

IN THE COUNTY COURT OF THE TENTH JUDICIAL CIRCUIT
IN AND FOR POLK COUNTY, FLORIDA

STATE OF FLORIDA
vs.

CITATION NUMBER: _____
and /or
CASE NUMBER: _____
(Multiple cases require separate filings)

Defendant

MOTION TO (Please check applicable action):

_____ **MOTION TO CONVERT FINE/COSTS TO COMMUNITY SERVICE HOURS**

Statement of facts: _____

By filing this motion, I understand:

- I must complete and submit the attached Financial Statement.
- If the motion is approved, I will pay all delinquent fees and a \$25.00 set-up fee at the time I sign the agreement (F.S. 28.24(26)(c)).
- If my license is scheduled to be suspended or has already been suspended, filing this motion will not stop or clear the suspension. A non-refundable reinstatement service charge of \$60.00 may also be required before my driving privilege can be reinstated (F.S.322).
- It may take up to two weeks for this motion to be returned. It is my responsibility to contact the Clerk's Office to check the status or to provide a self-addressed, stamped envelope for reply.

Defendant's Signature
Printed Name: _____
Current Address: _____
City/State/Zip: _____

Date
Daytime Phone: _____
Email address: _____

Please mail this form and the Financial Statement to: County Administrative Judge c/o Clerk of Court, PO Box 9000, Drawer CC-10, Bartow, FL 33831-9000.

-----**DO NOT WRITE BELOW THIS LINE**-----

IT IS HEREBY ORDERED AND ADJUDGED THAT THE DEFENDANT'S MOTION IS:

_____ Granted - You must report to the Clerk of Courts County Criminal Traffic Department in Polk County, Florida to set up the Community Service within 30 days of this signed order or immediately upon release and follow directions as instructed. Upon successful completion of this process, the Clerk will recall the case from outside collections, if applicable.

_____ Denied

_____ No Action Taken

_____ Your payment file has been turned over to an outside collections agency:

___ You must report directly to Linebarger Goggan Blair & Sampson LLP for payment assistance by calling 1-866-234-9790 or

___ You must report directly to Penn Credit for payment assistance by calling 1-800-900-1382.

County Court Judge

Date

IN THE CIRCUIT COURT OF THE TENTH JUDICIAL CIRCUIT
IN AND FOR POLK COUNTY, FLORIDA

CITATION/CASE #: _____ Total Owed \$ _____

COUNTY COURT CRIMINAL-TRAFFIC DEPARTMENT			
Financial Statement / Declaración Financiera			
DEFENDANT INFORMATION / INFORMACION DE ACUSADO			
Name: (Last, First, Middle)/Nombre Completo: (Apellido, Nombre e Inicial):			Date of Birth/Fecha de Nacimiento:
Mailing Address /Dirección: Street/Calle:		Apt. #:	City and State/Ciudad y Estado: Zip Code/Código Postal
Cellular No/Número de1 Celular:	Home Phone Number/ Teléfono Residencial:	Driver's License or I.D. Number/Número de Licencia:	State/ Estado:
If no phone number, number where you can be reached and name of person. /Si no tiene teléfono, por favor escriba el nombre y número de la persona con quien podamos contactarlo:			
Email address/Proveer correo electrónico:			
Employer (Name and Address)/Empleador (Nombre y Dirección):		Employer Phone Number Teléfono del Empleador:	How long? Cuánto Tiempo?
MONTHLY HOUSEHOLD (COMBINED) INCOME / INGRESOS MENSUALES DE FAMILIA			
Take Home Pay/Sueldo que lleva a la casa Amount/Cantidad:		Other Source of Income/Otros Ingresos:	Amount/Cantidad:
<input type="checkbox"/> Weekly/Por Semana \$ _____			
<input type="checkbox"/> Bi-Weekly/Por Quincena \$ _____			
<input type="checkbox"/> Monthly/Por Mes \$ _____			
BANKING / INFORMACION BANCARIA		<i>Name of Bank/Nombre del Banco</i>	
<input type="checkbox"/> Checking Account Balance/Balance de Cuenta de cheque \$ _____			
<input type="checkbox"/> Savings Account Balance/Balance de Cuenta de ahorros \$ _____			
MONTHLY EXPENSES /GASTOS MENSUALES			
How many people do you support, other than yourself?/¿Cuántas personas usted mantiene? _____			
Mortgage/Rent/Hipoteca/Renta: \$ _____ Utilities/Utilidades: \$ _____ Food/Alimento: \$ _____			
Child Care and/or Support/Cuido de niños o Pensión alimenticia: \$ _____ Vehicle / Automóvil: \$ _____			
Other Expenses/Otros Gastos: \$ _____ TOTAL EXPENSES /TOTAL DE GASTOS: \$ _____			
Person helping pay bills./¿Quién lo/la ayuda a pagar las deudas?: _____			
The Clerk's Office will verify this information for truthfulness. Verification may include checking phone numbers and contacting past and present employers, and may include credit reports./ El Oficial de la Corte verificara esta información para ver si esta correcta. La verificación puede incluir los números de teléfono, contactos de trabajos previos y presente. Puede que incluya reportes de crédito.			
I have read and understand the above statement. The information that I have provided is, to the best of my ability, truthful and complete./ Yo he leído y entendido el declaratorio. La información que yo he dado, esta correcta y completa.			
Defendant's Signature/Firma del Acusado		Clerk/Oficial de la Corte	Date / Fecha