



APPLICATION FOR STAY OF SUSPENSION FOR INABILITY TO PAY FINE, PENALTY, SURCHARGE OR COURT COSTS

Total amount of fine, penalty, surcharge or court costs owed \$

All of the information is required. Failure to complete the form in its entirety will be considered an ability to pay.

I, _____, state that I have been notified by the Clerk of

District Court for _____ County that my motor vehicle license will be suspended pursuant to Iowa Code Section 321.210A for failure to pay fine, penalty, surcharge or court costs. I am unable to pay this amount. The following financial statement is submitted in support of my application for a stay of license suspension for inability to pay the fine, penalty, surcharge or court costs.

Please type or print clearly. Attach additional sheets if necessary.

PERSONAL INFORMATION

Name	Last	First	Middle	Date of Birth	Driver License Number
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Address	City	State	Zip Code
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Marital Status	Name of Husband/Wife
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	

Do you live with your husband/wife?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, length of physical separation from husband/wife?
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Total Number of Dependents	Name and Age of Dependents
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EMPLOYMENT

Present Employer	Job Title
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Address	How long have you worked here?
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Former Employer (if present employment is less than two years)	Job Title
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Address

INCOME

Weekly take-home (net) earnings	Weekly total (gross) earnings	Total (gross) earnings for past 12 months
\$	\$	\$

List all sources of income, in your name, name of husband/wife or jointly shared with another. Include any additional salary (net wages) not included above, pensions, bonds, stocks, securities, private business, farming, insurance, retirement benefits, social security benefits, lawsuits or settlements and any other type of income.

Source	Amount	Source	Amount
	\$		\$
	\$		\$
	\$		\$

List all sources of public assistance, if any, in your name, name of husband/wife or jointly shared with another. Include ADC, unemployment compensation, welfare relief, heating assistance, food stamps, etc.

Source	Amount	Source	Amount
	\$		\$
	\$		\$
	\$		\$

ASSETS

Name of Bank, Credit Union or Savings and Loan	Name of Additional Bank, Credit Union or Savings and Loan
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Address	Address
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Balance in your personal account	\$	Balance in your personal account	\$
Balance in your husband or wife's account	\$	Balance in your husband or wife's account	\$
Balance in your joint account with husband/wife	\$	Balance in your joint account with husband/wife	\$
Balance in your joint account with any other person(s)	\$	Balance in your joint account with any other person(s)	\$

Are you now in jail? Yes No If yes, do you have a job to go to? Yes No If so, where and at what wages? _____

Real estate owned in your name, name of husband/wife or jointly owned with another. Describe _____

Primary Motor Vehicle		Second Motor Vehicle	
Make	Year	Make	Year
Present value	Amount owed	Present value	Amount owed
Registered or titled in <input type="checkbox"/> my name <input type="checkbox"/> Jointly with husband/wife <input type="checkbox"/> Jointly with another		Registered or titled in <input type="checkbox"/> my name <input type="checkbox"/> Jointly with husband/wife <input type="checkbox"/> Jointly with another	

Other assets in your name, name of husband/wife or jointly shared with another. Include valuable household goods (TV, stereo, furniture, etc.), recreational vehicles, trust funds, notes, bonds, stocks, saving certificates, life insurance, other.

Type of Asset	Value	Type of Asset	Value
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

Does anyone owe you money or have property belonging to you? Yes No If yes, give details. _____

Do you have a judgment against anyone? Yes No If yes, give name, date, court and amount. _____

Are you a beneficiary or heir in an estate of a deceased person? Yes No

EXPENSES

Average monthly living expense (clothing, food, housing, transportation, other) \$	Does any person pay all or any portion of these expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, who pays these costs and how much do they contribute?

DEBTS

List all debts or unpaid bills. Include money owed for such things as housing, food, clothing, transportation (car, gas), utilities, medical and dental services and other items. Be specific.

Debt	Amount	Debt	Amount
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

I certify pursuant to the laws of the State of Iowa that the foregoing statements are true and correct to the best of my knowledge, and are made in support of my application for stay of suspension for inability to pay fine, penalty, surcharge or court costs.

Signature _____ Date _____

Send the completed application to the Iowa Department of Transportation, Office of Driver Services, P.O. Box 9204, Des Moines, IA 50306-9204.

The information furnished on this form will be used by the Department of Transportation to determine ability to pay fine, penalty, surcharge or court costs. All of the information is required. Failure to complete the form in its entirety will be considered an ability to pay.

DOT USE ONLY

I have reviewed this application and have concluded that the application should be accepted application should be denied

Signature _____ Title _____ Date _____