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.
 - o 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.
 - o 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

FINANCIAL AFFIDAVIT CAPP

Please complete form in its entirety before bringing to the County Attorney's Office.

Last Name: (Print)	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 y	ou work?	
Employer Name:			
Employer Address:			
Street	City	State	Zip
How much do you earn?	per hour / month / year (c	ircle one)	
List any other sources of income he	ere: (including child support)		
Do you have bank accounts? [] Y	es [] No Checking (Current Balance) \$	Savinos (Cur	rent Balance) \$
•		Suvings (Sur	· •··· · · · · · · · · · · · · · · · ·
Name and address of Financial Inst	itution:		
Name	Address		
List anything you own including ca	ash, vehicles, real estate, or anything worth	more than \$100.	
, ,,	, , , , , , , , , , , , , , , , , , , ,	·	
List amounts you pay monthly for a	mortgages, rent, car loans, credit cards, chil	d support, or any othe	r debts.
* You will be required to provide	our office with your two most recent che	eck stubs and valid I	D.
I CERTIEV UNDER PENALTV	OF PERJURY THAT THE STATEMEN	NTS I MAKE ON TI	HIS FINANCIAL
AFFIDAVIT ARE TRUE AND (
Client's Signature:		Γ	Oate:

Scott County Attorney's Office • Delinquent Fine Collection Program

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WAGE ASSIGNMENT CAPP

Last Name: (Print)	First N	First Name:	
Social Security #:	DOB: _	////	
Address:			
Street	City	State	Zip
Phone: (Home)	(Work)	(Cell)	
Email			
	EMPLOYMENT INFOR	MATION	
Employer:			
Address:			
Street	City	State	Zip
Phone:			
(PAYR)	WAGE INFORMATOLL DEDUCTIONS ARE BASED O		VEL)
TO	OTAL AMOUNT OWED \$	(office use only)	
	per (CIRCLE ONE) week ion for wage assignments is \$100.00 n		oay period.
	vill be written for less than Fifty Dolla vide <u>proof</u> of a 50% child support de		
Do you owe child support?	(Fill out below)	ture / date	
setting the rate of your payroll deduc	t is automatically deducted from your p ction for this order, please provide the fo weekly/ biweekly / monthly (c	ollowing information. At	
Please note: Tax offsets may still be	applied by the State, regardless of this	payment plan.	
Client's Signature:		Date:	·
	FIRST PAYMENT, A LETTER WILL ARE RESPONSIBLE FOR MAKING		

***ONCE YOU'VE MADE YOUR FIRST PAYMENT, A LETTER WILL GO TO YOUR EMPLOYER NOTIFYING THEM OF THE WAGE ASSIGNMENT. YOU ARE RESPONSIBLE FOR MAKING SURE YOUR EMPLOYER IS DEDUCTING THE PAYMENT FROM YOUR PAYCHECKS!

IF YOUR DRIVER'S LICENSE WILL BE REINSTATED DUE TO THIS WAGE ASSIGNMENT, WAIT 2 WEEKS AFTER FIRST PAYMENT AND THEN CALL THE DOT AT 386-1050 TO SEE IF THE SUSPENSION HAS BEEN LIFTED ON YOUR DRIVER'S LICENSE. IF THE DOT SAYS IT IS NOT, CALL THE COUNTY ATTORNEY'S OFFICE AT 326-8235.

YOU MUST STILL MAKE ALL OF YOUR COURT APPEARANCES OR RETURN TO COURT DATES, IF ANY, TO SHOW THE JUDGE YOUR DRIVER'S LICENSE.