

**Scott County Attorney's Office • Delinquent Fine Collection Program**

400 W. 4th St. • Davenport, Iowa 52801  
(563) 326-8235 <http://www.scottcountyiowa.com/attorney>

**VOLUNTARY PAYMENT PLAN**

Last Name: (Print) \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Defendant does knowingly and voluntarily enter in the following agreement with the Scott County Attorney's Office. The purpose of this agreement is to satisfy Defendant's obligations to the State without the need for further criminal charges or other sanctions.

TOTAL AMOUNT OWED \$ \_\_\_\_\_ (*office use only*)

1. Defendant will pay \$ \_\_\_\_\_ per (CIRCLE ONE) weekly / biweekly / monthly / pay period until the amount is paid in full.
2. Of the total amount due, \$ \_\_\_\_\_ is due to the Department of Transportation for civil penalty fees.
3. Defendant will make each payment to the Clerk of Court on or before the date on which the payment is due, which is the end of each month.
4. Defendant will indicate "909 payment" on the check or money order, make it payable to "Clerk Of Court" and mail or deliver to the Clerk of Court, 400 W. 4th St., Davenport, IA. 52801. You can also go to the Clerk's Office if paying with cash or a credit/debit card; please notify them it is a '909" payment.
5. If Defendant had a driver's license reinstated, the County Attorney will notify the Department of Transportation of the Defendant's failure to pay and Defendant's driver's license will be re-suspended and more fines will be assessed.
6. Defendant will keep the County Attorney's Office advised of his or her current address, phone number, and employment information.
7. Tax offsets may still be applied by the State, regardless of this payment plan.
8. Additional Terms: \_\_\_\_\_

I HAVE READ AND UNDERSTAND MY OBLIGATIONS UNDER THIS AGREEMENT. I DO HEREBY VOLUNTARILY AND KNOWINGLY AGREE TO ITS TERMS.

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*YOU MUST STILL MAKE ALL OF YOUR COURT APPEARANCES OR RETURN TO COURT DATES.**

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

Alma Bakoylis, Amy Wolfe or Designee  
Delinquent Fine Collection Division ♦ Scott County Attorney's Office