

**SAUK COUNTY CLERK OF CIRCUIT COURT  
 GAL DEFERRED PAYMENT PLAN APPLICATION & FINANCIAL DISCLOSURE  
 THIS APPLICATION MUST BE FILLED OUT COMPLETELY - (PLEASE PRINT)**

**DEFENDANT INFORMATION**

CASE # \_\_\_\_\_

FULL NAME \_\_\_\_\_

BIRTH DATE \_\_\_\_\_

OTHER NAMES ARE YOU KNOWN BY \_\_\_\_\_

DRIVERS LICENSE # \_\_\_\_\_

ADDRESS \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_

MARITAL STATUS: \_\_\_ Married \_\_\_ Single \_\_\_ Separated

NUMBER OF LEGAL DEPENDENTS \_\_\_\_\_

SPOUSE'S NAME \_\_\_\_\_

NAME OF YOUR EMPLOYER \_\_\_\_\_

PHONE # \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

OCCUPATION \_\_\_\_\_ HOURS PER WEEK \_\_\_\_\_

DO YOU CURRENTLY HAVE A PAYMENT PLAN WITH OUR COURT? NO \_\_\_\_\_ YES \_\_\_\_\_

ARE YOU A MEMBER OF THE HO-CHUNK NATION? NO \_\_\_ YES \_\_\_ ENROLLMENT # 439A00 \_\_\_\_\_  
 (four numbers)

**TOTAL HOUSEHOLD INCOME PER MONTH FROM ALL SOURCES** ..... \$ \_\_\_\_\_

**ALLOWABLE EXPENSES PER MONTH: (EXCLUDING LUXURY ITEMS)**

Housing (Rent/Mortgage/Utilities) ..... \$ \_\_\_\_\_

Other Court Ordered Payments ..... \_\_\_\_\_

Explain: \_\_\_\_\_

Living Expenses: Explain: \_\_\_\_\_

Explain: \_\_\_\_\_

Explain: \_\_\_\_\_

**TOTAL ALLOWABLE EXPENSES** (add above left column to get total) ..... \$ \_\_\_\_\_

**TOTAL MONTHLY NET ADJUSTED INCOME** (total household income minus total allowable exp.) ..... \$ \_\_\_\_\_

I am requesting that I be allowed to make monthly payments until paid in full because I can't pay the full amount within 60 days. If allowed to make monthly payments, I acknowledge the following:

**1. I will pay/submit an upfront non-refundable fee of \$10.00 to set up & monitor the payment plan. I understand this does not get applied to the fee. Minimum down payment may be requested when setting up the payment plan.**

2. I must notify the Sauk County Clerk of Court in writing of any change of address or employment within 5 days of such change, until the fee is paid in full.

3. If I fail to pay as ordered, any or all of the following may occur:

- A money judgment may be granted against me for any unpaid amounts, without notice or a hearing
- A bench warrant may be issued for my arrest for failure to pay as ordered
- Sentence to county jail
- Assignment of Income
- Tax Intercept
- Initiate Contempt Proceedings

4. I voluntarily consent to an assignment of income, without notice or hearing if I fail to comply with the payment plan.

5. The information I have provided on this statement is true and correct.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date