**IN THE CIRCUIT COURT OF THE SECOND JUDICIAL CIRCUIT**

**IN AND FOR LEON COUNTY, FLORIDA**

STATE OF FLORIDA, Case Nos.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

vs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Defendant.

/

**Motion To Convert Costs/Fines To Community Service**

The undersigned Defendant hereby requests that the Court convert the assessed costs/fines to community service hours in the above cases as follows:

Case No. Amount of Fines/Fees Outstanding

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Factual details supporting the application:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By filing this motion, I understand:

 I must complete and submit an application of indigency or financial affidavit.

 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 reinstatement service charge may also be required before reinstatement. (F.S. 322).

 It is my responsibility to contact the Clerk’s Office to check the status of this motion.

 I understand that by filing this petition, the Court may hold a hearing on this petition, and that I must appear at the hearing. I understand that if I fail to appear at the hearing, the motion will be denied.

 I have read every statement made in this petition and each statement is true and correct. I understand that the statements made in this petition are being made under penalty of perjury, punishable as provided in section 837.02, Florida Statutes.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Defendant’s Signature Date

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_