

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 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. I further understand that if I have already entered into a plan with Clerk’s Collections, I may be required to bring my case current before the suspension is cleared. A non-refundable Tallahassee reinstatement service charge 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: Clerk of Court Collections Enforcement, PO Box 9000, Drawer CC-17, 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 Collections Enforcement Department in Polk County, Florida within 30 days of this signed order to receive instructions on completing community service hours. You must comply with all instructions set forth by the Clerk's Office. If your case is in outside collections the Clerk will recall the case upon successful completion of all community service hours, if applicable.

\_\_\_\_\_ No Action Taken - Community service previously approved. Contact Clerk’s Collections Enforcement Department regarding community service hours to obtain credit for this obligation.

\_\_\_\_\_ Denied

\_\_\_\_\_  
County Court Judge

\_\_\_\_\_  
Date

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

CITATION/CASE #: \_\_\_\_\_ Total Owed \$ \_\_\_\_\_

| <b>COLLECTIONS ENFORCEMENT DEPARTMENT</b>   |  |   |  |
|---|--|---|--|
| <b>Financial Statement / Declaración Financiera</b>   |  |   |  |
| <b>DEFENDANT INFORMATION / INFORMACION DE ACUSADO</b>   |  |   |  |
| 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:  |  |   |  |
| <b>Email address/Proveer correo electrónico:</b>  |  |   |  |
| Employer (Name and Address)/Empleador (Nombre y Dirección):   |  | Employer Phone Number Teléfono del Empleador:       | How long? Cuánto Tiempo?                               |
| <b>MONTHLY HOUSEHOLD (COMBINED) INCOME / INGRESOS MENSUALES DE FAMILIA</b>  |  |   |  |
| 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 \$ _____   |  |   |  |
| <b>BANKING / INFORMACION BANCARIA</b>   |  | <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 \$ _____  |  |   |  |
| <b>MONTHLY EXPENSES /GASTOS MENSUALES</b>   |  |   |  |
| <b>How many people do you support, other than yourself?/¿Cuántas personas usted mantiene? _____</b>   |  |   |  |
| 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: \$ _____ <b>TOTAL EXPENSES /TOTAL DE GASTOS: \$ _____</b>  |  |   |  |
| 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.   |  |   |  |
| _____<br>Defendant's Signature/Firma del Acusado  |  | _____<br>Clerk/Oficial de la Corte                  | _____<br>Date / Fecha                                  |

