

PLAN OF PAYMENT

Defendant's Name: _____

Case Number(s): _____

Please mark ONLY ONE option below that you will be using to bring case(s) current:

- WAGE ASSIGNMENT BY MY EMPLOYER:** Complete Request for Wage Assignment form.

It must be a minimum of \$50 per month from your paychecks. If you are unemployed, a wage assignment is not possible.

- I WILL MAKE 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____, and will continue to make monthly payments until my financial obligations are paid in full.

Payments should be made out to the Lyon County Clerk of Court and can be cash (in person to Clerk of Court, 206 South Second Avenue, Suite 201, Rock Rapids, IA), money order, personal check, online at www.iowacourts.gov with a credit/debit card or over the phone with a debit/credit card by contacting the clerk of court at 515-348-4788. **Include case numbers on all payments to ensure proper credit.**

- AUTOMATIC CREDIT/DEBIT CARD AUTHORIZATION:** I would like my credit/debit card automatically debited each week/month. Complete the Credit Card Authorization Form.

State of Iowa procedures to intercept any State Income Tax Refund due the defendant based upon unpaid financial court-ordered obligations are not affected by this payment plan.

**** It will be your responsibility to notify our office immediately of any change in employment or address. You must also notify the Clerk of Court, of any address change. ****

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 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 accessed by the Court.

By signing below I am fully aware that I am entering into a payment plan contract with the Lyon County Attorney's Office.

Defendant's Signature

Date

Amy K. Oetken
Lyon County Attorney

Date

Current address:

Street

Home phone number

City/State/Zip

Cell phone number

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: _____