MARSHALL COUNTY ATTORNEY'S OFFICE

Wage Assignment Agreement 1 East Main St., Marshalltown, IA 50158

Name:					S.S. #
-	(First)	(Middle)	(last)	_	
Previous	Names:				DOB:
A al al					
Address:					
City:			State:		Zip:
Phone: Probation Office (cell)					
•	(home)	(cell)			
		<u>EMPLOYMEN</u>	T INFORMATION	FOR WAGE ASSIGNEME	<u>NT</u>
Temp. agen	ncy? yes	□ no □ If yes, ple	ase provide agencie	es information below	
Employer:				Phone:	
Address:					
City:			State:		Zip:
	Full time:	☐ Part time	□ Wage/h	r	
STANDARD DEDUCTION IS \$25 WEEKLY, \$50 BIWEEKLY, \$50 SEMI-MONTHLY AND \$100 MONTHLY AND WILL NOT BE FILED FOR LESS WITHOUT PRIOR APPROVAL.					
No wage as		to be considered a cha		VEEKLY BIWEEKLY SEM ourt order. No wage assign	
	Signature			Date:	

Note: Please contact **Collections Coordinator**, **Dawn Allison at 641-844-2757** if: you change jobs, change addresses, don't see money coming out of your check(s) or receive a letter in the mail regarding your tickets/fines from Marshall County

NOTICE It is your responsibility to see that your court obligations are paid. Watch your pay stubs. If deductions are not coming out of your paycheck within 2 pay periods after setting up a wage assignment or the deductions stop, you must contact your payroll office to see why, then notify the County Attorney's Office. If your wage assignment does NOT pay, you will become delinquent and will be subject to further action, such as suspension of driving or registration privileges, contempt hearing and garnishment of wages. State of lowa 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