

SIXTH JUDICIAL DISTRICT DEPARTMENT OF CORRECTIONAL SERVICES
 951 29th Ave SW, Cedar Rapids IA 52404
 Date: _____

Your Probation Officer:
Telephone: *probation officer's number (no collect calls)*

Offender:
Case Number:

On (*sentencing date*), you were placed on Self-Supervised Probation to the Department of Correctional Services. To be successfully discharged from probation, you must comply with the following instructions and have all court-ordered requirements completed by (*date in sentencing order*).

ADDRESS CHANGE: If you move to a new address, you must report the new address and phone number to the County Clerk of Court's office at (*county phone number*) and to (*probation officer*), Department of Correctional Services at (*probation phone number*).

OBEDIENT THE LAW: If you are arrested again, you must contact your probation officer, (*probation officer's name*), at (*probation phone number*) and report the new charge, when and where it occurred.

COUNTY COURT COSTS: You are required to pay all fines, surcharges, court costs, court-appointed attorney fees and restitution. Check your balance and make payments online at www.iowacourts.state.ia.us. Mail payments to County Clerk of Court, (*courts mailing address*). Include your case number on all payments to ensure proper credit. Clerk of Court phone number is (*county phone number*).

SUPERVISION FEE: You are required to pay a \$300 supervision fee directly to the Department of Correctional Services per Iowa Code Section 905.14. Payments may be made online at sixthdcs.com. On the left side of the screen under Client Information select Pay Fees. Select Pay Your Bill Online. Provide your name as it appears on this document. Select Search. Select the payment item (appears in blue) and follow system prompts to complete your payment.

Full or partial payments toward this fee can be mailed using the payment slip below. 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 where no payment has been received within 120 days of your sentence date are considered delinquent. These accounts referred to the State of Iowa Offset Program for collection from any future state payments such as tax refunds, lottery payments, vendor payments, etc. The offset will remain on file until the debt is paid in full.


eFILE PROOF OF COMPLETION: As noted on specific rule(s) above, documentation must be eFiled with the Clerk of Court online at www.iowacourts.state.ia.us/eFile. This can be done by the agency providing the service, your attorney, or yourself. If you need assistance with eFiling, contact the County Clerk of Court's office at (*county phone number*). It is your responsibility to ensure documentation of all requirements are eFiled.

Payments will not be taken over the phone. Use this payment slip or pay online at sixthdcs.com.

Cut here

Return bottom portion with your payment.

Cut here

	Offender Name: _____	ICON #: _____
	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: 951 29th Ave SW, Cedar Rapids IA 52404	
	Charge To: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA	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 payment amount noted above as a Credit Card payment to be charged to this account:		
Acct. No: _____		Exp. Date: ____ / ____
Card Holder Signature: X _____		Date: _____
Send receipt to: Provide Email or Mailing Address		