

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. (Circle "Yes" and fill in the amount if you have this kind of income; otherwise circle "No".)

Social Security benefits	Yes \$____ No	Veterans' benefits	Yes \$____ No
Unemployment compensation	Yes \$____ No	Child support/other regular	
Union Funds	Yes \$____ No	support from family/spouse	Yes \$____ No
Workers' Compensation	Yes \$____ No	Rental income	Yes \$____ No
Retirement/pensions	Yes \$____ No	Dividends or interest	Yes \$____ No
Trusts/gifts	Yes \$____ No	Other kinds of income	Yes \$____ No

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

Cash	Yes \$____ No	Savings	Yes \$____ No
Bank account(s)	Yes \$____ No	Stocks/bonds	Yes \$____ No
Certificates of deposit or money market accounts	Yes \$____ No	*Equity in real estate (excluding homestead)	Yes \$____ No
*Equity in motor vehicles/ boats/other tangible property	Yes \$____ No	Address: _____	
Year/Make/Model/Tag #: _____		*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:** (Circle "Yes" or "No")

Temporary Assistance for Needy Families – Cash Assistance	Yes	No
Poverty-related Veterans/Benefits	Yes	No
Supplemental Security Income (SSI)	Yes	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: _____