



PAYMENT PLAN APPLICATION



LICENSE REINSTATEMENT and COUNTY ATTORNEY PAYMENT PLANS WOODBURY COUNTY ATTORNEY'S OFFICE

INSTRUCTIONS AND INFORMATION

Complete the following pages and return to **Woodbury County Attorney's Office, 620 Douglas, Suite 401, Sioux City, Iowa 51101 or fax to (712) 279-6474:**

- Financial Affidavit
- Questionnaire regarding why you are applying for a payment plan – you must check all options that apply
- If applicable – Financial hardship
- Voluntary Wage Assignment-fill out only if you want payments to come directly out of your paychecks.

Please be advised, if your application is not filled out completely, it will not get processed. Your application will only be processed for the options you checked.

The County Attorney' Office will prepare the type of Payment Plan you request on the questionnaire page and mail a letter to the address you put on your application when your plan is ready to be signed. You will then need to contact the county attorney's office to set up an appointment. We will not meet with you without an appointment. At your appointment, you will need to bring the following:

- A copy of the letter that was sent to you.
- The initial payment amount as set out in your letter – to be paid to the clerk of court

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

Once your application has been approved, it will take approximately fourteen days after you sign the plan(s) to get your driver's license. You must contact the DOT. Upon entering into a payment plan, you would be eligible for a release (good for 10 days) to renew your vehicle registration.

You are required to get on a payment plan(s) for all your delinquent fines.

The County Attorney's office does NOT accept payments. You are REQUIRED to pay at the Clerk of Court. It is your responsibility to let the Clerk know you are paying on a county attorney payment plan and the specific case number(s) you are paying on. You must also provide proof of payment to the County Attorney's Office.

If you have any questions, call the County Attorney's Office at 712-279-6926.

APPLICANTS MUST MEET THE FOLLOWING CRITERIA TO QUALIFY:

If you have been previously revoked from any Woodbury County Attorney payment plan or have been noncompliant with any prior Woodbury County Attorney payment plans, it will be at the county attorney's discretion whether you are eligible for a new payment plan.

If you have pending criminal charges of an indictable nature, you may be denied from being approved for a payment plan until the pending charges have been resolved. This will be at the discretion of the county attorney.

If you have an active arrest warrant, you may be required to take care of that warrant prior to being approved for a payment plan.

All unpaid/delinquent fines must be at least thirty one (31) days past due and over \$300 to qualify for a monthly payment plan.

If you have any DOT Civil and/or Small Claims judgments, as a result of an auto accident, the county attorney payment plan will only help you lift the suspensions for delinquent fines.

If you have any DOT Civil penalties due to a charge of (1) operating a vehicle while intoxicated, or (2) failing to obtain/maintain financial liability coverage (auto insurance), you may need to pay that civil penalty directly to the DOT.

If any fines from another county or counties is suspending your driving privileges, you will need to inform the county attorney's office if you would like those fines included in a Woodbury County Attorney Driver's License Reinstatement payment plan. This will need to be approved by the other county or counties and the Woodbury County Attorney's Office.

You will be REQUIRED to make an initial payment at the time you sign the payment plan.

If you are trying to obtain a driver's license in another state and you wish to be on the driver's license reinstatement payment plan, you will be required to pay fifty (50) percent of your total delinquent fines as your initial payment.

If you are employed, you may be required to sign a Voluntary Wage Assignment before being approved for a payment plan.

Applications are processed in the order they are received. If you have not heard from us within 30 days, please contact the County Attorney's Office regarding the status of your application.

