

In the Iowa District Court for _____ County

State of Iowa or)	No. _____
_____,)	
Plaintiff/Petitioner,)	Financial Affidavit and
vs.)	Request for Reasonable Ability
_____,)	to Pay Determination for
Defendant/Respondent.)	Category B Restitution
)	

Clerk: Set document security at level # 1

In support of my request for a determination of my reasonable ability to pay Category B restitution ordered in this case, and under penalty of perjury, I provide as follows:

1. My date of birth is: _____

2. Do you have prior convictions, in Iowa or elsewhere, that required you to pay any fines, penalties, victim restitution, or other monetary amounts that you have not paid in full? ☐ Yes ☐ No.

If yes, what is the total amount that is unpaid? If you have a payment plan set up with the court, what are your monthly payments?

3. Total amount of restitution owed in this case, if any has been ordered:

4. What is your highest level of education obtained (high school, GED, bachelor's degree, etc.)?

5. Are you employed? ☐ Yes ☐ No.

If yes, name of employer and date employment began:

Continued on next page

6. Do you work less than full-time, such as part-time or seasonal? ☐ Yes ☐ No.

If yes, hours per week or months per year you work:

7. How much is your current take-home pay? _____
per ☐ hour ☐ month ☐ year.

8. List all other money you have coming (social security, SSI, unemployment, etc.):

9. List amounts you owe monthly, including mortgages, rent, car loans, credit cards, utilities, child support, court debt, and any other debts:

10. List your other monthly expenses, including child care, school expenses, medical expenses, food, clothing, transportation, etc.

11. How many dependents or family members are supported by or live with you?

12. Do you have any unpaid judgments against you? ☐ Yes ☐ No.

If yes, how much is owed?

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13. Are your wages being garnished? ☐ Yes ☐ No.

If yes, how much is garnished from each check and how often are you paid?

14. List what you own, including cash, money in banks or other financial institutions, stocks, bonds, cars, trucks, other vehicles, land, houses, buildings, interests in a business, or anything else worth more than \$100:

15. List balance of all outstanding debts you have, identifying the amount of any liens on your property for the debt (for example, mortgage debt with lien on house, bank loan with lien on vehicle, etc.):

16. Do you expect to receive any property or money in the near future, such as inheritance, gifts, etc? ☐ Yes ☐ No.

If so, identify the source and list its expected value.

17. Describe any other personal or family circumstances, including physical or mental health issues, that affect your ability to repay the restitution ordered in this case:

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- 18.** List any additional information you think is important for the court to know in determining your ability to pay the Category B restitution ordered in this case.

You may attach to this form any additional information to support your request.

By making this financial affidavit, I am asking the court to determine that I am not able to reasonably make payments toward the full amount of Category B restitution ordered in this case. I understand that if I fail to complete a financial affidavit, I waive any claim regarding my reasonable ability to pay.

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Attorney Help

- A. ☐ An attorney did not help me prepare or fill in this Financial Affidavit.
B. ☐ An attorney helped me prepare or fill in this Financial Affidavit.

If you check B, you must fill in the following information:

Name of attorney or organization, if any

Business address of attorney or organization

City

State

ZIP code

(_____)_____
Phone number

Fax number

Email address

Additional email address, if applicable

Oath and signature

I, _____, have read this financial affidavit, and I
Print your full name: first, middle, last

certify under penalty of perjury and pursuant to the laws of the State of Iowa
that the information I have provided in this financial affidavit is complete, true,
and correct to the best of my knowledge.

*Defendant's signature**

Mailing address

City

State

ZIP code

(_____)_____
Phone number

Fax number, if applicable

Email address

Additional email address, if applicable

** You must handwrite your signature on this form, scan it, and then file electronically.*