

JOHNSON COUNTY ATTORNEY COLLECTIONS FINANCIAL STATEMENT

Name:

Date of birth

I want to:

Get a driver's
license/permit
Register a vehicle

Discharge probation
Pay everything I owe

Household Information:

How many
people live with
you?

Does a spouse live with you?

Expenses (monthly):

List only expenses YOU pay. If you split expenses with a roommate, list only your share.

Rent

Child Support

Food

Clothes

Medical/Dental

Car payment

Telephone

Television

Electric

Gas

Water

Internet

Other
payments
(amount and
describe)

DEADLINES OR SPECIAL CIRCUMSTANCES:

Name

Income:

Employer
(yours)

Employer
address

Employer
phone

Gross (total)
pay

Net (take home)

Unemployment

Disability

Housing
assistance

Child support

(list amount actually received)

Other income

(SNAP, WIC, any other assistance or payments)

Spouse's
monthly income

Assets:

Savings/
checking accts:

Bank/city

Vehicles (year/
make model)

Contact information:

Street address

Apt/Unit

Mailing address

City

State

Zip Code

email

phone

other phone

Today's date:

RETURN THIS FORM AND ATTACH OR MAIL COPIES OF YOUR TWO MOST RECENT PAY STUBS OR PROOF OF DISABILITY.

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see the bottom of our web page for secure email information.