

JOHNSON COUNTY ATTORNEY'S OFFICE - FINANCIAL STATEMENT

500 S. Clinton St., Ste. 400, Iowa City, IA 52240

Tel. (319) 339-6100 Fax (319) 339-6149

jcaocollect@co.johnson.ia.us. Secure email available at www.johnson-county.com.

Name: _____ DOB _____

Other names you may have tickets under: _____

I want to: ___ Get a driver's license/permit; ___ Register a vehicle; ___ Discharge probation

Household Information: How many people live with you? ___ Does a spouse live with you? Yes / No

Income (monthly): Tell us about **your** income.

wages \$ _____ tips \$ _____ disability \$ _____
unemployment \$ _____ child support \$ _____ SNAP, housing or other assistance \$ _____
Does anyone else in the household have income? Yes / No

Expenses (monthly): Include things **you** pay for. **Do not include** things paid for by roommates/spouse.

housing \$ _____ food \$ _____ car payment \$ _____ medical/dental \$ _____
utilities \$ _____ clothes \$ _____ child support \$ _____ other \$ _____

For all pay plans:

How much can you **reliably** afford to pay on a monthly basis? \$ _____

License and registration plans require a down payment.

How much do you have to start this plan? \$ _____

Tell us when that will be available: _____

Contact Info:

Street address: _____

Apt/Unit number: _____

PO Box: _____

City: _____ State: _____ Zip _____

Mailing address (if different): _____

Phone: (____) _____ - _____ Alternate phone (____) _____ - _____

Email: _____

We will likely respond to your email. Please watch your account.

Employer(s): _____

(contact person, business name, phone, address including city)

Explain deadlines or special circumstances on the back or on a separate sheet/email.

We may not be able to meet your deadline.

RETURN THIS FORM WITH COPIES OF YOUR TWO MOST RECENT PAY STUBS OR PROOF OF DISABILITY.

Sign here: _____

Today's date: _____