

MARSHALL COUNTY ATTORNEY
PLAN OF PAYMENT AGREEMENT

Full Name : _____

Previous Names (if any) _____

Social Sec. # _____ Date of Birth: _____

Physical Address **List Mailing Address also if different than Physical**
Address _____
City, State, Zip _____
PhoneHome _____ Cell _____
Probation Officer _____

EMPLOYMENT INFORMATION

Employer: _____

Address: _____

City, State, Zip _____

Phone: _____

Number of Hours worked per pay period _____ Hourly wage _____

10% OF TOTAL BALANCE OWED IS REQUIRED TO BEGIN THIS AGREEMENT

STANDARD PAYMENT IS \$25 WEEKLY, \$50 BIWEEKLY OR \$100 MONTHLY AND WILL NOT BE FILED FOR LESS WITHOUT PRIOR APPROVAL.

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

Payments mailed or delivered to: Marshall County Clerk of Court 17 E. Main St.
Marshalltown, IA 50158 or pay online at **www.iowacourtsonline.org**

I agree to make payments at the rate of \$ _____ per (select) ***weekly, biweekly or monthly basis***. 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 \$200.00.

SIGNATURE _____ DATE _____

PLEASE BE AWARE, it is your responsibility to see that your court obligations are paid. 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 or registration 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 Investigator Zuercher with any questions or concerns. (641) 844-2757*