

CITY OF  MILTON

a community since 1838

MUNICIPAL COURT

I, _____, am entering
(print name)
a plea of;

No Contest Not Guilty
(circle one)

Citation #: _____

Current Address: _____

Phone: _____

Email Address: _____

Signed: _____

Dated: _____

**YOU MUST NOTIFY THIS COURT IN WRITING WITHIN FIVE (5) DAYS OF A CHANGE OF ADDRESS
DURING PENDENCY OF YOUR CASE**

(Please see the attached form with the Penalty Offense Chart)

690 S. Janesville Street, Milton, WI 53563

Tel: (608) 868-6910 x223 Fax: (608) 868-6913 miltonmunicourt@milton-wi.gov
www.milton-wi.gov

MILTON MUNICIPAL COURT
INDIGENT EVALUATION FORM

Defendant's Name _____ Date of Birth _____

Address _____ Phone _____

Marital Status _____ # of Dependents _____

of Persons living in the Household _____

Defendant's Employment Status _____

Spouse's Employment Status _____

Name and Address of Employer(s) _____

Length of Time Employed (Defendant) _____ (Spouse) _____

(If less than 6 months list previous employer) _____

List Dates of Employment since Date of Conviction _____

Wage per Hour \$ _____ Hours per Week (avg) _____ Salary (if applicable) _____

SUPPLEMENTAL INCOME INFORMATION

List Any Other Source of Income _____

ASSETS

Checking \$ _____ Savings \$ _____ Trust Accounts \$ _____

Cash \$ _____ Life Insurance \$ _____ Money Owed to You \$ _____

NON-LIQUID ASSETS (value)

House \$ _____ Automobile(s) \$ _____ Personal Property \$ _____

EXPENSES (monthly)

Mortgage/Rent \$ _____ Credit Card(s) \$ _____ Utilities \$ _____

Auto Payments \$ _____ Insurance Pmt \$ _____ Groceries \$ _____

Any Other Expenses You Wish to Have Considered _____

Note: You must be able to verify the information requested on this form. Bring any documentation necessary to substantiate your financial responses.

**THIS FORM MUST BE FILLED OUT PRIOR TO COURT AND PRESENTED TO THE CLERK ON
THE DATE OF YOUR SCHEDULED APPEARANCE.**

INFORMED CONSENT FOR RELEASE OF INFORMATION:

Name: _____ D.O.B. _____

Individual/Agency Making Disclosure Milton Municipal Court
690 S. Janesville St
Milton, WI 53563
(608) 868-6910

Other Individual/Agency (Name/address)

Recipient of Information Milton Municipal Court
690 S. Janesville St
Milton, WI 53563
(608) 868-6910

Other Individual/Agency (Name/address)

Purpose/Reason For Disclosure To meet City of Milton Municipal Court requirement of *Alcohol and Drug Assessment and/or one-to-one counseling requirement and follow through with treatment recommendations, if any.*

Further Health Care

Driver's License Determination

Other (specify) _____

Specific Physical/General Health School records, teacher/ counselor, academic progress, testing, reports, and transcripts

Alcohol or Drug Problem

Mental Illness or Emotional Problems

Other (specify reason) _____

Expiration of This Consent I understand that this consent can be withdrawn by me in writing at any time except to the extent that action has already been taken in reliance thereon. Unless revoked earlier, or otherwise specified below, this consent will expire in twelve (12) months from the date signed. If desired, specify another expiration date, condition or time period here: _____

I hereby consent to and authorize the release of information as described on this form to Milton Municipal Court. I have given this consent voluntarily. I also know that I may inspect and upon payment of usual fee, receive a copy of the released information and that I may receive a copy of this consent form.

Signature: _____ Date Signed: _____

Other Authorized Signature: _____ Relationship: _____

Witness Signature: _____

MILTON MUNICIPAL COURT

Kristin Koeffler
Municipal Judge

Kris Klubertanz
Court Clerk

RESTITUTION REQUEST FORM

Case No. _____

This court has been notified by the Milton Police Department that you were the victim of an unlawful act which resulted in your having suffered property damage, property loss or personal injury. If the person responsible for the act is caught and convicted, the court may order that person to pay you for some or all of your loss. In order for the court to proceed, it is necessary that you complete this form and return it by: _____ to:

Milton Municipal Court, 690 S. Janesville St., Milton, WI 53563

Name: _____

Address: _____

Email Address: _____

Home phone: _____ Work phone: _____

**AMOUNT OF RESTITUTION YOU ARE REQUESTING: \$ _____, OR
CHECK HERE IF YOU DO NOT WANT RESTITUTION: _____.**

The above figure represents the following property damage or loss, medical bills or lost wages that you have sustained as a result of the unlawful act. **(DO NOT INCLUDE ANY AMOUNTS PAID BY INSURANCE.)** Please list each item and the amount being claimed. If you need additional space, feel free to continue on the other side or attach a separate sheet of paper.

