

United States District Court Eastern District of Wisconsin Criminal Debt Payment Form

Use this form to make Criminal Debt Payments

Defendant Type: Individual Business

Defendant Name:
Last: First: Middle Name: Generation:

Business: If payment is being made on behalf of a business, enter the legal entity name for the business.

Court and Defendant Number -
Year Case # Defendant #

(Enter Court Number as it appears on your payment coupon.)

Self Pay Third-Party Payer

Account Holder Name: Last: First:

Address:

City / State / Zip:

Phone Number: Ext: Home

Amount of this Payment:

If you require assistance with this form, please contact the Clerk's Office Financial Department at (414) 297-3417