

**Your request for a payment plan must be in writing so please fill out
this form and return it to: *Clark County Circuit Court*
517 Court Street, Room 405
Neillsville, WI 54456-1977**

Case or Citation # _____ (If case/citation is not on CCAP see bottom of page)

.....

Name: _____
 (First Name) (M.I) (Last Name)

Address: _____

City: _____ State: _____ Zip: _____

Social Security # **Or** Drivers License #: _____

Date of Birth: _____ Phone: _____

Signature: _____ Date: _____

*Why you can't pay your fine in full by the due date _____

*How much you can pay a month \$ _____

*Date that you would like to start your payments _____

A one-time fee will be added to your payment plan based on the amount that you owe. Also, Clark County is now charging interest on all over due fines, please call before your last payment

.....

THIS SECTION CAN NOT BE COMPLETED FOR A CRIMINAL CASE
YOU MUST PROVIDE US WITH A COPY OF YOUR CITATION

If you are requesting this payment plan before your court date (**and your citation is marked with an appearance of not mandatory**) and you have not pled "NOT GUILTY" a plea needs to be made since this case(s) has to be closed in order to grant you a payment plan.

Guilty_____ or No Contest_____

Please mark one of the above or we will wait until after your court date to issue this plan when, if you don't appear or contest your citation(s), the court will enter a "No Contest" plea for you.

For office use only-reply to request for a payment plan: _____