

IN THE CIRCUIT/COUNTY COURT OF THE FIFTH JUDICIAL CIRCUIT
IN AND FOR MARION COUNTY, FLORIDA

STATE OF FLORIDA

vs.

Citation #(s): _____

Case #(s): _____

Defendant

CIVIL TRAFFIC INFRACTION PAYMENT PLAN APPLICATION
[THIS APPLICATION MUST BE FULLY COMPLETED AND SIGNED.]

1. **I have** ____ **dependents.** (Do not include children not living at home and do not include a working spouse or yourself.)

2.a. **I have a take home income of \$** _____ **paid** weekly every two weeks semi-monthly monthly yearly. (Take home income equals salary, wages, bonuses, commissions, allowances, overtime, tips, and similar payments, minus deductions required by law and other court-ordered support payments.)

b. **The name and address of my employer are** _____.

3. **I have other income** paid weekly every two weeks semi-monthly monthly yearly. (Select "Yes" and fill in the amount if you have this kind of income; otherwise select "No".)

Social Security benefits. Yes \$ _____ No

Unemployment

compensation Yes \$ _____ No

Union funds..... Yes \$ _____ No

Workers compensation.. Yes \$ _____ No

Retirement/pensions..... Yes \$ _____ No

Trusts or gifts Yes \$ _____ No

Veterans' benefit..... Yes \$ _____ No

Child support/other regular support from

family/spouse Yes \$ _____ No

Rental income Yes \$ _____ No

Dividends or interest Yes \$ _____ No

Other kinds of income.... Yes \$ _____ No

4. **I have other assets:** (Select "Yes" and fill in the value of the property; otherwise select "No"; use the back to provide additional information.)

Cash..... Yes \$ _____ No

Bank account(s) Yes \$ _____ No

Certificates of deposit or money

market accounts Yes \$ _____ No

*Equity in motor vehicles/boats/other

tangible property Yes \$ _____ No

Year/Make/Model/Tag #: _____

Savings Yes \$ _____ No

Stocks/bonds..... Yes \$ _____ No

*Equity in real estate Yes \$ _____ No

(excluding homestead)

Address: _____

*Equity means value minus loans.

Defendant _____

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Check one: I DO DO NOT expect to receive more assets in the near future. The asset(s) is/are: _____.

5. **I have total liabilities and debts of \$_____ as follows:**

Motor vehicle	\$ _____	Home	\$ _____
Other Real Property	\$ _____	Child Support paid direct	\$ _____
Credit Cards	\$ _____	Medical Bills	\$ _____
Cost of medicines (monthly)	\$ _____	Other	\$ _____

6. **I have a private lawyer in this case/these cases:** Yes No

7. **I receive:** (Select "Yes" or "No")

Temporary Assistance for Needy Families – Cash Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Poverty-related Veterans/Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supplemental Security Income (SSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No

8. **I am already enrolled in a payment plan for each of the following other cases** (list case number(s)): _____.

Under penalties of perjury, I declare that I have read the foregoing affidavit and that the facts stated in it are true.

Signed on: _____

Signature of Applicant

Date of Birth: _____

Print Full Name

Driver's License #: _____

Address

Phone Number(s): _____

City, State & Zip Code

Email Address: _____