

**IN THE IOWA DISTRICT COURT IN AND FOR
GRUNDY COUNTY**

State of Iowa)	
)	Case # _____
vs)	
)	Written Plea of Guilty and/or
_____)	Payment Arrangement Request
Defendant)	(\$300.00 or more)

I HEREBY ENTER A WRITTEN PLEA OF GUILTY TO THE CHARGE(S) OF

I understand that I will be assessed a fine, surcharge and court costs.

PAYMENT ARRANGEMENT REQUEST:

I agree to pay the entire amount in full within 30 days of court date.

or

I agree to pay \$_____ per _____.
((\$50.00 minimum per month))

The first payment shall be made on _____, 20____ and shall continue monthly until paid in full.

Payments can be made in person or by mail to: **Clerk of District Court
Grundy County Courthouse
706 G Avenue
Grundy Center, IA 50638**

I can also pay online with Visa, MasterCard, Discover, or a debit card at www.iowacourts.gov and click on the online fine payment box. I will need to use the name and billing address of the credit card holder.

I fully understand that should I fail to abide by the terms and conditions of this Payment Arrangement Request, any unpaid amount will be turned over for formal collection whereby additional fees shall be assessed.

Defendant

Date _____

Address

City

State

Zip Code