PAYMENT PLAN APPLICATION

INSTRUCTIONS AND INFORMATION

- 1. You <u>must have income</u> (other than child support or state aid for families) to qualify for a payment plan.
- 2. Complete the following pages:
 - Financial Affidavit
 - Questionnaire regarding driver's license and your right to register an automobile
 - Voluntary Wage Assignment-**This needs signed in front of a Notary** (available at County Attorney's office or any Bank)
- 3. If your driver's license is suspended, we will check with the Driver's License Bureau to see what is holding your license and if you owe any civil penalties that we can wrap into the payment plan.
- 4. The County Attorney' Office will prepare the Payment Plan and mail a letter to your home when your plan is ready to be signed. You will need to bring the following to the Pottawattamie County Attorney's Office:
 - First Month's Payment MUST BE BY CHECK OR MONEY ORDER
 - Proof of automobile insurance if applying for license reinstatement

If you want a driver's license, you are required to have and keep car insurance while on the payment plan. If you do not own a car, you must have non-owner's insurance.

5. If you're making direct payments, pay in cash at the Clerk of Court, or mail a check or money order to:

County Attorney's Office P. O. Box 0127 Council Bluffs, IA 51502-0127

MAKE YOUR CHECK OR MONEY ORDER PAYABLE TO: CLERK OF COURT (Print your name on the check or money order.)

- 6. If you have a job, you must sign the Voluntary Wage Assignment. You are responsible for paying the fines! If deductions are not coming out of your paycheck within two pay periods after you set up your wage assignment, or if your deduction stops for any reason, you must contact your payroll office to see why. You must also notify the County Attorney's office by calling Rhonda at 712-328-5649 or emailing rhonda.blair@pottcounty.com
- 7. About fourteen days after you sign the plan(s), you should be able to get your license.

The County Attorney's office does NOT accept cash. You are REQUIRED to tell the Clerk that you are making a payment on a County Attorney Payment Plan to make certain the payment will be credited toward your plan.

If you have any questions, call the County Attorney's Office at 712-328-5649. Please note the more calls we have to deal with the longer it takes to get the plans out.

POTTAWATTAMIE COUNTY ATTORNEY'S OFFICE

PAYMENT PLAN ASSISTANCE & LICENSE REINSTATEMENT FINANCIAL AFFIDAVIT

Name (Print Clearly):		SSN#				
Address:						
Street	City	State	Zip			
Phone: ()						
Home	Work		Cell			
Do you have a job? Yes □	No ☐ How many hours per	week do you work?				
What is your job title/job de	uties?					
Employers Name:						
Employer Address:			()			
	reet City	State Zi	p Phone			
How long have you worked	l at present job? H	ow much do you earn mo	onthly (Gross)?			
List any other source(s) of	income:	Amo	unt:			
Does anyone help pay mon	thly expenses? Yes □ No □	If so, who?				
Number of Dependants:	Do you pay child support?		_ How much?			
Do you rent or own propert	y? Rent □ Own □ What is your	monthly payment?				
Do you have bank accounts	s? Yes □ No □ Name of bank:					
Do you have a vehicle? (M	ake/Model/YR)					
List any assets, i.e. cash, re-	al estate, other:					
Total Amount of monthly e	expenses:					
Do you have any pending c	riminal charges/traffic tickets?	Yes □ No □ Total fines of	owed:			
My Probation Officer is:						
I SWEAR UNDER PENA IS TRUE AND CORREC		THE INFORMATION (ON THIS FINANCIAL AFFIDAVIT			
Date:	Signature:					
DOB:	Driver's License N	umber:				

QUESTIONAIRE:

I am applying to have my driver's license back. NOTE: This will require you to have automobile insurance. If you don't have a vehicle, you must have a non-owner's policy (contact a local insurance agent for details).
 I am applying to be able to license a motor vehicle.
I am applying to meet the requirement for release from probation.

PAYMENT PLAN OPTIONS

SELECT ONE OF THE FOLLOWING PAYMENT OPTIONS:

YOUR FIRST PAYMENT ON A PLAN MUST BE BY CHECK OR MONEY ORDER

VOLUNTARY WAGE ASSIGNMENT MUST BE SIGNED IN FRONT OF A NOTARY

Name:			
Address:			
Street	City	State	Zip
Phone: ()			
EMPLOYMI	ENT INFORMA	TION	
Employer:			
Address:			
Street Phone: ()	City	State	Zip
		_	
WAGE	INFORMATION	N	
The minimum deduction for wage assignations nust be approved by the County Attorn for less than One Hundred Twenty Dolla	ey's office. NO wa	ge assignment will	
Signature		Date	
Subscribed and sworn to before me this day	y of, 20_		
	NOTARY PI	IRI IC	