

PAYMENT PLAN APPLICATION

INSTRUCTIONS AND INFORMATION

1. You **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 can wrap into the payment plan.
4. The County Attorney's 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

Email address: _____

Do you have a job? Yes No How many hours per week do you work? _____

What is your job title/job duties? _____

Employers Name: _____

Employer Address: _____ (____)
Street City State Zip Phone

How long have you worked at present job? _____ How much do you earn monthly (Gross)? _____

List any other source(s) of income: _____ Amount: _____

Does anyone help pay monthly expenses? Yes _____ No _____ If so, who? _____

Number of Dependents: _____ Do you pay child support? _____ How much? _____

Do you rent or own property? Rent _____ Own _____ What is your monthly payment? _____

Do you have bank accounts? Yes _____ No _____ Name of bank: _____

Do you have a vehicle? (Make/Model/YR) _____

List any assets, i.e. cash, real estate, other: _____

Total Amount of monthly expenses: _____

Do you have any pending criminal charges/traffic tickets? Yes _____ No _____ Total fines owed: _____

My Probation Officer is: _____

I SWEAR UNDER PENALTY OF PERJURY THAT THE INFORMATION ON THIS FINANCIAL AFFIDAVIT IS TRUE AND CORRECT.

Date: _____ Signature: _____

DOB: _____ Driver's License Number: _____

QUESTIONNAIRE:

_____ 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:

1. ___ **PAY IN FULL:** Make check or money order to “**Clerk of Court**” for the total amount owed (contact Clerk of Court to obtain this information) and return payment to the Pottawattamie County Attorney’s office at the address below. You may also pay online. More information is available at <http://www.iowacourts.gov>.

2. ___ **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.com

3. ___ **DIRECT PAYMENT** (*only if you are self-employed, unemployed, or retired*): at **\$120.00** per month. Payments are due by the last day of the month and must be by check or money order, made payable to the Clerk of Court and sent to:

**Pottawattamie County Attorney’s Office
P.O. Box 0127
Council Bluffs, Iowa 51502-0127**

Or paid directly to the Clerk of Court on the third floor of the Courthouse; however, your first payment must be made at the Pottawattamie County Attorney’s Office.

If you will not be able to make the minimum payment and are requesting a lower monthly payment, please explain why. Your application will be reviewed by an assistant county attorney before your request for lower payments can be accepted.

I cannot make the minimum monthly payment because_____

I am requesting a minimum monthly payment of \$_____

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

VOLUNTARY WAGE ASSIGNMENT

Name: _____

Address: _____
Street City State Zip

Phone: (____) _____

EMPLOYER INFORMATION

Employer: _____

Address: _____
Street City State Zip

Phone: (____) _____

WAGE INFORMATION

I am assigning wages at the rate of \$_____ per month to the Clerk of Court. My employer may deduct equal amounts from each paycheck I receive in a month, as long as the total deducted per month equals the above stated amount.

The minimum deduction for wage assignments is \$120.00 monthly. Any other arrangements must be approved by the County Attorney's office.

Signature

Date