

DELINQUENT FINE PROGRAM:

The Cass County Attorney's office participates in the License Reinstatement Program (CAPP) and the Delinquent Fine Program. These programs enable a person to commit to a payment arrangement to enable them to become a licensed driver and to assist them in getting fines imposed by the courts repaid.

Contact Eva Jensen for more details. ejensen@casscoia.us

[Download the application here](#)

CASS 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/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? YES NO How much? \$ _____

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

Do you have a bank account(s)? YES NO Name of Bank(s)? _____

Do you have a vehicle(s)? (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: _____ (_____) Phone

EMAIL ADDRESS (optional) _____

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

Date: _____ Signature: _____

DOB: _____ Driver's License Number: _____