

Payment Coupon
Columbia County Restitution Program

Juvenile Case Number _____ (Assigned by Coordinator) **Balance Due** \$ _____

Juveniles Name _____ Parents Name _____

Please make **check** or **money order payable** to the **Columbia County Restitution Program**.

Include this coupon with payment.

Address to send payment:

Restitution & Community Service Program

P.O. Box 136

Portage, WI 53901

Attention: Melissa Simonson

Credit Card Payments over \$100.00 accepted. Please call 608-742-9289.