

IN THE IOWA DISTRICT COURT FOR LYON COUNTY

STATE OF IOWA, PLAINTIFF, VS. _____, DEFENDANT.	CRIMINAL CASE NO. _____ _____ DRIVER'S LICENSE REINSTATEMENT AGREEMENT
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Plan of payment for _____(name), _____
(case number). I am aware that there may be additional fees, court costs, and driver's
license reinstatement fees added on at a later date. _____ initials.

CHOOSE ONLY ONE option below:

WAGE ASSIGNMENT BY MY EMPLOYER: Complete Request for Wage Assignment form to have your fines withheld from your paycheck (**minimum of \$50 per month**). **You are not eligible if you are unemployed.**

SELF-MADE MONTHLY PAYMENTS TO THE CLERK: I agree to pay \$_____ per month (**minimum of \$50 per month required unless prior arrangements have been made with the Lyon County Attorney's Office**). I agree to send my first payment by the ____ day of _____, 20_____.

Payments should be made out to the Lyon County Clerk of Court by one of the following ways: payment by phone (515-348-4788); payment by mail or in person (206 South Second Avenue, Suite 201, Rock Rapids, IA 51246); or payment online (www.iowacourts.gov). **Include case numbers on all payments to ensure proper credit.**

AUTOMATIC CREDIT/DEBIT CARD AUTHORIZATION: Complete Automatic Credit/Debit Card Authorization form to have your card automatically debited as indicated.

Failure to do so may result in the filing of a contempt of court charge. Under Iowa law, penalties for Contempt of Court include a county jail sentence not to exceed 180 days, a \$500.00 fine for each case, and additional court costs. If you are sanctioned by the Court for Contempt of Court, you are still required to pay the original amounts and any new amounts assessed by the Court.

IT IS YOUR RESPONSIBILITY TO:

- Contact the Lyon Co. Clerk of Court (712-472-8530 ext. 2) to verify the release of information to the Iowa DOT.
- Contact the Iowa DOT (1-800-532-1121) to verify your eligibility for a valid license.
- Notify the Lyon Co. Clerk of Court (712-472-8530 ext. 2) and the Lyon Co. Attorney's office (712-472-8542) of any change of address.

- Contact Julie at the Lyon Co. Attorney's Office (712-472-8542) regarding late payments.

BY SIGNING BELOW, I AGREE to make payments as I have indicated above until my financial obligations are paid in full. I acknowledge and understand:

- I will provide the Lyon Co. Attorney's Office with proof of current vehicle insurance within thirty days of today's date.
- This agreement will NOT prevent the offset of a tax refund and the offset of a tax refund will NOT replace the payments required by this agreement.

FAILURE TO DO SO:

- Will result in re-suspension of my license. If my license becomes re-suspended due to non-compliance with this payment plan, the case(s) listed in this DLRP will be ineligible to enter a new DLRP.
- I will be subject to further action such as registration privileges, contempt hearing, garnishment, and /or levy of personal property.

Defendant's Signature

Date

Street address

Current Cell Phone Number

City/State/Zip

Current Home Phone Number

Social Security number

By checking this box I agree to receive text messages from the Lyon County Attorney's Office (712-882-7650) and I understand that data and messaging rates may apply.

FINANCIAL AFFIDAVIT

Name (Print Clearly): _____

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? _____

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? _____ 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: _____

What is the name of your vehicle insurance provider and policy number : _____

Do you have any pending criminal charges? Yes No If yes, where and what type of offense? _____

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

Date: _____

Signature: _____

DOB: _____

Driver's License (ID) Number: _____