

MUSCATINE COUNTY ATTORNEY'S OFFICE

Fines Collection

Fax: 563-263-4944 Email: collections@muscatinecountyia.gov

Fill out applicable information to be enrolled in a payment plan. Print, Sign and Return.

Name: _____

Address: _____

DOB: _____

SSN: _____

Only physical signatures will be accepted

_____ Employed

Complete the following:

1. Employer Name - _____

a. Employed through a temp agency

_____ No _____ Yes

Name of Temp Agency employed through (if applicable):

2. Hourly Wage - \$.

3. Hours worked per week – _____

4. Pay Period Frequency (circle one): Weekly, Biweekly, Semi Monthly or Monthly

Payment amount will be calculated at a rate of 10% of wages. Please contact our office if you have child support or other garnishments that need to be accounted for.

_____ Unemployed

I agree to make payments in the amount of \$_____ /monthly. Payments will be made on or before the (circle one) 1st, 15th, or 25th of the month. **You must return your first payment with this agreement.**

*Payments may be made online (iowacourts.gov), via phone (515-348-4788), in person (Clerk of Court, First Floor of the Muscatine Courthouse), or by mail (Check or Money order made payable to Iowa District Court; 401 E Third St Muscatine, IA 52761).

Payments may be no lower than \$50.00/month

_____ I need a release to register my vehicle.

_____ I am interested in the license reinstatement (CAPP) program.

Signature _____

Date _____