

MARSHALL COUNTY ATTORNEY

Plan of Payment Agreement

Name: _____ S.S. # _____
(First) (Middle) (last)

Previous Names: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Probation Officer: _____
(home) (cell)

EMPLOYMENT INFORMATION

Employed? yes no

Employer: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Full time: Part time Wage/hr _____

Other income source: _____

ALL PAYMENTS ARE DUE BY THE 15TH DAY OF EACH MONTH

Mail payments or deliver to: Marshall County Attorneys Office 1 E Main St., Marshalltown, IA 50158

Pay online at: www.iowacourts.gov

Pay with debit/credit card: (641) 754-1603 ext. 250

I agree to make payments at the rate of \$_____ per month (minimum \$50/mo). No voluntary plan of payment is to be considered a change of a previous court order. No voluntary payment plan will be written on a balance less than \$300.00

Signature _____ Date: _____

******* PRESENT DOT NOTICE OF SUSPENSION TO THE COUNTY ATTORNEYS OFFICE *******

NOTICE It is your responsibility to see that your court obligations are paid and your driver's license is valid. Upon entering into this plan of payment agreement you must make the payments as indicated above until your court obligation is paid in full. If you fail to maintain this plan of payment you will be subject to further action, such as suspension of driving privileges, contempt hearing, garnishment of wages. 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. Tax funds withheld by the State will reduce the amount owed but are not considered as payment toward this agreement. **Please contact County Attorney Collections Coordinator, Dawn Allison with any questions or concerns. (641-) 844-2757**