

**Poweshiek County Attorney's Office**  
**Fine Collection Financial Affidavit**

***Print Clearly***

Name: \_\_\_\_\_ SS # \_\_\_\_\_  
First Middle Last  
DOB: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt # PO Box City State Zip

Phone: \_\_\_\_\_  
Cell Home Work

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 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? \_\_\_\_\_

Do you have bank accounts? ☐ Yes ☐ No

Name & Address of Financial Institution: \_\_\_\_\_

List anything you own (worth more than \$100) including cash, vehicles, real estate, etc:

List amounts you pay monthly for mortgages, rent, car loans, credit cards, child support, etc :

Do you have any pending criminal charges? ☐ Yes ☐ No If yes, where and what type of offense?

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

Driver's License (ID) Number & State Issued In: \_\_\_\_\_

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

\*You **MUST** notify our office **IMMEDIATELY** of any changes in address, phone number, and/or employment. \*

# Assignment of Wages Authorization

\* Minimum: \$100.00 monthly

**Print Clearly**

AMOUNT: \$ \_\_\_\_\_

**Check One:** WEEKLY      Every 2 WEEKS      MONTHLY

**EMPLOYER:** \_\_\_\_\_

Employer ADDRESS: \_\_\_\_\_

Employer CITY, STATE, AND ZIP: \_\_\_\_\_

Employer PHONE: \_\_\_\_\_

***\*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 or court's ability to intercept monetary amounts held by the clerk of court and payable to Defendant based upon unpaid financial court ordered obligations are not affected by this payment plan/wage assignment.***

SIGNATURE: \_\_\_\_\_

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

***\*\*\* ONCE THIS AGREEMENT HAS BEEN APPROVED BY A JUDGE, A LETTER WILL BE MAILED 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 the first payment is deducted from your paycheck**, then call the IOWA DOT at 515-244-1052 to see if the suspension has been lifted on your driver's license. If the DOT says it is NOT, then call the County Attorney's office at 641-623-5135.