MARSHALL COUNTY ATTORNEY
Payment Agreement

PERSONAL INFORMATION

Name
_____S.S.#_____
First Middle Last

Previous First and Last Names_____Date of Birth_____

Mailing Address_____

City_____State_____Zip Code_____

Phone_____Email_____
_____

EMPLOYMENT and INCOME INFORMATION

Employed? Yes □ No □ (If "No," Skip to "Other income source")

Employer_____Phone_____
____

Address_____City_____State_____Zip Code_____

Full time □ Part time □ Wage/Hr $_____

Other income source_____Amount $_____

OPTIONS to MAKE MONTHLY PAYMENTS and PAYMENT AGREEMENT

Mail or deliver payments to: Marshall County Clerk of Court, 1 E Main St., Marshalltown, IA 50158
Pay Online: www.iowacourts.gov
Call (Pay with debit/credit card): (641) 754-1603 Option 1

FIRST PAYMENT DUE IMMEDIATELY, FUTURE PAYMENTS DUE BY THE END OF EVERY MONTH

I agree to make payments at the rate of $_____ per month (minimum $50/mo).

No payment agreement is to be considered a change of a previous court order
No voluntary payment plan will be written on a balance of less than $200.00

Signature_____Date_____

_____

* * * Present DOT Notice of Suspension to the County Attorney's Office * * *

NOTICE: It is your responsibility to see that your court obligations are paid and that your driver's license is valid. Upon entering into this plan of payment agreement you must make the payments as indicated above until your court obligation is paid in full. If you fail to maintain this plan of payment you will be subject to further action, such as suspension of driving privileges, contempt hearing, garnishment of wages. State of Iowa procedures to intercept any State Income Tax Refund due to the defendant based upon unpaid financial court ordered obligations, are not affected by this payment plan. Tax funds withheld by the State will reduce the amount owed but are NOT considered as payment toward this agreement. Contact Juana, Collections Coordinator, with any questions or concerns at (641-) 844-2757