

## LICENSE REINSTATEMENT PROGRAM / CAPP

This program is for those individuals whose license is suspended due to non-payment of Iowa fines. If you are revoked or barred, THIS PROGRAM WILL not ENABLE you to obtain a full license. TO QUALIFY FOR THIS PROGRAM, YOU MUST SUCCESSFULL COMPLETE THE FOLLOWING STEPS:

1. Fill out and submit a Financial Affidavit
2. Fill out and submit a wage assignment form.  
**(A plan of payment will be accepted only if you are unemployed, and requires County Attorney staff's approval of the payment amount)**
3. Make your first payment. (Amount set with your worker) If you are not paying on your court debt, you will not qualify for this program.

Once steps 1 & 2 are completed, we will submit an e-mail request to the Department of Transportation. It may take up to three (3) days to get an answer from the DOT after this request is sent. The DOT will inform us of any strikes against your license such as:

- (a.) DOT Civil Penalties
- (b.) Small Claims judgments, as a result of an auto accident.  
must be satisfied before being accepted into The Program)
- (c.) Out of State fines which may be holding up your driver=s license.  
(cannot be added to the License Reinstatement Program plan)
- (d.) Child support license sanctions.  
(must be lifted before being accepted into the program)

### ONCE YOU HAVE BEEN NOTIFIED THAT YOU QUALIFY FOR THE PROGRAM:

1. If you have civil penalties to take care of before entering the program, they should be paid at the DOT.
2. Before entry into the program, you will be REQUIRED to **obtain** and **maintain** financial liability coverage (**Auto Insurance**). You can have your own insurance or be a listed insured on someone else's policy. **If you do not own a vehicle, you must obtain a "non-owner's policy.** Proof of Insurance MUST be presented to the Black Hawk County Attorney before entry into the program.

**ONCE YOU ARE FULLY QUALIFIED FOR THE PROGRAM, IT MAY TAKE UP TO 10 DAYS BEFORE THE DOT HAS ALL OF THE HOLDS OFF OF YOUR LICENCE. IF YOU HAVE ISSUES GETTING YOUR LICENSE REINSTATED AFTER THIS TIME, PLEASE NOTIFY YOUR CASE WORKER.**

Teresa 833-3039 (A-D) Susan 833-3040 (E - K) Lesa 833-3030 (L - R) Chris 833-3045 (S - Z)

BLACK HAWK COUNTY ATTORNEY'S OFFICE  
LICENSE REINSTATEMENT PROGRAM / FINANCIAL AFFIDAVIT

Name (Print Clearly): \_\_\_\_\_  
Any Previous Names: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ License Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Home Work Cell

Do you have a job? Yes: \_\_\_\_ No: \_\_\_\_ Hours worked per week? \_\_\_\_\_  
Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Employer Phone: (\_\_\_\_) \_\_\_\_\_

How long at present job? \_\_\_\_\_ How much do you earn monthly(Gross)? \_\_\_\_\_  
\_\_\_\_\_ Amount: \_\_\_\_\_  
List any other source(s) of income: \_\_\_\_\_

Does anyone help pay monthly expenses? Yes \_\_\_\_ No \_\_\_\_  
If so, whom? \_\_\_\_\_

Number of Dependants: \_\_\_\_ Do you pay child support? \_\_\_\_ How much? \_\_\_\_\_

Do you rent or own property? Rent: \_\_\_\_ Own: \_\_\_\_ What is your monthly payment? \_\_\_\_\_

Do have bank accounts? Yes: \_\_\_\_ No: \_\_\_\_  
Name of Financial Institution: \_\_\_\_\_

Do you have a vehicle? \_\_\_\_\_  
Make Model Year

List any assets, i.e. cash, real estate, other: \_\_\_\_\_

Total Amount of monthly expenses: \_\_\_\_\_

**I CERTIFY UNDER PENALTY OF PERJURY THAT THE STATEMENTS I MAKE  
ON THIS FINANCIAL AFFIDAVIT ARE TRUE AND CORRECT.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_