

## APPLICATION FOR EXTENSION OF TIME FOR PAYMENT OF FINE AND COURT COSTS

(FOR OFFICE USE ONLY)

Case Number: \_\_\_\_\_  
 Fine & Costs: \_\_\_\_\_  
 Amount paying today: \$ \_\_\_\_\_

Interviewer: \_\_\_\_\_  
 Review Date: \_\_\_\_\_

(Complete both sides. Please Print.)

**PERSONAL:**

NAME \_\_\_\_\_  

Last
First
Middle
Nickname

STREET ADDRESS \_\_\_\_\_  

Street Number
Street
Apt
City
State
Zip

MAILING ADDRESS \_\_\_\_\_  

Post Office Box
Apt
City
State
Zip

PHONE (\_\_\_\_) \_\_\_\_\_ If no phone, number where you can be reached? (\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Married \_\_\_\_\_ Single \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Education \_\_\_\_\_ (Grade Level Completed)

If Married, Spouse's Name \_\_\_\_\_

Spouse's Address & Phone (if different) \_\_\_\_\_  

Last
First
Middle
(\_\_\_\_)
  

Street Address
City & State
Area Code & Phone Number

Nearest Living Relative Not Residing With You \_\_\_\_\_ Relationship \_\_\_\_\_

Address & Phone Number \_\_\_\_\_  

Street Address
City & State
Area Code & Phone Number

List of Names, Addresses & Phone Numbers of Two (2) Personal References Not Related to You:

\_\_\_\_\_  

Name
Street Address
City & State
Area Code & Phone Number
Years Known

\_\_\_\_\_  

Name
Street Address
City & State
Area Code & Phone Number
Years Known

**FINANCIAL INFORMATION:**

Employer \_\_\_\_\_  

Name
Address
Phone
Position
How Long
  
 Supervisor's Name \_\_\_\_\_ Take Home Pay \_\_\_\_\_ Wkly ( ) BiWkly ( ) SemiMthly ( ) Mthly ( ) Day of Week Paid \_\_\_\_\_

Previous Employer \_\_\_\_\_  

Name
Street Address
City & State
Area Code & Phone Number
From
To

Spouse's Employer \_\_\_\_\_  

Name
Street Address
City & State
Area Code & Phone Number
Position
  
 Supervisor's Name \_\_\_\_\_ Take Home Pay \_\_\_\_\_ Wkly ( ) BiWkly ( ) SemiMthly ( ) Mthly ( ) Day of Week Paid \_\_\_\_\_

Please Check Any Other Sources of Income You Receive and the Amount(s):

\_\_\_\_ Welfare \$ \_\_\_\_\_/Month      \_\_\_\_ Medicaid \$ \_\_\_\_\_/Month      \_\_\_\_ Retirement \$ \_\_\_\_\_/Month  
 \_\_\_\_ Soc. Sec. \$ \_\_\_\_\_/Month      \_\_\_\_ Unempl. \$ \_\_\_\_\_/Month      \_\_\_\_ Disability \$ \_\_\_\_\_/Month  
 \_\_\_\_ Other \_\_\_\_\_ \$ \_\_\_\_\_/Month

**ASSETS:**

Cash on Hand Amount \$ \_\_\_\_\_  
 Bank Accounts: \_\_\_\_ Checking At: (Bank) \_\_\_\_\_ Balance: \$ \_\_\_\_\_  
                   \_\_\_\_ Savings At: (Bank) \_\_\_\_\_ Balance: \$ \_\_\_\_\_  
                   \_\_\_\_ Money Market Accts. At: (Bank) \_\_\_\_\_ Balance: \$ \_\_\_\_\_  
                   \_\_\_\_ Certificates of Deposit At: (Bank) \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Automobiles: \_\_\_\_\_  

Year
Make
Model
Year
Make
Model

Do You Own a Home or Any Other Real Estate? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where? \_\_\_\_\_

**OBLIGATIONS:**

Other Than Yourself, How Many People do You Support Directly? \_\_\_\_\_

List all your creditors (*Mortgage Companies, Banks, Credit Card Accounts, Finance Companies, etc.*). Use a separate sheet if necessary.

Company Name	Balance Owing	Payment Amount	(Weekly / Monthly)
Company Name	Balance Owing	Payment Amount	(Weekly / Monthly)
Company Name	Balance Owing	Payment Amount	(Weekly / Monthly)
Company Name	Balance Owing	Payment Amount	(Weekly / Monthly)
Company Name	Balance Owing	Payment Amount	(Weekly / Monthly)

Monthly Expenses:

Rent/Mortgage \$ \_\_\_\_\_ Utilities \$ \_\_\_\_\_ Phone \$ \_\_\_\_\_ Food \$ \_\_\_\_\_  
 Vehicle Insur. \$ \_\_\_\_\_ Child Care \$ \_\_\_\_\_ Alimony \$ \_\_\_\_\_ Medical \$ \_\_\_\_\_  
 Vehicle Paymt \$ \_\_\_\_\_ Child Support \$ \_\_\_\_\_ Other: \_\_\_\_\_ \$ \_\_\_\_\_

Please check one regarding your residence:

- Own your home
- Rent....If yes, Landlord \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Name Street Address City & State Area Code & Phone Number
- Live with parents
- Other...Please explain \_\_\_\_\_

**ACKNOWLEDGEMENT AND DECLARATION**

Under penalty of perjury, I hereby certify the foregoing as being a complete and accurate statement of my current financial condition. I authorize the Polk County Clerk of the Circuit Courts to conduct a complete and thorough investigation of the above information. I understand this investigation could include direct verifications of all information given and the obtaining of reports from credit reporting agencies. It is with this understanding and acknowledgement that I formally request an extension of time for payment of the fine and court costs now due payable to the Polk County Clerk of the Circuit Court.

X \_\_\_\_\_  
Defendant's Signature

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_, by the defendant.

Richard M. Weiss  
Clerk of the Circuit Court

By: \_\_\_\_\_  
Deputy Clerk

MAIL TO:  
Richard M. Weiss, Polk County Clerk of Courts  
Collections Enforcement Department  
Drawer CC-17, PO Box 9000  
Bartow, FL 33831