SCOTT COUNTY ATTORNEY'S OFFICE DELINQUENT FINE COLLECTION

Scott County Courthouse 400 West Fourth Street Davenport, Iowa 52801-1104 Telephone: (563) 326-8235 Fax: (563) 326-8763



www.scottcountyiowa.gov

DRIVER'S LICENSE REINSTATEMENT PROGRAM

If your driver's license has been suspended for non-payment of fines, you MAY qualify for reinstatement if you:

- Complete the attached Financial Affidavit form;
- Enter into a wage assignment with the County Attorney's Office; and
- Meet the following criteria

Applicants must meet the following criteria to qualify:

- The Applicant's driver's license must be suspended for non-payment of Iowa fines.
 - If any out of state fines are holding up your driver's license, they cannot be added to the Scott County Attorney's License Reinstatement Program plan.
 - Any DOT and/or Small Claims judgments, as a result of an auto accident, <u>cannot</u> be added to the plan. They must be satisfied before admittance into the Program.
- Any Applicant who has pending criminal charges of an indictable nature will <u>not</u> be considered for the Program participation until the pending charges have been resolved.
- If your driver's license status is barred or revoked, you DO NOT qualify for the Program. The Applicant will have to contact the Department of Transportation to see if they are eligible for a work permit.
- Applicant will be required to obtain and maintain automobile insurance.
- Applicant must fill out the Financial Affidavit and Wage Assignment attached to this sheet. The Wage Assignment takes the funds directly from your paycheck each month.
- Applicant will be required to make the first payment at the time of admittance into the Program.

Once you have turned in the two forms to the County Attorney's Office, information will be obtained to see if you qualify for driver's license reinstatement. **WE WILL CONTACT YOU** after we obtain information from the Department of Transportation. **It may take up to 3 weeks**. If you qualify, we will contact you to set up an appointment. Please bring the following with you to your appointment at the County Attorney's Office:

- First payment (which will be determined by the County Attorney's Office)
- Valid form of identification
- Proof of insurance

Please note: If you owe money to the State of Iowa for fines, the Wage Assignment WILL be filed whether you have your driver's license reinstated or not.

Scott County Attorney's Office • License Reinstatement Program 400 W. 4th St. • Davenport, Iowa 52801 (563) 326-8235 http://www.scottcountyiowa.gov/attorney

CAPP FINANCIAL AFFIDAVIT

| · · / | First Name: | | Middle Initial |
|---|--|---------------------------------------|------------------|
| Social Security #: | DOB: / | | - |
| Address:Street | City | State | Zip |
| | | | - |
| Phone: (Home) | (Work) | (Cell) | |
| 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 much do you earn? | per hour / month / year (circ | le one) | |
| List any other sources of income here: | (including child support) | | |
| • | | | |
| | | | |
| Do you have bank accounts? [] Yes [Name and address of Financial Instituti |] No Checking (Current Balance) \$ | Savings (Cur | rent Balance) \$ |
| • | | Savings (Cur | rent Balance) \$ |
| Name and address of Financial Instituti | ion: | | rent Balance) \$ |
| Name and address of Financial Instituti Name List anything you own including cash, | Address | re than \$100. | |
| Name and address of Financial Instituti Name List anything you own including cash, | Address vehicles, real estate, or anything worth mo | re than \$100. | |
| Name and address of Financial Institution Name List anything you own including cash, List amounts you pay monthly for more | Address vehicles, real estate, or anything worth mo | re than \$100. upport, or any othe | r debts. |

Client's Signature: _____ Date: _____

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CREDIT / DEBIT CARD AUTHORIZATION FORM

| I, | , who's date of birth is |
|---|--|
| do hereby authorize the S | cott County Attorney's Office to charge my credit card as follows: |
| \$ toda | У |
| Hereafter, the charge (cre | dit or debit) will be \$ Weekly / Biweekly / Monthly (circle one) |
| On the | _ day of each Week / Month (circle one) until paid in full. |
| Credit / Debit Card Numl | per: |
| Expiration Date: | |
| Three Digit Code (on bac | k of card): |
| Billing Address For Card | : |
| Your Phone Number: Your Email Address: | |
| | (The system will send you a receipt for payment.) |