

**CIRCUIT COURT OF SHERIDAN COUNTY
FOURTH JUDICIAL DISTRICT
224 S. MAIN STREET; SUITE B-7
SHERIDAN, WYOMING 82801
(307) 674-2940**

Hon. Sheryl S. Bunting, Circuit Court Judge

REQUEST FOR PAYMENT PLAN

Name: _____

Case Number(s): _____

Total fine amount: \$ _____

Restitution: \$ _____ **Victim:** _____

I request to pay \$ _____ **every month beginning on** _____, **20** _____

and will continue to make a payment each month until ALL fines are paid in full. Payment is due by the last working day of the month.

FAILURE TO MAKE MONTHLY PAYMENTS OR STAY IN CONTACT WITH THE COURT WILL RESULT IN A BENCH WARRANT BEING ISSUED.

PAYMENTS WILL BE APPLIED TO OLDEST FINES AND/OR RESTITUTION FIRST UNLESS OTHERWISE SPECIFIED.

I have read and agree to the above terms:

Signature _____ **Date** _____

Address _____

Email _____