**In the Iowa District Court for {{ aff\_county }}**

|  |  |
| --- | --- |
| **{{ aff\_plaintiff }},**  **Plaintiff/Petitioner,**  **vs.**  **{{aff\_def\_name}},**  **Defendant/Respondent.** | **No. {{ aff\_case\_num }}**  **Financial Affidavit and Request for Reasonable Ability to Pay Determination for Category B Restitution** |

**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 {{ aff\_dob }}.
2. {% if aff\_priors %}I have prior convictions, in Iowa or elsewhere, that require me to pay fines, penalties, victim restitution, or other monetary amounts that I have not paid in full. {{ aff\_other\_restitution\_details }}{% else %}I do not have any prior convictions in Iowa or elsewhere that require me to pay fines, penalties, victim restitution, or other monetary amounts that I have not paid in full.{% endif %}
3. The total amount of restitution owed in this case is ${{ aff\_rest\_total }}.
4. The highest level of education I have attained is {{ aff\_highest\_ed }}.
5. {% if aff\_employed %}I am employed at {{ aff\_cemployer }} and have been employed there since {{ aff\_current\_employment\_start }}. I work {{ aff\_lt\_fulltime }} hours.{% else %}I am not currently employed.{% endif %}

{%p if aff\_lt\_fulltime != 'Full-Time'%}

1. {{aff\_pt\_hours}}.

{%p endif %}  
{%p if aff\_employed %}

1. My current take-home pay is {{ aff\_takehome\_pay }} which is paid {{ aff\_takehome\_freq }}

{%p endif %}

{p% if aff\_other\_income|length > 1 %}

1. My other income includes: {{ aff\_other\_income }}

{%p endif %}

1. Amounts I owe monthly include: {{ aff\_monthly\_debts }}
2. My other monthly expenses include {{ aff\_monthly\_expenses }}  
     
   {%p if aff\_dependents > 0 %}
3. I have {{ aff\_dependents }} dependents or family members who are supported by or live with me.   
     
   {%p endif %}

{%p if aff\_unpaid\_judgments %}

1. I have unpaid judgments against me and the total amount owed is {{ aff\_unpaid\_judgments\_amount }}.

{%p endif %}

1. My wages {% if aff\_garnish%}are{% else %}are not{% endif %} being garnished. {{ aff\_garnish\_details }}

{%p if aff\_assets|length > 1 %}

1. All of my assets worth more than $100 are: {{ aff\_assets }}

{%p endif %}

1. All of my outstanding debts are: {{ aff\_outstanding\_debts }}.  
     
   {%p if aff\_future\_windfall %}
2. I expect to receive some significant property or money in the near future. Specifically, {{aff\_windfall\_details}}.  
     
   {%p endif %}

{%p if aff\_personal\_circumstances|length >1 %}

1. Other personal or family circumstances, including physical or mental health issues, that affect my ability to repay the restitution ordered in this case include: {{ aff\_personal\_circumstances }}  
     
   {%p endif %}

{%p if aff\_additional\_information|length >1 %}

1. Additional information I think is important for the Court to know in determining my ability to pay the Category B restitution ordered in this case includes: {{ aff\_additional\_information }}

{%p endif %}

**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.**

{%p if aff\_atty\_name|length >1 %}

**Attorney Help**

An attorney helped me prepare or fill in this Financial Affidavit. Their information is as follows:

|  |  |  |
| --- | --- | --- |
|  | *Name of attorney or organization:* | {{ aff\_atty\_name }} |
|  | *Business Address:* | {{ aff\_atty\_street }} |
|  | *City:* | {{ aff\_atty\_city }} |
|  | *State:* | {{ aff\_atty\_state }} |
|  | *ZIP Code:* | {{ aff\_atty\_zip }} |
|  | *Phone Number* | {{ aff\_atty\_phone }} |
|  | *Fax Number* | {{ aff\_atty\_fax }} |
|  | *Email Address* | {{ aff\_atty\_email }} |

{%p endif %}

**Oath and signature**

I, {{ aff\_def\_name }}, have read this financial affidavit, and I 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:* | {{ aff\_def\_street }} |
|  | *City:* | {{ aff\_def\_city }} |
|  | *State:* | {{ aff\_def\_state }} |
|  | *ZIP Code:* | {{ aff\_def\_zip }} |
|  | *Phone Number* | {{ aff\_def\_phone }} |
|  | *Fax Number* | {{ aff\_def\_fax }} |
|  | *Email Address* | {{ aff\_def\_email }} |

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