

**IN THE COUNTY COURT OF HIGHLANDS COUNTY
TRAFFIC DIVISION**

State of Florida,

Plaintiff,

-vs-

_____ Case Number

_____,
Defendant.

_____ Citation Number

REQUEST FOR EXTENSION OF TIME TO PAY FINE

Today's date: _____ Citation date: _____

DOB: _____ Daytime Phone #: (____) _____

Address: _____

Marital Status: _____ Spouse's Name: _____ # of Dependents: _____

Employer: _____ Employer's Address: _____

I am requesting an extension to pay my traffic fine because:

I understand that if my request is granted, I WAIVE my right to elect defensive driving school and WAIVE my right to elect a civil hearing before the County Judge.

I certify, under penalty of perjury, that I and my spouse (if married) is/am/are unemployed, indigent, or financially unable to pay this fine without an extension. Attached is a detailed financial affidavit. (WARNING: Incomplete affidavits will automatically result in a denial of your request).

I understand that failure to pay the fine by the extended due date will result in my drivers' license being suspended and late fees and/or court costs to be imposed. Once my privilege is suspended, a reinstatement fee will also be assessed. I also understand that unless this request is received by the Clerk no later than 30 calendar days after I received the citation, it will not be considered.

Signature

Date

Sworn to and subscribed before me this ____ day of _____, _____. My commission expires:

Notary Public/Deputy Clerk of Court

It is hereby Ordered and Adjudged that the defendant's request for an extension of time to pay fine is:

_____ **GRANTED**, with payment extension due date of _____.

_____ **DENIED**.

County Court Judge/Magistrate

Date

(continued on next page)

NET MONTHLY INCOME:

Average Monthly Income before deductions _____

Income of Spouse/Other Adult in Home _____

Court Ordered Support Payments _____

Social Security Benefits _____

S.S.I. _____

Worker's /Unemployment Compensation _____

Absent Family Member(s) Support _____

Veteran's Benefits/Union Funds _____

Public/Private Employee Pension(s) _____

Interest Income _____

Rent (received by you)/Trusts/Gifts _____

AFDC _____

Food Stamps _____

Other Monthly Income (must specify): _____

TOTAL MONTHLY INCOME:

\$ _____

MONTHLY EXPENSES/LIABILITIES:

Real Estate: Mortgage/Rent _____

Automobile Loan _____

Medical/Car Insurance _____

Food _____

Clothing _____

Utilities _____

Telephone/Cell/Beeper _____

Cable/Satellite Television _____

Education Loans _____

Child Care _____

Child Support (paid by you) _____

Tobacco Products _____

Alcoholic Beverages _____

Entertainment _____

Other notes/loans: _____

TOTAL MONTHLY EXPENSES:

\$ _____

If no monthly income is listed, how do you support yourself?:

ASSETS (list estimated amounts):

Cash _____
Checking Account(s) _____
Savings Account(s) _____
Stocks/Bonds/Notes _____
Real Estate (home) _____
Automobiles/Boats _____
Other (specify): _____

CREDIT CARDS/ LOAN ACCOUNTS:

Card/Loan Name	Credit Limit	Bal. Due
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL ASSETS: \$ _____

List any attempts you have made to borrow this money from other sources:

Any other information for Judge/Magistrate's review:

