



Luis G. Montaldo, Clerk Ad Interim
 Circuit and County Courts
 Miami-Dade County

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 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.
	Indigency applicants must apply in-person.

Applicant Signature	Date
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- Signatures are required for applicants seeking determination of indigency for costs who must submit the application in person at a Clerk's Office location.

Section 2 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	

PAYMENT NOTIFICATIONS
 Data and message rates may apply.

I consent to payment notifications by email <input type="checkbox"/> Yes <input type="checkbox"/> No	Email Address:
I consent to automated notifications by phone (Not Applicable)	I consent to payment notifications by text message <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone Number:	Cell Phone:

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? \$ _____

My net income pay is \$ _____ (select only one) 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.

Number of Persons in the Household? _____

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 \$ _____ 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: \$ _____

Applicant Initials _____
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Section 4 ACCEPTABLE PAYMENT METHODS
 (s. 28.42(2), F.S.)

Payments can be made as follows:

- Online with credit card: www.miamidadeclerk.gov
- By phone with credit card: Traffic: 305-275-1111 Criminal: 305-275-1155
- By mail with personal check or money order payable to Clerk of Courts
Please include your case number.
- In person with check, money order, cash or credit card

Miami-Dade County - Criminal Division
 Richard E. Gerstein Justice Building
 1351 NW 12th St., Suite 9000
 Miami, Florida 33125

OR

Miami-Dade County - Traffic & Misdemeanor Division
 Richard E. Gerstein Justice Building
 1351 NW 12th St.,
 Miami, Florida 33125
 Suite 124 - Traffic
 Suite 8100 - Misdemeanor

For additional locations for payments in person visit our website:
www.miamidadeclerk.gov/clerk/location-district-courts.page

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

Initial	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 one-time \$25 administrative fee to establish a payment plan – (s. 28.24(27)(b) or s. 28.24(27)(c), F.S.). <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 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"> • Payment is due no later than 11:59 PM EST on the date given.
	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"> • Failing to update my contact information may prevent me from receiving payment plan notifications.
	I will notify the Clerk’s office immediately with a request to modify my original payment plan if my financial situation changes.

Applicant Initials _____ 3



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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.). <ul style="list-style-type: none"> • 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.). <ul style="list-style-type: none"> • The collection agency may add a 30 percent fee to my outstanding balance, and I may need to pay the new balance through the collection agency.

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.

Case(s) #	Payment Plan #:
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Payment Calculation

Current Beginning Balance of Fines, Filing Fees, Service Charges, and Court Costs Due	\$
Plus Partial Payment Setup Fee:	\$ 25.00
Total Amount Due:	\$

Payment Schedule

Less Amount Paid Today:	\$
Balance for Payment Plan:	\$
On the _____ day of each month, beginning on _____, until balance is paid in full.	\$_____ per month (Monthly payment is considered reasonable if it does not exceed two percent of annual net income divided by 12)

The total amount due is to be paid within _____ months.

AMERICANS WITH DISABILITIES ACT OF 1990

If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact the Clerk of Courts ADA Coordinator: Bibiana Candame, Courthouse East, 22 NW 1st. Street, 3rd Floor, Miami, Florida 33128. Telephone:305-679-1000, Fax: 305-679-1022, E-mail: COC-ADA@MiamiDade.gov, at least seven (7) days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than seven (7) days; if you are hearing or voice impaired call 711.

Applicant Initials _____