

Scott County Attorney License Reinstatement Program
Financial Affidavit
Scott County Attorney's Office
400 W. 4th St. • Davenport, Iowa 52801
(563) 326-8600 • <http://www.scottcountyiowa.com/attorney>

Please complete form in its entirety before bringing to the County Attorney's Office.

Name (Print Clearly) _____ Social Security #: _____ DOB: ____/____/____

Address: _____
Street City State Zip

Phone: (Home) _____ (Work) _____ (Cell) _____

Do you have a job? Yes No How many hours per week do you work? _____

Employer Name: _____

Employer Address: _____
Street City State Zip

How much do you earn? _____ per hour / month / year (circle one)

List any other sources of income here: (including child support) _____

Do you have bank accounts? Yes No Checking (Current Balance) \$ _____ Savings (Current Balance) \$ _____

Name and address of Financial Institution: _____
Name Address

List anything you own including cash, vehicles, real estate, or anything worth more than \$100 _____

List amounts you pay monthly for mortgages, rent, car loans, credit cards, child support, or any other debts. _____

*** You will be required to provide our office with your two most recent check stubs and valid ID**

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

Date: _____ Signature _____