## Scott County Attorney's Office • Delinquent Fine Collection Program

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

## WAGE ASSIGNMENT LIFT

Last Name: (Print)	First Name:		Middle Initial:	
Social Security #:	DOB:	DOB://		
Address:				
Street	City	State	Zip	
Phone: (Home)	(Work)	(Cell)		
Email				
	EMPLOYMENT INFOR	MATION		
Employer:				
Address:				
Street	City	State	Zip	
Phone:				
(PAYR	WAGE INFORMAT OLL DEDUCTIONS ARE BASED O		VEL)	
T	OTAL AMOUNT OWED \$	(office use only)		
	per (CIRCLE ONE) weekl ion for wage assignments is \$100.00 m		ay period.	
	vill be written for less than Fifty Dolla ovide <u>proof</u> of a 50% child support dec			
Do you owe child support?	s (Fill out below)    No, skip to signat	ure / date		
setting the rate of your payroll dedu	at is automatically deducted from your paction for this order, please provide the formula weekly/ biweekly / monthly (c	ollowing information. At		
Please note: Tax offsets may still be	e applied by the State, regardless of this	payment plan.		
Client's Signature:		Date:		
***ONCE YOU'VE MADE YOUR	R FIRST PAYMENT, A LETTER WILL	GO TO YOUR EMPLO	YER NOTIFYING THEM OF	
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\*\*\*ONCE YOU'VE MADE YOUR FIRST PAYMENT, A LETTER WILL GO TO YOUR EMPLOYER NOTIFYING THEM OF THE WAGE ASSIGNMENT. YOU ARE RESPONSIBLE FOR MAKING SURE YOUR EMPLOYER IS DEDUCTING THE PAYMENT FROM YOUR PAYCHECKS!

IF YOUR DRIVER'S LICENSE WILL BE REINSTATED DUE TO THIS WAGE ASSIGNMENT, WAIT 2 WEEKS AFTER FIRST PAYMENT AND THEN CALL THE DOT AT 386-1050 TO SEE IF THE SUSPENSION HAS BEEN LIFTED ON YOUR DRIVER'S LICENSE. IF THE DOT SAYS IT IS NOT, CALL THE COUNTY ATTORNEY'S OFFICE AT 326-8235.

YOU MUST STILL MAKE ALL OF YOUR COURT APPEARANCES OR RETURN TO COURT DATES, IF ANY, TO SHOW THE JUDGE YOUR DRIVER'S LICENSE.