



NOTICE OF FEES

FORM 138A-17

Date: _____

For Public Information Only

Full or partial payments toward your fee(s) can be made using the payment slip enclosed. A receipt will be mailed back to you each time a payment is made. If you still have an outstanding balance, another payment slip will be included with your receipt. *Accounts 120 days delinquent will be referred to the State of Iowa Crime Program for collection from any future state payments such as tax refunds, lottery payments, vendor payments, etc.*

Balances owing from a Residential Facility placement may not be reflected on this notice but will be added at a later date, if applicable to your account.

I understand that payments will first be applied to the oldest 6th District debt. I have been provided with an opportunity to discuss this issue and ask questions.

Offender's Signature
Cut here

Return bottom portion with your payment.

Date
Cut here

	Offender Name: CLICK HERE TO ENTER TEXT.	ICON # Click here to enter text.
	Payment Enclosed: <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Cashier's Check	
	Payable to: Department of Correctional Services (DCS) Mail to: Click here to enter text.	
	Charge To: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA	CREDIT CARD PAYMENT AMOUNT: \$ _____ <small>If no amount is specified, full amount owed will be processed.</small>
Card Holder Name		
Card Billing Address		Card Holder Contact Phone
I authorize Credit Card payment to be charged to this account:		
Acct. No: _____ Exp. Date: ____ / ____		
Card Holder Signature: X _____		Date: _____
<small>If no payment amount is specified above, full amount owed will be processed.</small>		
Send receipt to: Provide Email or Mailing Address		