

ASHWAUBENON MUNICIPAL COURT

Hon. Gary A. Wickert
2155 Holmgren Way
Ashwaubenon WI 54304-4605
(920) 492-2307
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FOR OFFICE USE ONLY

CITATION(S) _____	DATE EXTENDED TO: _____
_____	AMOUNT DUE: _____
_____	AMOUNT PAID: _____
_____	BALANCE DUE: _____

REQUEST FOR EXTENSION:

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

PHONE NO: (____) _____

SOCIAL SECURITY NO: _____

DATE OF BIRTH: _____

CURRENT EMPLOYER: _____

HOURS WORKED PER WEEK: _____

RATE OF PAY (HOURLY): _____

EXTENSION LENGTH NEEDED: _____

REASONS FOR EXTENSION: _____

COURT NOTES:

*PAYMENT: Must pay at least \$ _____ by _____ for any further extensions.

*PAYMENT: Must make a 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: _____