Scott County Attorney's Office • Delinquent Fine Collection Program

400 W. 4th St. • Davenport, Iowa 52801 (563) 326-8235 http://www.scottcountyiowa.gov/attorney

VOLUNTARY PAYMENT PLAN SC FINES

Last Name: (Print)		First Name:		Middle Initial:		
Social	Security #:	DOB:	//			
Addres	ss:					
	Street	City	State	Zip		
Phone:	(Home)	(Work)	(Cell)			
Email _						
purpos		rily enter in the following agreement volefendant's obligations to the State wi				
	TOTAL A	MOUNT OWED \$	(office use only)			
1.	Defendant will pay \$is paid in full.	per (CIRCLE ONE) weekly / bi	weekly / monthly / pay	period until the amount		
2.	Of the total amount due, \$is due to the Department of Transportation for civil penalty fees.					
3.	Defendant will make each payment to the Clerk of Court on or before the date on which the payment is due, which is the end of each month.					
4.	Defendant will indicate "909 payment" on the check or money order, make it payable to "Clerk Of Court" and mail or deliver to the Clerk of Court, 400 W. 4th St., Davenport, IA. 52801. You can also go to the Clerk's Office if paying with cash or a credit/debit card; please notify them it is a '909" payment.					
5.		If Defendant had a driver's license reinstated, the County Attorney will notify the Department of Transportation of the Defendant's failure to pay and Defendant's driver's license will be re-suspended and more fines will be assessed. Defendant will keep the County Attorney's Office advised of his or her current address, phone number, and employment information.				
6.	Defendant will keep the Count employment information.					
7.	Tax offsets may still be applied by the State, regardless of this payment plan.					
8.	Additional Terms:					
	E READ AND UNDERSTAND NTARYILY AND KNOWLING	MY OBLIGATIONS UNDER THIS SLY AGREE TO ITS TERMS.	AGREEMENT. I DO	HEREBY		
Client'	s Signature:		Γ	Oate:		
***YO	DU MUST STILL MAKE ALL	OF YOUR COURT APPEARANC	ES OR RETURN TO	COURT DATES.		
		Δ	Date:			
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Alma Bakoylis, Amy Wolfe or Designee
Delinquent Fine Collection Division • Scott County Attorney's Office

SCOTT COUNTY ATTORNEY'S OFFICE DELINQUENT FINE COLLECTION

Scott County Courthouse 400 West Fourth Street Davenport, Iowa 52801-1104 Telephone: (563) 326-8235

Fax: (563) 326-8763



www.scottcountyiowa.gov

CREDIT / DEBIT CARD AUTHORIZATION FORM

I,	, who's date of birth is			
do hereby authorize the	Scott County Attorney's Offic	e to charge my credit card as follows:		
\$ tod	ay			
Hereafter, the charge (cr	redit or debit) will be \$	Weekly / Biweekly / Monthly (circle one)		
On the	day of each Week / Month (circle one) until paid in full.		
Credit / Debit Card Num	nber:			
Three Digit Code (on ba	ck of card):			
Billing Address For Care				
Your Phone Number:				
Your Email Address:				
Tour Email Fluoress.	(The system will send you a			

Signature Authorizing Credit / Debit Payment

Date