

**WASHINGTON COUNTY ATTORNEY'S OFFICE
FINANCIAL AFFIDAVIT**

NOTE: This financial affidavit MUST be returned regardless of the payment option you choose.

Name (print clearly): _____

Address: _____
Street Apt # City State Zip

Phone: _____ Email: _____
Home Cell

Do you have a job? Y/N How many hours per week do you work? _____

Employer Name: _____

Employer Address: _____
Street City State Zip Phone #

How long have you worked at present job? _____ How much are you paid monthly? _____

List any other source(s) of income: _____ Amount: _____

Does anyone help pay monthly expenses? Y/N 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: _____

Do you have any pending criminal charges? Y/N

Is your driver's license currently suspended? Y/N DL Number: _____

Have you received notice from the DOT stating you will be suspended? Y/N

If yes, what date will your license be suspended? _____

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

DOB: _____ **Social Security No:** _____

Date: _____ **Signature:** _____

PAYMENT OPTIONS

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

WAGE ASSIGNMENT. Complete Request for Wage Assignment form included in this packet and return it with this document to the Washington County Attorney's Office in the envelope provided. The wage assignment will be prepared by the County Attorney's Office and returned to you for signature. You **MUST** include a minimum payment of \$25 with the Request for Wage Assignment and Plan of Payment forms and wage assignment must be a minimum of \$25 per month from your paychecks. **If you are unemployed, a wage assignment is not possible.**

I AM NOT CURRENTLY EMPLOYED. Payments of no less than \$25 per month will be accepted until employed. Payments can be cash (paid in person to Clerk of Court, 224 Main Street, Washington, IA 52353), money order, personal check, or online at www.iowacourts.gov with a credit card. **Case numbers must be included on all payments to ensure proper credit.**

I AM CURRENTLY EMPLOYED but prefer not to enter into a Wage Assignment with my employer. I agree to pay \$ _____ per month (minimum of \$25 per month required). I agree to send my first payment by the ____ day of _____, 2025, and will continue to make monthly payments until my financial obligations are paid in full. **Payments should be made out to the Washington County Clerk of Court** and can be cash (paid in person to Clerk of Court, 224 Main Street, Washington, IA 52353), money order, personal check, or online at www.iowacourts.gov with a credit card. **Case numbers must be included on all payments to ensure proper credit.**

PAY IN FULL. Make check or money order payable to "Clerk of Court" for the full amount indicated above and return payment to the Clerk of Court, 224 Main Street, Washington, IA 52353. You may also pay this amount in full with a credit card by going to www.iowacourtsonline.org.

CREDIT/DEBIT CARD AUTHORIZATION. I would like my credit/debit card automatically debited each week/month. Complete the Credit Card Authorization Form included in this packet and return it with this document to the Washington County Attorney's Office in the envelope provided.

**** 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, *IN WRITING*, of any address change. ****

REQUEST FOR WAGE ASSIGNMENT

First Name _____ MI _____
Last Name _____
Previous Names (if any) _____
Social Security Number _____ Date of Birth _____
Physical Address **List mailing address also if different than physical address**
Street Address _____
City, State Zip _____
Home Phone _____ Cell Phone _____
Probation/Parole Officer (if any) _____

EMPLOYER INFORMATION

Employer _____
Street Address _____
City, State Zip _____
Phone _____
Number of hours worked per week _____ How often paid? _____ Hourly wage \$ _____

Standard deduction is \$25 weekly, \$50 bi-weekly, and \$100 monthly and will not be filed for less without prior approval.

I am assigning wages at the rate of \$ _____ per pay period (check one) weekly bi-weekly semi-monthly monthly.

No wage assignment is to be considered a change of a previous court order. No wage assignment will be written on a balance less than \$100. Reduced payment requests (minimum payment of \$25 total monthly) will only be given to those individuals who provide proof of income and required bills/support orders in their name.

SIGNATURE _____ **DATE** _____

- NOTE:** You need to contact the Washington County Attorney’s Office at 319-653-7746 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 Washington County (please have letter in hand when you call. We will need information from the letter in order to help you.
 -

Please be aware that 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 two 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.

CREDIT/DEBIT CARD AUTHORIZATION

I, _____, whose date of birth is _____ do hereby authorize the Washington County Attorney's office to charge my card as follows:

\$_____ Today.

Hereafter, charge/debit will be \$_____ **Weekly / Biweekly /
Semi-monthly / Monthly**

on **Tuesday, Wednesday, Thursday or Friday** of each **Week / Month** until paid in full.

Credit card Number: _____

Mastercard / Visa / Discover (circle one)

Three-digit code on back of card: _____

Expiration date: _____

Billing Address for Credit Card:

Your phone number: _____

I agree to receive text messages regarding my fine collections at this number

Your e-mail address: _____

(system will send you a receipt for payment)

Signature authorizing deductions

Date

****PLEASE NOTE: IF YOUR CARD EXPIRES OR IS CANCELLED, IT IS YOUR RESPONSIBILITY TO NOTIFY THIS OFFICE IMMEDIATELY TO AVOID FURTHER COURT ACTION AGAINST YOU****

TEXT AUTHORIZATION

Defendant's Signature

Date

Current address:

Street

City/State/Zip

Phone

I agree to receive text messages from the Washington County Attorney's Office regarding my fine payments

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.