PAYMENT PLAN APPLICATION

INSTRUCTIONS AND INFORMATION

- 1. You **personally must have income** (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
- 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 may 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.)

Pay online https://www.iowacourts.state.ia.us/ESAWebApp/EPayment/EPaymentSearchFrame

- 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-ia.gov.
- 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.

RETURN FORM VIA EMAIL TO:

paymentplan@pottcounty-ia.gov

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		
Email Address:				
Do you have a job? Yes	No	w many hours per week do you wo	ork?	
What is your job title/job dutie	s?			
Employers Name(Who pays yo	our wages):			
Employer Address:			_()	
Street	City	State Zip	Phone	
How long have you worked at	present job? Ho	w much do you earn monthly (Gro	oss)?	
List any other source(s) of inco	ome:	Amount:		
Does anyone help pay monthly	expenses? Yes No_	□ If so, who?		
Number of Dependants:	_Do you pay child support?	How muc	ch?	
Do you rent or own property? I	Rent Own	What is your monthly paymen	t?	
Do you have bank accounts? Y	es □ No □ Name	e of bank:		
Do you have a vehicle? (Make,	/Model/YR)			
Total Amount of monthly expe	enses:			
Do you have any pending crim	inal charges/traffic tickets? Ye	es No Total fines of	owed:	
Probation Officer is(supervised	l or un supervised):			
Have you been on a payment i	n the past? Yes No			
I SWEAR UNDER PENALTY TRUE AND CORRECT.	OF PERJURY THAT THE I	INFORMATION ON THIS FINA	NCIAL AFFIDAVIT IS	
Date:	_Signature:			
DOP.	Duivan's Liaansa Name	hor		

QUESTIONAIRE:

_ I am applying to have my driver's license back.
NOTE: This will require you to have automobile insurance and keep it
throughout the term of your payment agreement. Dropping your insurance will
be a reason for having your license re-suspended. 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:

1. ASSIGNMENT OF WAGES: at \$per month (MINIMUM MONTHLY PAYMENT is \$120.00). Please review your pay stubs. If you do not see deductions 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 328-5649 or emailing rhonda.blair@pottcounty-ia.gov
2. DIRECT PAYMENT at \$ per month
(MINIMUM MONTHLY PAYMENT is \$120.00) Applies only if you are self-employed- You will be required to provide your last year tax returns and 1099's. Unemployed or Worker's Compensation you
will be required to provide proof of this):
Payments are due by the last day of the month and payable to the Clerk of Court. You can
pay in the following ways:
1. Cash only in person;
2. Money Order;
3. Card; or
4. Check
5. Online at https://www.iowacourts.state.ia.us/ESAWebApp/EPayment/EPaymentSearchFrame
3. DIRECT PAYMENT at \$per month
(MINIMUM MONTHLY PAYMENT is \$60.00) Applies only if you are disabled or retired. You
will be required to provide proof of this
Payments are due by the last day of the month and payable to the Clerk of Court. You can
pay in the following ways:
1. Cash only in person;
2. Money Order;
3. Card; or
4. Check
5. Online at https://www.iowacourts.state.ia.us/ESAWebApp/EPayment/EPaymentSearchFrame

However, your first payment must be made at the Pottawattamie County Attorney's Office with a money order or check.

Any changes in employment or problems paying you should contact Rhonda Richardson Blair at 712-328-5649 or Rhonda.blair@pottcounty-ia.gov

VOLUNTARY WAGE ASSIGNMENT

Name:			
Address:			
Street	City	State	Zip
Phone: ()			
EM	PLOYMENT INFORMA	TION	
Employer:			
Address:			
Street	City	State	Zip
Phone: ()			
	WAGE INFORMATION	N	
I am assigning wages at the rate may deduct equal amounts from deducted per month equals the a	each paycheck I receive in a m		
The minimum deduction other arrangements must be a assignment will be written for	pproved by the County Attor	ney's office. NO w	vage
Signature		Date	
Signature		Date	