

MADISON MUNICIPAL COURT

REQUEST FOR COMMUNITY SERVICE (PAGE 1)

PAYMENT INSTRUCTIONS:

- WE ACCEPT CASH, CHECK, MONEY ORDER OR VISA/MASTERCARD. YOU MAY PAY BY MAIL, IN PERSON OR ONLINE.
- ADDRESS TO MAIL PAYMENT: MADISON MUNICIPAL COURT, 210 MARTIN LUTHER KING, ROOM 203, MADISON 53703.
- ONLINE: WWW.MADISONPAY.COM, GO TO "MUNICIPAL COURT" AND FOLLOW THE INSTRUCTIONS CAREFULLY.

NAME: _____
FIRST MIDDLE INITIAL LAST

ADDRESS: _____
STREET NUMBER AND NAME CITY STATE ZIP CODE

DATE OF BIRTH: _____ TELEPHONE NUMBER: _____

ARE YOU EMPLOYED? _____ IF SO, NAME OF EMPLOYER: _____

OCCUPATION: _____ TELEPHONE NUMBER OF EMPLOYER: _____

I WORK _____ HOURS PER WEEK. MY MONTHLY SALARY IS _____

MARITAL STATUS: _____ MARRIED _____ UNMARRIED _____ SEPARATED

NUMBER OF DEPENDANT CHILDREN: _____

DO YOU RECEIVE CHILD SUPPORT? _____ IF SO, HOW MUCH PER MONTH: \$ _____

DO YOU RECEIVE
GOVERNMENT ASSISTANCE: _____ IF SO, HOW MUCH PER MONTH: \$ _____

EXPENSES PER MONTH: RENT/MORTGAGE: \$ _____ FOOD: \$ _____ UTILITIES: \$ _____

BY SIGNING THIS FORM I AM STATING THAT THE ABOVE INFORMATION IS TRUE AND CORRECT:

DATE: _____ **SIGNATURE:** _____

Community Service Request

Madison Municipal Court
210 Martin Luther King Jr. Blvd., Room 203, Madison, WI 53703
Phone: (608) 264-9282 Fax: (608) 266-5930

Please read and follow these directions carefully. You requested the opportunity to perform community service instead of paying your forfeitures. You must explain below why you think Judge Koval should allow you to perform community service instead of paying your forfeitures. Once you have done that, you will need to turn this form over and fill out the back. We will notify you if Judge Koval approved your request or not.

Signature: _____ Date: _____

Case Number(s): _____ Amount Due: _____

APPROVED: _____ YES _____
_____ NO _____

SIGNED: _____
Hon. Daniel P. Koval

DATED: _____