

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, 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 County Criminal Department, 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 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 the County Criminal 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 \$ _____

COLLECTIONS ENFORCEMENT 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