

REIMBURSEMENT AGREEMENT AND PROMISSORY NOTE

Pursuant to the Order of Reimbursement of the Board of Ada County Commissioners dated _____, on Case

I, the undersigned (Applicant ID # _____) understand that statutory lien(s) has been perfected and recorded as Lien on my real and or personal property pursuant to Idaho Code 31-3504(4).

Pursuant to Idaho Code 31-3510A, I agree to pay Ada County _____ Dollars (\$) as reimbursement for assistance paid by Ada County on behalf of _____. I agree to pay \$ _____ per month for _____ months beginning in _____. I understand that no interest will accrue on this debt at any time, nor will any penalties attach for early payment of this debt

I understand that the terms of the payment schedule contained herein may be modified at the sole option of Ada County, in accordance with Idaho Code 31-3510A.

I understand that failure to make a scheduled monthly payment within any given month, or failure to make a monthly payment for the full amount set forth above shall constitute a default, and will give Ada County the option of declaring the entire outstanding balance in default, which outstanding balance will then become due and payable immediately. I further understand that any failure of Ada County to exercise this option shall not constitute a waiver of any of its rights.

In case of default or failure to make any monthly payments, I promise and agree to pay Ada County's reasonable attorney's fees and collection costs, even though no suit or action has been filed thereon. If a suit or action is filed, the court or courts in which the suit or action, including any appeal therein, is tried, heard or declared shall fix the amount of such reasonable attorney's fees. If judgment is obtained, I understand that interest on said judgment will accrue as provided by statute. I further understand it is the policy of Ada County Indigent Services to send to a professional collection agency promissory note accounts that are declared by the Board of County Commissioners to be in default. If my account is sent to a professional collection agency, I understand I will be required to pay all fees and charges of the collection agency in addition to the amount owed by this note.

DATED THIS _____ day of _____, 20 _____.

STATE OF IDAHO)
County of Ada)

On this _____ day of _____, 20 _____, before me, a Notary Public, personally appeared _____ known or identified to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she Executed the same.

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Notary Public of Idaho

My Commission Expires on _____