\$ _____

\$ _____

\$ _____

\$ _____

(Important - You should attach copies of bills, receipts, estimates, proof of lost wages from your employer, or any type of information that explains how you arrived at the above figures. If you are attaching estimates for repair work, please indicate if work was completed and the final cost of completed work. Not attaching the necessary paperwork could delay or cause your request to be denied.)

INSURANCE: Do you have insurance covering any of the above amounts? ___ Yes ___ No.
(If yes, attach a separate piece of paper showing your insurance company's name and address, claim adjuster's telephone number, policy number, claim number and the amount covered.)

I certify that the above information, to the best of my knowledge and belief, is correct and represents actual and reasonable expenses I have incurred and for which I have not been reimbursed.

Signature: _____ Date: _____



MILTON MUNICIPAL COURT
690 S Janesville St
Milton, WI 53563
(608) 868-6910, extension 223

Instructions for Performing Community Service

1. **WHERE TO PERFORM COMMUNITY SERVICE:** The attach list is some organizations or places available for you to complete your Milton Municipal Court Community Service. You may contact other organizations not listed as long as they are a Non-Profit Organization registered with the State of Wisconsin.
2. **STARTING YOUR COMMUNITY SERVICE:** As soon as possible, contact an organization/individual to schedule a date and time to start your community service. Do not show up unannounced and expect that you will be able to start right away. Do not wait until a week before your deadline or you can expect to run out of time. If an organization tells you that they have no work for you, ask to be put on a waiting list, and begin to contact other organizations. If an organization says they'll call you back, do not just wait for the call, contact other organizations.
3. **WHAT IF I ALREADY VOLUNTEER SOMEWHERE?** If you are going to do community service for an organization that you already do volunteer work for, the community service must be extra work over and above the volunteer work you already do. If you have to do community service for another court, you cannot count the same community service hours for both courts.
4. **PERFORMING YOUR COMMUNITY SERVICE:** The court expects you to: (a) do your best to perform your community service in a satisfactory manner; (b) do what the organization tell you to, even if it is not what you hoped to do when you signed up with them; (c) show up on time and if some emergency prevents you from doing so, notify the organization as soon as possible so that they can attempt to find someone to fill in for you, and (d) respect the organization's personnel, policies and property. The organization has the right not to count hours of service that are not satisfactory in their opinion. The organization also has the right to discontinue the use of your services at any time, and if this should occur, you will need to contact another organization.
5. **VERIFYING COMPLETION OF YOUR COMMUNITY SERVICE:** When you have completed the hours of community service you will be performing for an organization, they must provide either you or the court with a written verification of the number of hours performed. It is your responsibility to make sure the organization does so. The court has a Work Log for you to have completed. If they provide it to you instead of the Court, you must submit it to the court by mail, fox or in person. As far as the court is concerned, if there is no written verification in the Court's file that you completed the hours, you did not do them.
6. **YOUR REVIEW DATE:** At the time you were allowed or ordered to do community service, the Court gave you a completion deadline/review date. If you cannot remember your review date, ask the Clerk of Court. On the review date, if the court file contains written verification that you completed ALL of your hours, you do not need to appear in court (unless the court specifically instructed you to). However, if the court file does not contain the written verification, you must appear in court to explain why your hours have not been completed, and you



MILTON MUNICIPAL COURT
690 S Janesville St
Milton, WI 53563
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Community Service
Work Log

Community Service Location: _____
Participant's Name: _____
Community Service Due Date: _____

<i>DATE:</i>	<i>HOURS:</i>	<i>PROJECT:</i>	<i>SIGNATURE OF SUPERVISOR</i>
TOTAL HOURS:	_____		

Supervisor's Comments:

<i>Supervisor's Signature:</i>	<i>Date:</i>
<i>Participant's Signature:</i>	<i>Date:</i>

Certain behaviors are not tolerated in the Community Service Program. They are as follows: shouting, swearing, sexual comments, inappropriate gestures, missing or leaving work without authorization from the site supervisor, fighting, unsafe actions, smoking or disrespect for property or staff.

