



Office of Nikki Alvarez-Sowles, Esq.
Pasco County Clerk & Comptroller

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. Noncompliance with this payment plan may result in the suspension of my driver's license for failure to pay a financial obligation and my case(s) may be referred to a collection agency incurring additional collection fees.		
	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			Date
Section 2a		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	
Section 2b			
Payment Notifications Consent <i>Data and message rates may apply</i>			
I consent to payment notifications by email: <input type="checkbox"/> Yes <input type="checkbox"/> No		Email Address	
I consent to automated notifications by phone: <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone Number	
I consent to payment notifications by text message: <input type="checkbox"/> Yes <input type="checkbox"/> No		Cell Phone	

Applicant Full Name: _____

Applicant Initials: _____



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Section 3 Financial Information

How much can you afford to pay per month? \$
 How much can you afford to pay as a down payment? \$
 Total net 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 net annual income pay is: \$

My income sources are:

- 1. Primary Employment \$_____ weekly bi-weekly semi-monthly monthly yearly
- 2. Social Security benefits \$_____ weekly bi-weekly semi-monthly monthly yearly
- 3. Unemployment compensation \$_____ weekly bi-weekly semi-monthly monthly yearly
- 4. Reemployment Assistance \$_____ weekly bi-weekly semi-monthly monthly yearly
- 5. Union funds \$_____ weekly bi-weekly semi-monthly monthly yearly
- 6. Retirement/pensions \$_____ weekly bi-weekly semi-monthly monthly yearly
- 7. Trusts or gifts \$_____ weekly bi-weekly semi-monthly monthly yearly
- 8. Veterans' benefit \$_____ weekly bi-weekly semi-monthly monthly yearly
- 9. Worker's compensation \$_____ weekly bi-weekly semi-monthly monthly yearly
- 10. Rental income \$_____ weekly bi-weekly semi-monthly monthly yearly
- 11. Dividends or interest \$_____ weekly bi-weekly semi-monthly monthly yearly
- 12. Support from family members \$_____ weekly bi-weekly semi-monthly monthly yearly
- 13. Other income not on the 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. Do you expect to receive more assets soon? Yes No
 - a. If yes, the asset(s) and value(s) are _____

My total liabilities/debt is: \$_____

Applicant Full Name: _____

Applicant Initials: _____



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Section 4 Acceptable Payment Methods (s. 28.42(2), F.S.)			
<p>For checks or money orders, include the defendant's full name and "payment plan" in the memo line. Make checks payable to Nikki Alvarez-Sowles, Clerk & Comptroller.</p>			
Online:	<p>On eligible cases only. To determine eligibility, please go to: www.pascoclerk.com/647/Online-Payments-Information</p>		
By phone:	<p>Dade City: (352) 521-4542, Option 1 New Port Richey: (727) 847-8031, Option 1 Toll Free: (800) 368-2411, Ext. 4542 Option 1</p>		
By mail:	<p>Send check or money order to: Nikki Alvarez-Sowles, Clerk & Comptroller P.O. Box 338, New Port Richey, FL 34656-0338</p>		
In person:	<p>By using cash, check, money order, or card with your matching valid ID at:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><i>Robert D. Sumner Judicial Center</i> 38053 Live Oak Avenue, Suite 210 Dade City, FL 33523-3805</p> </td> <td style="width: 50%; vertical-align: top;"> <p><i>West Pasco Judicial Center</i> 7530 Little Road, Suite 106 New Port Richey, FL 34654-5598</p> </td> </tr> </table>	<p><i>Robert D. Sumner Judicial Center</i> 38053 Live Oak Avenue, Suite 210 Dade City, FL 33523-3805</p>	<p><i>West Pasco Judicial Center</i> 7530 Little Road, Suite 106 New Port Richey, FL 34654-5598</p>
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Section 5 Payment Plan Terms (s. 28.42(2), F.S.)			
Initial	<p>I understand that court-imposed financial obligations and civil penalties are penalties from my sentence or set by applicable law. I am required to pay for all fines, fees, and costs incurred from my case proceeding(s).</p>		
	<p>I understand and agree to pay a one-time \$25 administrative fee to establish a payment plan per case— (s. 28.24(27)(b), 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 administrative fee each time a new payment agreement is established. I further understand that MyFloridaCounty charges a fee of 3.5% per payment when making payments by credit or debit card. 		
	<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 PM EST on the date given. 		
	<p>I will 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. 		
	<p>I will notify the Clerk's Office immediately with a request to modify my original payment plan if my financial situation changes.</p>		

Applicant Full Name: _____

Applicant Initials: _____



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Section 6 Failure To Comply

Initial	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.). 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.). The collection agency may add up to a 40% percent fee to my outstanding balance, and I may need to pay the new balance through the collection agency.
	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.)

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

Payment Plan #:	Case(s):
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Payment Calculation and Schedule

Beginning Balance	\$
of Fines, Fees, Service Charges, Preparation Fees, and Court Costs	
Partial Payment Setup Fee	\$
\$25.00 x number of cases	
Total Amount Due	\$
Amount Paid Today	\$
Balance for Payment Plan	\$
Total Amount Due – Amount Paid Today	
\$ _____ is due by the 15th of each month until the balance is paid in full, starting on _____	
The total amount due is to be paid within _____ months.	

The Uniform Payment Plan may be customized by clerks to address local practices, such as the one-time Partial Payment Setup Fee vs. monthly payment plan fee, and other issues, as long as the resulting Uniform Payment Plan, as customized, remains substantially similar to this form.

Applicant Full Name: _____ Applicant Initials: _____

Internal Use Only: _____