

**Door County Clerk of Courts Office  
Payment/Wage Assignment Form**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Alternative Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

\*\*\*\*\* **Employer Information** \*\*\*\*\*

Employer Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

\*\*\*\*\* **To Be Completed By Clerk of Court** \*\*\*\*\*

Payment Plan

Payment Amount: \_\_\_\_\_  Weekly  Bi-Weekly  Monthly

1<sup>st</sup> Payment Due Date: \_\_\_\_\_

Wage Assignment

Payment Amount: \_\_\_\_\_  Weekly  Bi-Weekly  Monthly

Wage Assignment Start Date: \_\_\_\_\_

\*\*\*\*\* **Jail Information** \*\*\*\*\*

Defendant Completed a Wage Assignment

Defendant Completed a Payment Plan

Defendant is not required to complete a Payment Plan or Wage Assignment

**White- Clerk of Courts Copy    Yellow- Jail Copy**