



Grant Maloy
 Clerk of the Circuit Court & Comptroller
 Seminole County

Payment Plan Application

Section 1		ACKNOWLEDGEMENT OF TERMS AND FAILURE TO COMPLY CONSEQUENCES (s. 28.246(4), F.S.)	
Initial	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.		
	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).		
	I wish to enroll in a payment plan per s. 28.246(4)(B), F.S.		
Applicant Signature (Type Full Name) /s/			Date
Section 2		GENERAL INFORMATION (s. 28.246(4)(b), F.S.)	
First Name	Middle Name	Last Name	
Street Address			
City		State	Zip Code
Date of Birth		Driver License or State ID Number	
PAYMENT NOTIFICATIONS Data and message rates may apply.			
I consent to payment notifications by email Yes No		Email Address	
I consent to automated notifications by phone Yes No		I consent to payment notifications by text message Yes No	
Phone Number		Cell Phone	

Applicant Initials _____



Section 3

FINANCIAL INFORMATION

How much can you afford to pay per month? \$ _____

How much can you afford to pay as a down payment? \$ _____

My net annual income pay is \$ _____ (select only one) weekly monthly annually

Total net annual 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:

- | | | | | | | |
|---------------------------------|----------|--------|-----------|--------------|---------|--------|
| 1. Social Security benefits | \$ _____ | weekly | bi-weekly | semi-monthly | monthly | yearly |
| 2. Unemployment compensation | \$ _____ | weekly | bi-weekly | semi-monthly | monthly | yearly |
| 3. Reemployment Assistance Paid | \$ _____ | weekly | bi-weekly | semi-monthly | monthly | yearly |
| 4. Union funds | \$ _____ | weekly | bi-weekly | semi-monthly | monthly | yearly |
| 5. Retirement/pensions | \$ _____ | weekly | bi-weekly | semi-monthly | monthly | yearly |
| 6. Trusts or gifts | \$ _____ | weekly | bi-weekly | semi-monthly | monthly | yearly |
| 7. Veterans' benefit | \$ _____ | weekly | bi-weekly | semi-monthly | monthly | yearly |
| 8. Worker's compensation | \$ _____ | weekly | bi-weekly | semi-monthly | monthly | yearly |
| 9. Rental income | \$ _____ | weekly | bi-weekly | semi-monthly | monthly | yearly |
| 10. Dividends or interest | \$ _____ | weekly | bi-weekly | semi-monthly | monthly | yearly |
| 11. Support from family members | \$ _____ | weekly | bi-weekly | semi-monthly | monthly | yearly |
| 12. Other income not on list | \$ _____ | weekly | bi-weekly | semi-monthly | monthly | yearly |

I have the following assets:

1. Cash \$ _____
2. Homestead real estate \$ _____ Loan balance \$ _____
3. Non-homestead real estate \$ _____ Loan balance \$ _____
4. Car/Motor Vehicle \$ _____ Loan balance \$ _____
5. Boats/other tangible property \$ _____ Loan balance \$ _____
6. Money market accounts \$ _____
7. Bank/Savings account(s) \$ _____
8. Stocks/bonds/Certificates of Deposit \$ _____
9. I DO / DO NOT (select only one) expect to receive more assets soon. The asset(s) and value(s) are _____.

My total liabilities/debt is: \$ _____

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Section 4 ACCEPTABLE PAYMENT METHODS
 (s. 28.42(2), F.S.)

Payments can be made as follows:

- Online: www.seminoleclerk.org
- By phone: (407) 547-3318
- By money order or cashier's check. Please include your payment plan number/name and mail to:
 PO Box 850 Sanford, FL 32772-0850
- In person: Visit our website for locations
- Cash Payments at Amscot

Section 5 PAYMENT PLAN TERMS
 (s. 28.42(2), F.S.)

Initial	I understand that court-imposed financial obligations and civil penalties are penalties from my sentence or set by applicable law and I am required to pay for all fines, fees, and costs incurred from my case proceeding(s).
	I understand and agree to pay a one-time \$25 or \$5 per month administrative fee to establish a payment plan – (s. 28.24(27)(b) or s. 28.24(27)(c), F.S.). <ul style="list-style-type: none"> • If I fail to complete my payment plan and the clerk creates a new payment plan for me, I understand the clerk will assess an additional \$25 or \$5 per month administrative fee each time a new payment agreement is established. • I further understand that nCourt charges a fee of up to 6% per payment when making payments by credit card.
	I understand that it is my responsibility to make timely payments pursuant to the plan, regardless of e-notification reminders. <ul style="list-style-type: none"> • Payment is due no later than 11:59 PM EST on the date given.
	I will timely update my address, cell phone number, email address and any other contact information with the Clerk's Office so that I may receive notifications. <ul style="list-style-type: none"> • Failing to update my contact information may prevent me from receiving payment plan notifications.
	I will notify the Clerk's office immediately with a request to modify my original payment plan if my financial situation changes.

Section 6 FAILURE TO COMPLY

Initial	Wilfully failing to pay as agreed may result in the Florida Highway Safety and Motor Vehicles (FLHSMV) issuing an order suspending my driver license and my privilege to drive 20 days after the date the order of suspension is mailed (ss. 318.15 or 322.245, F.S.). <ul style="list-style-type: none"> • FLHSMV will send notification of suspension to the address they have on file.
	If I fail to establish a new payment plan, my license will remain suspended. If my case(s) remains unpaid after 90 days, my case(s) will be referred to a collection agency (s. 28.246(6), F.S.). <ul style="list-style-type: none"> • The collection agency may add a 25% percent fee to my outstanding balance, and I may need to pay the new balance through the collection agency.

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Initial	A failure to pay timely, which results in any criminal fine assessed by the court not being paid by the date established by the court, may result in the arrest of the defendant for failure to pay the fine.	
	Criminal cases may be subject to a non-refundable lien fee of \$22.00	
Section 7 COMPLETED BY CLERK'S OFFICE (s. 28.42(2), F.S.)		
<i>Reasonableness disclosure:</i> 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 2 percent of the person's annual net income, as defined in s. 27.52(1), F.S. divided by twelve.		
Case(s) #	Payment Plan #:	
Payment Calculation		
Beginning Balance of Fines, Filing Fees, Service Charges, and Court Costs Due		\$
Partial Payment Setup Fee or monthly fee		\$
Total Amount Due		\$
Payment Schedule		
Amount Paid Today		\$
Balance for Payment Plan		\$
On the _____ day of each month, beginning _____, until balance paid in full.		\$ _____ a month (Monthly payment is considered reasonable if it does not exceed two percent of annual net income divided by 12)
The total amount due is to be paid within _____ months.		

Applicant Initials _____