

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 **LIFT**

Last Name: (Print) _____ First Name: _____ Middle Initial: _____

Social Security #: _____ - _____ - _____ DOB: _____ / _____ / _____

Address: _____
Street City State Zip

Phone: (Home) _____ (Work) _____ (Cell) _____

Email _____

Defendant does knowingly and voluntarily enter in the following agreement with the Scott County Attorney's Office. The purpose of this agreement is to satisfy Defendant's obligations to the State without the need for further criminal charges or other sanctions.

TOTAL AMOUNT OWED \$ _____ (*office use only*)

1. Defendant will pay \$ _____ per (CIRCLE ONE) weekly / biweekly / monthly / pay period until the amount is paid in full.
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.
6. Defendant will keep the County Attorney's Office advised of his or her current address, phone number, and employment information.
7. Tax offsets may still be applied by the State, regardless of this payment plan.
8. Additional Terms: _____

I HAVE READ AND UNDERSTAND MY OBLIGATIONS UNDER THIS AGREEMENT. I DO HEREBY VOLUNTARILY AND KNOWINGLY AGREE TO ITS TERMS.

Client's Signature: _____ Date: _____

*****YOU MUST STILL MAKE ALL OF YOUR COURT APPEARANCES OR RETURN TO COURT DATES.**

_____ Date: _____

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 Office to charge my credit card as follows:

\$ _____ today

Hereafter, the charge (credit 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 Number: _____

Expiration Date: _____

Three Digit Code (on back of card): _____

Billing Address For Card: _____

Your Phone Number: _____

Your Email Address: _____

(The system will send you a receipt for payment.)

Signature Authorizing Credit / Debit Payment

Date