



Village of Ashwaubenon  
 Municipal Court  
 Honorable Gary A. Wickert  
 2155 Holmgren Way • Ashwaubenon, WI 54304  
 P: 920.492.2307  
 court@ashwaubenon.gov

## Request for Extension

### FOR OFFICE USE ONLY

Citation No(s): _____	Date Extended To: _____
_____	Amount Due: _____
_____	Amount Paid: _____
_____	Balance Due: _____

Date: \_\_\_\_\_

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

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Hours Worked Per Week: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Extension Length Needed: \_\_\_\_\_

Reasons for Extension:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Court Notes

**\*Payment:** Must pay at least \$ \_\_\_\_\_ by \_\_\_\_\_ for any further extensions.  
**\*Payment:** Must make payment by \_\_\_\_\_ for any further extensions.  
**\*Once required payment has been made, another extension *may* be granted\***

**Payment:** Must pay in full by \_\_\_\_\_. **NO FURTHER EXTENSIONS WILL BE GRANTED.**

Defendant's Signature: \_\_\_\_\_

Mailed to Defendant on: \_\_\_\_\_