



Gregory C. Harrell
Clerk of Court and Comptroller
Marion County

PAYMENT PLAN APPLICATION

SECTION 1: Acknowledgement of Terms & Failure to Comply Consequences (s. 28.246(4), F.S.)

Initial Here

I attest/confirm/swear that the information provided on this application is true and accurate to the best of my knowledge. I will abide by the terms of the payment plan and understand failure to do so may result in the suspension of my driver's license for failure to pay a financial obligation and potentially my case(s) being referred to a collection agency and additional collection fees assessed.

Initial Here

I understand that court-imposed financial obligations are penalties from my sentence and pursuant to F.S. 938.30, I am required to pay for all fines, fees, and costs incurred from my case proceeding(s).

Initial Here

I wish to enroll in a payment plan per s. 28.246(4)(B), F.S.

Applicant Signature

Date

Case Number(s):

SECTION 2: General Information (s. 28.246(4)(b), F.S.)

First Name:

Middle Name:

Last Name:

Street:

City:

State:

Zip:

Date of Birth:

Driver License or State ID Number:

Payment Notifications:

☐ Yes ☐ No

If text messaging payment reminder notifications become available in the future, I consent to receive said notifications and understand that standard message and data rates may apply.

Cell Number:

Phone Number:

☐ Yes ☐ No

If e-mail payment reminder notifications become available in the future, I consent to receive said notifications by email.

Email:

SECTION 3: Financial Information			
I have the ability to pay at a rate of \$50.00 per month or higher per case(s). Please indicate such amount here:			\$
<u>OR, IF NOT</u>, please complete the financial application below to have your monthly payment plan based upon your income.** **Reasonableness disclosure: The Clerk shall establish all terms of a payment plan, and the court may review the reasonableness of the payment plan amount. A monthly payment amount, calculated based upon all fees and all anticipated fees, service charges, court costs, and fines, is presumed to correspond to the person's ability to pay if the amount does not exceed the greater of 2% of the person's annual net income, as defined in s. 27.52(1), F.S., divided by twelve or \$25.00.			
My net income* pay is: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			\$
* Total net income pay consists of total salary and wages, minus deductions required by law, including court-ordered support payments. – s. 27.52(1), F.S.			
My income sources are:			
Social Security Benefits: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			\$
Unemployment Compensation: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			\$
Reemployment Assistance: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			\$
Union Funds: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			\$
Retirement/Pensions: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			\$
Trusts or Gifts: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			\$
Veterans' Benefits: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			\$
Worker's Compensation: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			\$
Rental Income: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			\$
Dividends or Interest: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			\$
Support from Family: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			\$
Other Income Not Listed: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			\$
I have the following assets:			
Cash:			\$
Homestead Real Estate:	\$	Loan Balance:	\$
Non-Homestead Real Estate:	\$	Loan Balance:	\$
Car/Motor Vehicle(s):	\$	Loan Balance:	\$
Boats/Other Tangible Property:	\$	Loan Balance:	\$
Money Market Account(s):			\$
Bank/Savings Account(s):			\$
Stocks/Bonds/Certificates of Deposit:			\$
I <input type="checkbox"/> Do <input type="checkbox"/> Do Not (select one) expect to receive more assets soon. The asset(s) and value(s) are:			\$
MY TOTAL LIABILITIES/DEBT IS:			\$