Milton Municipal Court Referrals to Winther Counseling Services

The following individual is referred to Winther Counseling Services (WCS) for individual counseling by the Milton Municipal Court.

Date of referral: _____

Name of referred individual: _____

Parent/guardian name: _____

Reason for referral: _____

Number of mandated sessions: _____

Individual making the referral: _____

Steps to enroll in counseling at WCS:

1. **Parent/guardian to call WCS (262-472-2842)** in order to schedule an Intake Appointment. Both the student and parent/guardian are required to be present for the intake appointment which will last 30 minutes. University COVID-safety protocol will be followed (face coverings required and families are asked to complete a health questionnaire upon arrival). Free parking is available in Lot #13 (Winther Lab Guest).
2. **WCS staff will call the parent (within 2-3 business days after the Intake Appointment) to schedule the first counseling appointment.** If WCS is not an appropriate service for the student, other resources will be explored with the parent at this time.
3. A parent/legal guardian will attend the beginning of the student's first counseling appointment. Parental consent and permission to share attendance information with the Milton Municipal Court will be discussed and obtained from the parent prior to the student's individual session.
4. The assigned counselor will work with the student/parent to schedule the remaining counseling appointments. After the last appointment, a letter of completion will be sent to the Milton Municipal Judge. The student/parent may choose to continue counseling sessions independent of the court referral.

Winther Counseling Services (262.472.2842)
230 N. Prairie Street (Lot #13 for parking)
Whitewater, WI 53190
Fax: 262.472.2841

COURSES FOR COURT

Anger Management, Behavior Modification, Domestic Violence, Drug & Alcohol Awareness, Life Skills, Minor in Possession, Theft Prevention/Impulse Control, Parenting Education and Tobacco Awareness:

- 4 Hours = \$25.00
- 8 Hours = \$45.00
- 12 Hours = \$65.00
- 16 Hours = \$85.00

Bullying

- 1 Hour = \$15.00
- 2 Hours = \$30.00
- 4 Hours = \$40.00

Conflict Resolution

- 1 Hour = \$15.00
- 4 Hours = \$25.00
- 6 Hours = \$35.00
- 8 Hours = \$45.00

Truancy

- 2 Hours = \$25.00
- 4 Hours = \$45.00

Vaping

- 1 Hour = \$25.00
- 2 Hours = \$30.00
- 3 Hours = \$35.00
- 4 Hours = \$40.00
- 6 Hours = \$45.00

Animal Cruelty

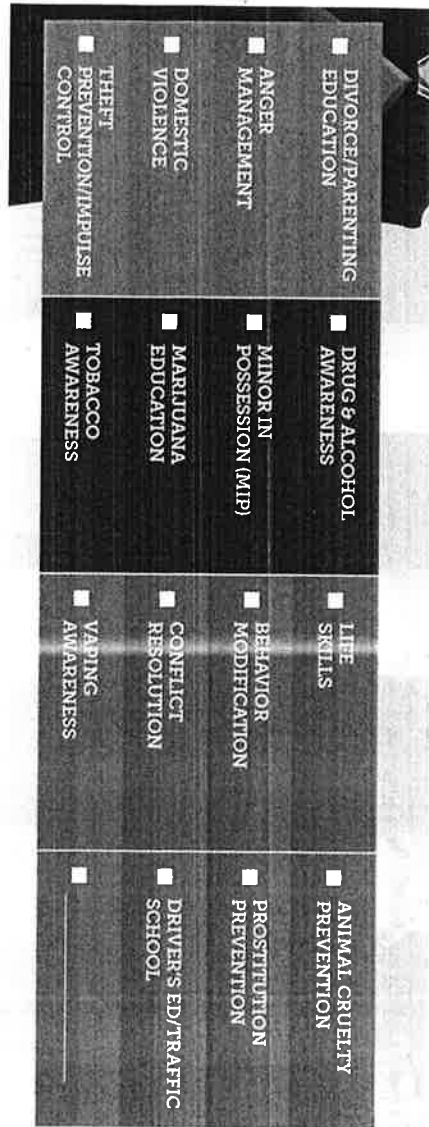
- 4 Hours = \$25.00
- 8 Hours = \$45.00
- 10 Hours = \$55.00
- 12 Hours = \$65.00
- 16 Hours = \$85.00

OPTIONAL REFERRAL CODE

See back

A full list of courses can be found at CourseForCourt.com

North American Learning Institute and its instructors hold regional and national approvals and credentials.



COURSEFORCOURT.COM
ONLINE COURT-ORDERED CLASSES

