

**CUDAHY MUNICIPAL COURT
REQUEST FOR TIME TO PAY**

PRINT NEATLY

Name _____

Address _____

City, State & Zip _____

Phone _____

FILL IN ONLY ONE OF THE LINES BELOW:

- I request a payment of \$ _____ every month starting _____
- I would like to pay my forfeitures (fines) in full by _____
(Maximum 60 days from today's date)

COURT ORDER

YOU MUST PAY THE FOLLOWING CITATIONS AND AMOUNTS OR THE COURT WILL ISSUE A COMMITMENT TO THE HOUSE OF CORRECTION, AND/OR LOSS OF YOUR DRIVER'S LICENSE FOR UP TO 2 YEARS, AND/OR VEHICLE REGISTRATION SUSPENSION, AND/OR CERTIFICATION TO INTERCEPT YOUR TAX REFUND AND/OR A COLLECTION ACTION FILED AGAINST YOU. ANY SUSPENSIONS, TAX INTERCEPTION CERTIFICATIONS OR COLLECTION ACTIONS THAT HAVE ALREADY BEEN ISSUED WILL REMAIN IN PLACE AND WILL NOT BE LIFTED UNTIL THE CITATION IS PAID IN FULL.

CITATION #	BALANCE DUE	_____ LIST ATTACHED
_____	_____	
_____	_____	
_____	_____	

APPROVED: ___ YES ___ NO

Date

Municipal Judge
City of Cudahy