****** Acceptance or refusal into the Woodbury County Attorney's Office Driver's License Reinstatement Payment Plan or any other County Attorney Payment Plan is subject to the discretion of the Woodbury County Attorney's Office. ******

WOODBURY COUNTY ATTORNEY'S OFFICE
PAYMENT PLAN ASSISTANCE & LICENSE REINSTATEMENT
FINANCIAL AFFIDAVIT

IF APPLICATION IS NOT FILLED OUT COMPLETELY, IT WILL NOT BE PROCESSED

Name (Print Clearly): _____ SSN# _____

Address: _____
Street APT# 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 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 a vehicle? (Make/Model/YR) _____

Total Amount of monthly expenses: _____ Total fines currently owed: _____

Do you have pending criminal charges/traffic tickets? Yes No Pending charge _____

Currently on probation? Yes No My Probation Officer is: _____

Currently on a payment plan / voluntary wage assignment /garnishment for other delinquent fines (circle one)

If yes, what county? _____ What is monthly payment? _____

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

Please check at least one but make sure you check all that apply. We will only put you on the type of payment plan for the options you check below:

_____ My driver's license is/will be suspended. I am applying to have my driver's license reinstated.

NOTE: **This will require you to have automobile insurance. You must provide proof of insurance to the Woodbury County Attorney's office within 30 days of obtaining your driver's license.** 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 register a motor vehicle.

_____ I am applying to meet the requirement(s) for probation.

_____ I am applying for a payment plan to get my fines paid off. I do NOT need my driver's license reinstated and do NOT need a release so I can register my car.

Please check all that apply:

_____ I have previously made an application to get on a payment plan with the Woodbury County Attorney's Office on _____, 20_____

_____ I have previously been on a payment plan with the Woodbury County Attorney's Office.

_____ I have previously been revoked/Noncompliant with a Woodbury County Attorney Payment Plan

PAYMENT PLAN OPTIONS

If currently employed you may fill out the Voluntary Wage Assignment form (following page) and take to your employer for approval if you would like your payments automatically deducted from your paychecks.

Wage Assignment by my Employer (deduction from paychecks): Please review your pay stubs. If you are on a wage assignment and your deduction stops for any reason, you must continue to make the payments yourself. You must also notify the County Attorney's office by calling 712-279-6926. If payments are not received, you will be in noncompliance and your payment plan may be revoked.

If you choose not to be on a voluntary wage assignment (DO NOT fill out next page) and are approved for a payment plan, you must make the monthly payments yourself and provide proof of payment to the County Attorney's Office every month.

Payments are due by no later than the date set out in your payment plan and must be made to the Woodbury County Clerk of Court at the address below. The County Attorney's Office will **not** accept any payments.

**Woodbury County Clerk of Court
620 Douglas Street
Sioux City, IA 51101**

You may also pay online. More information is available at <http://www.iowacourts.gov> OR by contacting the clerk of court to pay by phone at: (712) 279-6624.

FINANCIAL HARDSHIP - Monthly payment amounts will be determined based on the amount of fines you owe. IF you are requesting a lower payment amount based on a claim of financial hardship please explain below. You will be required to provide proof of such hardship. Your application will be reviewed by an assistant county attorney before your request for lower payments can be accepted.

VOLUNTARY WAGE ASSIGNMENT

Fill out only if you want payments to be taken directly out of your paychecks.

Name: _____

Address: _____
Street City State Zip

Phone: (____) _____

EMPLOYMENT INFORMATION

Employer: _____

Address: _____
Street City State Zip

Phone: (____) _____

AGREEMENT OF EMPLOYER TO ACCEPT AND PAY:

_____ The employer listed above hereby agrees to accept and pay the above assignment or order according to its terms.

_____ The employer **WILL NOT** agree to accept this voluntary wage assignment.

Authorized signature from Employer

Job Title

Print Name: _____ Date: _____

WAGE INFORMATION (leave blank until payment plan application has been approved)

I am assigning wages at the rate of \$_____ per paycheck to the Woodbury County Clerk of Court. My employer may deduct the above amount from each paycheck I receive.

Signature (must be signed in front of a notary public)

Date

Subscribed and sworn to before me this _____ day of _____, 20____.

NOTARY PUBLIC