

# COLLECTION DISPUTE FORM

Complete this form and send with any proof of payment (such as copies of: cancelled checks ----front & back, receipts, etc) to:

**Martin County Clerk's Office  
Criminal Division  
PO Box 9016  
Stuart FL 34995-9016**

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

Address: \_\_\_\_\_

\_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Case Number: \_\_\_\_\_

Amount in Dispute: \_\_\_\_\_

Explanation of dispute:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

- Upon receipt of this form, we will thoroughly research your disputed amount.
- Within 10 days, we will notify you by mail or phone (at your address/phone number listed above) with the results.