

CASS COUNTY ATTORNEY'S OFFICE

PAYMENT PLAN APPLICATION FINANCIAL AFFIDAVIT

Name (Print Clearly): _____

Address: _____
Street City State Zip

Phone: (_____) _____ (_____) _____ (_____) _____
Home Work Cell

E-mail Address: _____

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

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

Date: _____ Signature: _____

DOB: _____ SSN: _____ Driver's License Number: _____

VOLUNTARY WAGE ASSIGNMENT

Name: _____

Address: _____
Street City State Zip

Phone: (____) _____

EMPLOYMENT INFORMATION

Employer: _____

Address: _____
Street City State Zip

Phone: (____) _____

WAGE INFORMATION

The minimum deduction for wage assignments is \$100.00 monthly. Any other arrangements must be approved by the County Attorney's office. NO wage assignment will be written for less than One Hundred Dollars (\$100) monthly.

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.

Signature

Date

The State of Iowa procedure to intercept any state income tax refund due to Defendant, the State of Iowa procedure to intercept any vendor amounts due Defendant, or the clerk of court's ability to intercept monetary amounts held by the clerk of court and payable to Defendant based upon unpaid financial court ordered obligations are not affected by this payment plan/wage assignment.

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.