

# Kossuth County Attorney Payment Plan Application

## Payment Plans (CAIP), License Reinstatement Plans (CAPP), & Wage Assignments

\*\*\*You **MUST** complete **EVERY** line. Write "N/A" on any line that does not apply to you. Call 515-295-9419 with questions.\*\*\*  
\*\*\* Incomplete applications will not be processed. False information will result in rejection of your application. \*\*\*

I want to... (Check all that apply.) ☐ get a driver's license ☐ register a vehicle ☐ pay fines I owe  
☐ enter into automatic payments/wage assignment

### Applicant Information (required):

Full Name (first, middle, last) \_\_\_\_\_ Date of Birth (DOB) \_\_\_\_\_  
Other Last Name(s) (court debt might be listed under) \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Email \_\_\_\_\_ Social Security # \_\_\_\_\_ Driver's License/ID # \_\_\_\_\_  
Phone (primary) \_\_\_\_\_ Phone (other) \_\_\_\_\_

### Employment Information (required):

- (Check only one.) ☐ employed ☐ on disability/SSI ☐ unemployed & not on disability or SSI
- ONLY complete if *employed* - complete the section below.  
Employer Name \_\_\_\_\_ Contact for human resource's person \_\_\_\_\_  
Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Employer Phone # \_\_\_\_\_  
How long have you worked there? \_\_\_\_\_ How much do you earn monthly? \_\_\_\_\_
  - ONLY complete if *on disability/SSI* - I receive the following amount of assistance monthly \_\_\_\_\_.
  - ONLY complete if *unemployed* - I have other income of \_\_\_\_\_.

### Household Information (required):

☐ Own ☐ Rent Landlord Name & Contact Information: \_\_\_\_\_ ☐ Homeless  
How long have you lived in your current home? \_\_\_\_\_ Significant Other(name and DOB) \_\_\_\_\_  
Dependents (name(s) and DOB(s)) \_\_\_\_\_

### Monthly Expenses (required):

<input type="checkbox"/> Utilities (heat, water, electricity) _____	<input type="checkbox"/> Clothing _____
<input type="checkbox"/> Food/Groceries _____	<input type="checkbox"/> Credit Card Payments _____
<input type="checkbox"/> Medical/Dental _____	<input type="checkbox"/> Telephone _____
<input type="checkbox"/> Cable/Satellite _____	<input type="checkbox"/> Internet _____
<input type="checkbox"/> Insurance (health, car, home) _____	<input type="checkbox"/> Child Care _____
<input type="checkbox"/> Gas _____	<input type="checkbox"/> Loan Payments _____
<input type="checkbox"/> Rent/Mortgage _____	<input type="checkbox"/> Car Payment _____
<input type="checkbox"/> Other (itemize) _____	

### Financial Assistance Received (required):

<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
<input type="checkbox"/>	<input type="checkbox"/> Food Assistance _____	<input type="checkbox"/>	<input type="checkbox"/> FIP _____
<input type="checkbox"/>	<input type="checkbox"/> HUD _____	<input type="checkbox"/>	<input type="checkbox"/> County Social Services _____
<input type="checkbox"/>	<input type="checkbox"/> General Assistance _____	<input type="checkbox"/>	<input type="checkbox"/> Energy Assistance _____

### Other Information (check the boxes that apply)

☐ Not applicable ☐ Unknown

☐ I have criminal charges pending (provide the information below.)  
Locations (county, state) of charges \_\_\_\_\_

☐ I am on probation or parole... (provide the information below.)  
County, State \_\_\_\_\_ Probation Officer Name \_\_\_\_\_

**Payment Amounts (required):** A down payment (10% of the amount of fines owed) may be required based upon amounts owed and what program you are entering into with our office.

☐ The minimum payment is \$50 per month, if you can pay more what total are you able to pay \$ \_\_\_\_\_

**Other Court Debt (required):** In what other Iowa counties do you owe money for criminal court cases? \_\_\_\_\_  
\_\_\_\_\_

The following individual can confirm my ability and willingness to participate in this program and make payments. If I am unable to be contacted, I understand the Kossuth County Attorney’s Office may attempt to reach me via this individual (Required).

- Reference Name \_\_\_\_\_ Phone \_\_\_\_\_
- Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip Code \_\_\_\_\_
- Relationship to you \_\_\_\_\_

I have read and completed all fields that apply to me. I submit the above information and promise that it is true and correct. I understand admission to the program is not guaranteed and is based on the discretion of the Kossuth County Attorney’s Office.

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