



**Kelvin Soto, Esquire**  
 Clerk of the Circuit Court & Comptroller  
 Osceola County

**Payment Plan Application**

Section 1		ACKNOWLEDGEMENT OF TERMS AND FAILURE TO COMPLY CONSEQUENCES (s. 28.246(4), F.S.)	
<b>Initial</b>	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 and understand failure to do so may result in the suspension of my driver's license for failure to pay a financial obligation and potentially my case(s) being referred to a collection agency and additional collection fees assessed.		
	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.		
<b>Applicant Signature</b>			<b>Date</b>
Section 2		GENERAL INFORMATION (s. 28.246(4)(b), F.S.)	
<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>	
<b>Street Address</b>			
<b>City</b>		<b>State</b>	<b>Zip Code</b>
<b>Date of Birth</b>		<b>Driver License or State ID Number</b>	
PAYMENT NOTIFICATIONS Data and message rates may apply.			
<b>I consent to payment notifications by email</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Email Address</b>	
<b>I consent to automated notifications by phone</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>I consent to payment notifications by text message</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Phone Number</b>		<b>Cell Phone</b>	

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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? \$ \_\_\_\_\_

**My net income pay is \$ \_\_\_\_\_** (select only one)  weekly  bi-weekly  monthly  annually

Total net annual 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 income sources are:**

1. Social Security benefits \$ \_\_\_\_\_  weekly  bi-weekly  semi-monthly  monthly  yearly
2. Unemployment compensation \$ \_\_\_\_\_  weekly  bi-weekly  semi-monthly  monthly  yearly
3. Reemployment Assistance \$ \_\_\_\_\_ paid  weekly  bi-weekly  semi-monthly  monthly  yearly
4. Union funds \$ \_\_\_\_\_  weekly  bi-weekly  semi-monthly  monthly  yearly
5. Retirement/pensions \$ \_\_\_\_\_  weekly  bi-weekly  semi-monthly  monthly  yearly
6. Trusts or gifts \$ \_\_\_\_\_  weekly  bi-weekly  semi-monthly  monthly  yearly
7. Veterans' benefit \$ \_\_\_\_\_  weekly  bi-weekly  semi-monthly  monthly  yearly
8. Worker's compensation \$ \_\_\_\_\_  weekly  bi-weekly  semi-monthly  monthly  yearly
9. Rental income \$ \_\_\_\_\_  weekly  bi-weekly  semi-monthly  monthly  yearly
10. Dividends or interest \$ \_\_\_\_\_  weekly  bi-weekly  semi-monthly  monthly  yearly
11. Support from family members \$ \_\_\_\_\_  weekly  bi-weekly  semi-monthly  monthly  yearly
12. 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. I DO  / DO NOT  (select only one) expect to receive more assets soon. The asset(s) and value(s) are \_\_\_\_\_.

**My total liabilities/debt is: \$ \_\_\_\_\_**

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**Section 4 ACCEPTABLE PAYMENT METHODS**  
 (s. 28.42(2), F.S.)

**Payments can be made as follows:**

- Online: *www.osceolaclerk.com*, select *Payment Options > Make a Payment*,
- By phone: *888-912-1534*,
- By money order or cashier's check. Please include your payment plan number/name and mail to:  
*Osceola County Clerk of Court 2 Courthouse Square, Kissimmee, FL 34741*,
- In person: *2 Courthouse Square, Kissimmee, FL 34741* or
- *Visit any Amscot Location.*

**Section 5 PAYMENT PLAN TERMS**  
 (s. 28.42(2), F.S.)

<b>Initial</b>	I understand that court-imposed financial obligations and civil penalties are penalties from my sentence or set by applicable law and I am required to pay for all fines, fees, and costs incurred from my case proceeding(s).
	I understand and agree to pay a <i>one-time administrative fee of \$25.00 for civil traffic cases or a monthly administrative fee of \$5.00 for criminal cases</i> to establish a payment plan – (s. 28.24(27)(b) or s. 28.24(27)(c), F.S.). <ul style="list-style-type: none"> <li>• 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 \$25.00 or \$5.00 administrative fee each time a new payment agreement is established.</li> <li>• I further understand that <i>nCourt</i> charges a fee of <i>7 percent for online payments or 3.5 percent for in-person payments</i> per payment when making payments by credit card.</li> </ul>
	I understand that it is my responsibility to make timely payments pursuant to the plan, regardless of e-notification reminders. <ul style="list-style-type: none"> <li>• Payment is due no later than <i>11:59 PM Eastern Standard Time</i> on the date given.</li> </ul>
	I will timely update my address, cell phone number, email address and any other contact information with the Clerk's Office so that I may receive notifications. <ul style="list-style-type: none"> <li>• Failing to update my contact information may prevent me from receiving payment plan notifications.</li> </ul>
	I will notify the Clerk's office immediately with a request to modify my original payment plan if my financial situation changes.

**Section 6 FAILURE TO COMPLY**

<b>Initial</b>	Wilfully 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.). <ul style="list-style-type: none"> <li>• FLHSMV will send notification of suspension to the address they have on file.</li> </ul>
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	<p>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.).</p> <ul style="list-style-type: none"> <li>The collection agency may add <i>up to a 40 percent</i> fee to my outstanding balance, and I may need to pay the new balance through the collection agency.</li> </ul>	
	<p>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.</p>	
	<p>Criminal cases may be subject to a non-refundable lien fee of \$22.00.</p>	
<p><b>Section 7</b> <span style="float: right;"><b>COMPLETED BY CLERK'S OFFICE</b> (s. 28.42(2), F.S.)</span></p>		
<p><i>Reasonableness disclosure:</i> 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.</p>		
<b>Payment Plan #</b>	<b>Case(s) #:</b>	
<b>Payment Calculation</b>		
<b>Beginning Balance</b> of Fines, Filing Fees, Service Charges, and Court Costs Due	\$	
<b>Partial Payment Setup Fee</b> or monthly fee	\$25.00 one-time or \$5.00 monthly x number of months	
<b>Total Amount Due</b>	\$	
<b>Payment Schedule</b>		
<b>Amount Paid Today</b>	\$	
<b>Balance for Payment Plan</b>	\$	
On the ____ day of each month, beginning _____, until balance paid in full.	<p>\$ _____ a month</p> <p>(Monthly payment is considered reasonable if it does not exceed two percent of annual net income divided by 12.)</p>	
<p>The total amount due is to be paid within _____ months.</p>		

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