



Cerro Gordo County Attorney Fine Recovery and License Reinstatement Program

You **MUST** complete **EVERY** line. Write "N/A" on any line that does not apply to you. Incomplete applications will not be processed. False information will result in rejection of your application. Call 641-421-3111 with questions.

I want to... (Check all that apply.) get a driver's license register a vehicle discharge probation pay fines I owe

Applicant Information (required)

Full Name _____ Other Last Names _____
Address _____ City, State _____ Zip Code _____
How long have you lived there? _____ Email _____
Social Security # _____ Date of Birth _____ Driver's License/ID # _____
Phone (primary) _____ Phone (other) _____

Employment Information (required)

I am... (Check only one.) employed on disability/SSI unemployed and not on disability or SSI

- ONLY complete if *unemployed* - I have other income of _____.
- ONLY complete if *on disability/SSI* - I receive the following amount of assistance monthly _____.
- ONLY complete if *employed* - complete the section below.
 Employer Name _____ Contact Person/Supervisor _____
 Address _____ City, State _____ Zip Code _____
 How long have you worked there? _____
 Employer Phone _____ How much do you earn monthly? _____

Other Information (required)

- I do not have any criminal charges pending
- I do have criminal charges pending... (Please provide the information below.)
 Locations (county, state) of charges _____
- I am not currently on probation or parole.
- I am on probation or parole... (Please provide the information below.)
 County, State _____ Probation Officer Name _____

The following individual can confirm my ability and willingness to participate in this program and make payments. If I am unable to be contacted, I understand the Cerro Gordo County Attorney's Office may attempt to reach me via this individual.

- Reference Name _____ Phone _____
- Address _____ City, State _____ Zip Code _____
- Relationship to you _____

Applicant Statement (optional)

I would like to submit the following additional information or special circumstances in support of my application: _____

I have read and completed all fields that apply to me. I submit the above information and promise that it is true and correct. I understand admission to the program is not guaranteed and is based on the discretion of the Cerro Gordo County Attorney's Office.

Signature _____ Date _____



Cerro Gordo County Attorney Fine Recovery and License Reinstatement Program

Applicant provided: two recent pay stubs proof of disability/SSI payments
none of the above proof of other income _____

Confirm Applicant Information

Full Name _____ Driver's License # _____
Address _____
Social Security # _____ Date of Birth _____ Email _____
Phone (primary) _____ Phone (other) _____

Household Information

Spouse/Other Adult _____ Date of Birth _____
Employer _____ Income _____
Other Adult _____ Date of Birth _____
Employer _____ Income _____
Child (only if living with you) _____ Date of Birth _____
Child (only if living with you) _____ Date of Birth _____
Child (only if living with you) _____ Date of Birth _____
Child (only if living with you) _____ Date of Birth _____

Monthly Expenses

Utilities (heat, water, electricity) _____ Clothing _____
 Food/Groceries _____ Credit Card Payments _____
 Medical/Dental _____ Telephone _____
 Cable/Satellite _____ Internet _____
 Insurance (health, car, home) _____ Child Care _____
 Gas _____ Loan Payments _____
 Rent/Mortgage (circle one) _____ Car Payment _____
• Landlord Name & Contact Information (if renting) _____
 Other (itemize) _____

Assets

Vehicles (make, model, and value of each) _____
 Checking/Savings Accounts (total balance) _____
 Other (itemize) _____

Financial Assistance Received

Food Assistance _____ FIP _____
 HUD _____ County Social Services _____
 General Assistance _____ Energy Assistance _____
 Other Agencies (Crisis Intervention, Salvation Army, Community Action, etc.) _____

I have read and completed all fields that apply to me. I submit the above information and promise that it is true and correct. I understand admission to the program is not guaranteed and is based on the discretion of the Cerro Gordo County Attorney's Office.

Signature _____ Date _____

Subscribed and sworn to me this _____ day of _____, _____.

Notary Public in and for the State of Iowa