY PAYMENT AMOUNT

\$25.00	\$12.50	\$10.00	\$7.50	\$5.00	\$5.00	\$5.00
\$50.00	\$25.00	\$20.00	\$15.00	\$10.00	\$7.50	\$5.00
\$75.00	\$37.50	\$30.00	\$22.50	\$15.00	\$11.25	\$7.50
\$100.00	\$50.00	\$40.00	\$30.00	\$20.00	\$15.00	\$10.00
\$125.00	\$62.50	\$50.00	\$37.50	\$25.00	\$18.75	\$12.50
\$150.00	\$75.00	\$60.00	\$45.00	\$30.00	\$22.50	\$15.00
\$175.00	\$87.50	\$70.00	\$52.50	\$35.00	\$26.25	\$17.50
\$200.00	\$100.00	\$80.00	\$60.00	\$40.00	\$30.00	\$20.00
\$225.00	\$112.50	\$90.00	\$67.50	\$45.00	\$33.75	\$22.50
\$250.00	\$125.00	\$100.00	\$75.00	\$50.00	\$37.50	\$25.00
\$275.00	\$137.50	\$110.00	\$82.50	\$55.00	\$41.25	\$27.50
\$300.00	\$150.00	\$120.00	\$90.00	\$60.00	\$45.00	\$30.00
\$325.00	\$162.50	\$130.00	\$97.50	\$65.00	\$48.75	\$32.50
\$350.00	\$175.00	\$140.00	\$105.00	\$70.00	\$52.50	\$35.00
\$375.00	\$187.50	\$150.00	\$112.50	\$75.00	\$56.25	\$37.50
\$400.00	\$200.00	\$160.00	\$120.00	\$80.00	\$60.00	\$40.00
\$425.00	\$212.50	\$170.00	\$127.50	\$85.00	\$63.75	\$42.50
\$450.00	\$225.00	\$180.00	\$135.00	\$90.00	\$67.50	\$45.00
\$475.00	\$237.50	\$190.00	\$142.50	\$95.00	\$71.25	\$47.50
\$500.00	\$250.00	\$200.00	\$150.00	\$100.00	\$75.00	\$50.00