

# Exhibit B



**Black Hawk County Sheriff's Office**  
Room and Board Confession of Judgment

Name  
ID#/DOB/SOC:  
ADDRESS:  
PHONE:

Case #  
Case #  
Case #  
Case #

Booking Fee	<u>0</u>	\$25 per visit	=	<u>\$0.00</u>
Number of billable days	<u>0</u>	\$70 per day	=	<u>\$0.00</u>
Amount Paid (if any)	Booking Fee			<u>\$0.00</u>
	Room/Board			<u>\$0.00</u>
		<b>Balance Due</b>		<u>\$0.00</u>
		<b>Adjusted Balance Due</b>		<u>\$0.00</u>

STATE OF IOWA, COUNTY OF BLACK HAWK, ss:

I, \_\_\_\_\_, hereby swear on oath that I am the inmate named above, that I can read and understand the information contained in this document, that the above contact information is true and correct, that I owe the sums of money as indicated above, and that I confess judgment in the amount of the above balance due, in its entirety, and I understand that if judgment is entered against me, on this confession, I will further be liable for service of process fees and other court cost incurred in association with that judgment.

I agree to make monthly payments in the amount of \$\_\_\_\_\_. I agree to make the first payment on or before \_\_\_\_\_, and that all monthly payments thereafter shall be due on the first of each month following the month in which I signed this document.

I understand that all payments should either be made in person at the Black Hawk County Sheriff's Office or mailed to:

Black Hawk County Sheriff's Office  
Attn. Room and Board  
225 E. 6<sup>th</sup> Street  
Waterloo, IA 50703

I understand that if I do not timely make payments according to this payment plan, the Black Hawk County Sheriff's Office can file the necessary legal proceedings, in Small Claims or District Court, to collect unpaid amounts from me, and that in such proceeding: this document will be filed as a Confession of Judgment of the above balance due. I understand that if such legal proceedings take place and judgment is entered against me, I will also be liable for service of process fees and Court costs of those proceedings.

I understand that this payment plan covers ONLY booking fees and room and board fees for the case(s) listed above, and that this does not affect, relieve, or replace other payment plans, if any, pertaining to this or other cases.

I understand that I may obtain my grand total balance owing on this plan by either calling 319-291-5029 or visiting the Black Hawk County Sheriff's Office in person.

I further state that I am making and signing this sworn statement as my voluntary act and deed.

\_\_\_\_\_  
Inmate Signature

Subscribed and sworn to before me this \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the State of Iowa

[Notary Seal Box]

Administrative staff use only

**Work Credits:** Y N Note: If yes, # of days \_\_\_\_\_ Credit Amount \_\_\_\_\_

**Grand Total Due** \_\_\_\_\_

9-8-2020 Mary