

Poweshiek County Attorney's Office
Fine Collection Financial Affidavit

Print Clearly

Name: _____ SS # _____

Address: _____
Street Apt # PO Box City State Zip

Phone: _____
Cell Home Work

Email: _____

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

Employer Name: _____

Employer Address: _____
Street City State Zip

How long have you worked at your 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 If yes, How much: \$ _____

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

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

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? Yes No If yes, where and what type of offense? _____

I CERTIFY UNDER PENALTY OF PERJURY THAT THE STATEMENTS I MAKE ON THIS FINANCIAL AFFIDAVIT ARE TRUE AND CORRECT.

DOB: _____ Driver's License (ID) Number & State: _____

Signature: _____ Date: _____

*You **MUST** notify our office **IMMEDIATELY** of any changes in address, phone number, and/or employment.*

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 or 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.

Make check or money order payable to **IOWA DISTRICT COURT**

Mail Check or Money Order to POWESHIEK COUNTY CLERK OF COURT, PO Box 218, Montezuma, IA 50171

Pay by phone: 515-348-4788

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

*** If you want a receipt, you MUST list an email address or enclose a SELF-ADDRESSED STAMPED envelope.**

PLEASE CHOOSE 1 OPTION

Option A – Assignment of Wages * Minimum: **\$100.00 monthly**

AMOUNT: \$ _____ **Circle One:** WEEKLY Every 2 WEEKS MONTHLY

EMPLOYER: _____

Employer ADDRESS: _____

Employer CITY, STATE, AND ZIP: _____

Employer PHONE: _____

SIGNATURE: _____

Date: _____

Option B - PAYMENT PLAN * Minimum: **\$100.00 monthly**

I will make a PAYMENT of \$ _____ on the _____ of each month until my case(s) are paid in full.

SIGNATURE: _____ Date: _____

* If you are on probation, or have a court ordered plan of payment on current case(s), your monthly plan of payment must be **NO** Less than that plan of payment.

Date: _____