

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.

**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](http://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.

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.

Note: You need to contact Julie at the Lyon County Attorney's Office at 712-472-8545 when:

- You change jobs, addresses, or don't see money coming out of your check(s)
- You receive a letter in the mail in regards to your tickets/fine from Lyon County (please have letter in hand when you call, we will need information from the letter in order to help you).

**PLEASE BE AWARE** Even with a wage assignment, it is your responsibility to see that your court obligations are paid. Watch your paystubs. If deductions are not coming out of your paycheck within 2 pay periods after setting up a wage assignment or the deductions stop, you must contact your payroll office to see why, then notify our office. If your wage assignment does NOT pay, you will become delinquent and will be subject to further action, such as suspension of driving or registration privileges, contempt hearing, garnishment and/or levy of personal property. **ALL PAYMENTS SHALL BE MADE OUT TO: LYON COUNTY CLERK OF COURTS.**

**By signing below I am agreeing to make payments as I have indicated above. I acknowledge and understand that failure to pay the agreed upon amount every month on time will result in a re-suspension of my license and that if my license becomes suspended again due to non-compliance with this payment plan I will never again be able to do a DLRP on any of the cases listed in this DLRP. I acknowledge that I must provide the Lyon County Attorney's Office proof of current vehicle insurance within thirty days of my license being valid. I further acknowledge and understand that 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.**

*"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 courts ability to intercept monetary amounts held by the clerk and payable to the Defendant based upon unpaid financial court ordered obligations are not affected by this payment plan/wage assignment"*

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street address

\_\_\_\_\_  
Current Cell Phone Number

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Current Home Phone Number

\_\_\_\_\_  
Social Security 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 SATEMENTS I MAKE ON THIS FINANCIAL AFFICAVIT ARE TRUE AND CORRECT.**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

DOB: \_\_\_\_\_

Driver's License (ID) Number: \_\_\_\_\_