

**PLAN OF PAYMENT**  
(IF UNEMPLOYED OR SELF EMPLOYED ONLY)

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**PERSONAL INFORMATION**

Today's Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Social Sec. #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Street \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone: \_\_\_\_\_  
Home Work Cell

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If you have a child support order and you would like it considered for purposes of setting the rate of your payment plan, please provide the following information. At what rate is your child support paid?

\_\_\_\_\_ % (or) \$\_\_\_\_\_ weekly / biweekly / semi-monthly / monthly (circle one).

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**If you wish to add case numbers to an existing plan of payment, please list the case numbers here.** \_\_\_\_\_

**Adding these cases will increase my payments by \$\_\_\_\_\_ weekly/biweekly/monthly**

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**VOLUNTARY PAYMENTS**

I agree to make payments in the amount of \$\_\_\_\_\_ today. Thereafter, \$\_\_\_\_\_ payments will be made **weekly/biweekly/monthly (circle one)**. Payments will be made on or before the \_\_\_\_\_ day of each week/month. I also agree that I will initiate an Assignment of Wages immediately once I become employed. **PLEASE NOTE: Under Iowa Court Rule Chapter 26.2(6)(c), payments cannot be lower than Fifty Dollars (\$50) monthly.**

Additionally, State of Iowa procedures to intercept any State Income Tax Refund due the defendant based upon unpaid financial court ordered obligations are not affected by this payment plan.

SIGNATURE \_\_\_\_\_ date \_\_\_\_\_