



Clerk of the Circuit Court & Comptroller

Office of Gary J. Cooney, Clerk & Comptroller

P.O. Box 7800 • 550 W. Main St. • Tavares, FL 32778-7800 • www.LakeCountyClerk.org

PAYMENT PLAN APPLICATION

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

_____ I attest/confirm/swear that the information provided on this application is true and accurate to the
Initial Here 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
Initial Here 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.
Initial Here

Applicant Signature

Date

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:

Case Number:

I wish to update my address information to that listed in this agreement: Yes No

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 I consent to payment notifications by email.

Email:

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: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> 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:	
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:	\$

SECTION 4: Payment Plan Terms (s. 28.42(2), F.S.)

<hr/> <i>Initial Here</i>	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).
<hr/> <i>Initial Here</i>	<p>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.).</p> <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 administrative fee each time a new payment agreement is established. • I further understand that MyFloridaCounty charges a fee of 3.5% and nCourt charges a fee of 5%, per payment, when making payments by credit card.
<hr/> <i>Initial Here</i>	<p>I understand that it is my responsibility to make timely payments pursuant to the plan, regardless of e-notification reminders.</p> <ul style="list-style-type: none"> • Payment is due no later than 11:59 p.m. EST on the date given.
<hr/> <i>Initial Here</i>	<p>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.</p> <ul style="list-style-type: none"> • Failing to update my contact information may prevent me from receiving payment plan notifications.
<hr/> <i>Initial Here</i>	I will notify the Clerk’s office immediately with a request to modify my original payment plan if my financial situation changes.

SECTION 5: Failure to Comply

<hr/> <i>Initial Here</i>	<p>Willfully 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.).</p> <ul style="list-style-type: none"> • FLHSMV will send notification of suspension to the address they have on file.
<hr/> <i>Initial Here</i>	<p>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.).</p> <ul style="list-style-type: none"> • The collection agency may add additional fees of up to 40% to my outstanding balance, and I may need to pay the new balance through the collection agency.
<hr/> <i>Initial Here</i>	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.
<hr/> <i>Initial Here</i>	Criminal cases may be subject to a non-refundable lien fee of \$22.

SECTION 6: Acceptable Payment Methods (s. 28.42(2), F.S.)

Payments can be made as follows:

- **Pay Online:** Visit <https://www.LakeCountyClerk.org> to pay online. The financial service provider charges a nominal, non-refundable fee for each credit card or electronic check transaction paid online.
- **Pay by Phone:** To make a payment by credit card, call (352) 608-3008 from 8 a.m. to 8 p.m., Monday through Friday, or from 10 a.m. to 2 p.m., Saturday and Sunday. The financial service provider charges a nominal, non-refundable fee for each credit card transaction.
- **Pay by Mail:** Mail a cashier’s check or money order, and include your case number with your payment. Mail to Gary J. Cooney, Clerk of the Circuit Court and Comptroller, Attn: Traffic Department, P.O. Box 7800, Tavares, FL 32778-7800.
- **Pay In-Person:** Pay in-person by cash, cashier’s check, money order, or credit card at the Lake County Courthouse, East Wing, First Floor, 550 W. Main St., Tavares, FL 32778.
- **Pay by Drop-Box:** Next-business-day payments (please include your case number) by cashier’s check or money order (no cash) may be made using one of our drop-boxes available at the following locations:
 - Clermont: 290 Citrus Tower Blvd., Suite 116, Clermont
 - Downtown Tavares (Veterans Services Building): 418 W. Alfred Street, Tavares
 - Leesburg: 1720 N. Citrus Blvd, Leesburg

FOR CLERK’S OFFICE USE ONLY

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 2% of the person's annual net income, as defined in s. 27.52(1), F.S., divided by twelve.

Case No:	Payment Plan No:
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Payment Calculation

Beginning Balance of fines, filing fees, service charges, and court costs due:	\$
Partial Payment Setup Fee or Monthly Fee (<i>\$25 or \$5 monthly x number of months</i>):	\$
TOTAL AMOUNT DUE:	\$

Payment Schedule

Amount Paid Today:	\$	
Balance for Payment Plan:	\$	
On the	day of the month, beginning	until the balance is paid in full.
\$	a month.	

Monthly payment is considered reasonable if it does not exceed two percent of annual net income divided by 12.

TOTAL NUMBER OF MONTHS FOR PAYMENT PLAN CONTRACT:	
Clerk Signature:	Date: