

ANNUAL REPORT OF CLAIMS FOR COLLECTIONS – SECTION 17.20, FLORIDA STATUTES FORM DFS-A6-2095
INSTRUCTIONS

Section 17.20(4), Florida Statutes (F.S.), specifies reporting requirements related to the state’s delinquent accounts. By October 1, each agency must submit a report to the President of the Senate, the Speaker of the House of Representatives, and the Chief Financial Officer (CFO). Reporting templates are available in Excel format at <http://www.myfloridacfo.com/division/AA/default.htm>.

Agencies must use these templates for reporting in order to maintain consistency statewide. Templates must not be altered in any manner. Each section of the report and its contents are discussed below.

Section 17.20(4)(a), F.S. – Accounts Referred for Collection

This section provides a listing of all accounts that were referred for collection during the fiscal year that preceded the October 1 filing date. Include all accounts referred to a debt collector, whether contracted by the CFO or contracted by the state agency pursuant to its independent statutory authority, if an agency-contracted debt collector is used. Accounts included in a prior year report must not be reported again; only original referrals should be reported. No account should appear on the report more than once. Data in the report must be as of June 30. The reporting template for this section contains the following fields:

ACCOUNTS REFERRED FOR COLLECTION		
FIELD	FIELD NAME	DEFINITION
1	Agency	Agency name
2	Agency Contact	Contact information for agency representative
3	Email	Email address of agency contact
4	Phone Number	Telephone number of agency contact
5	Agency OLO	A six-digit FLAIR OLO that represents your agency
6	Debtor First Name	First name of the person who owes the debt
7	Debtor Last Name/Company Name	Last name of the person who owes the debt or the name of the business/company which owes the debt
8	Debt Type	Select the appropriate debt type from the drop-down list. If the appropriate debt type is not available, the agency may use “other.”
9	Description of debt if “other” is selected as debt type	If “other” is selected as a debt type in the previous field, please provide an explanation. If “other” is not selected, leave this field blank.
10	Account Status	Status of the account as of June 30 1) Active – Actively being pursued by the collector 2) Closed – No longer being pursued by the collector

11	Original Due Date	The date the account became due and payable. The correct format is MM/DD/YY.
12	Date Referred	The date that the account was first referred to the debt collector. The correct format is MM/DD/YY.
13	Explanation if account was older than 120 days at time of referral	Provide an explanation regarding why the account was not referred within 120 days of becoming due and payable. If account was referred within the 120 days, leave this field blank.
14	Original Amount Referred	The amount that was referred for collection to the debt collector-original amount due plus any fees, fines or penalties assessed by the agency. Ensure the column is calculated correctly and summed after the last reporting cell. The correct format is \$XX.XX.
15	Amounts Collected	The amount that has been collected by the agency/debt collector. Ensure the column is calculated correctly and summed after the last reporting cell. The correct format is \$XX.XX.
16	Uncollected Balance	The amount of the debt that is still outstanding and owed to the agency. Ensure the column is calculated correctly and summed after the last reporting cell. The correct format is \$XX.XX.

Section 17.20(4)(b). F.S.– Accounts Not Referred for Collection

This section provides a listing of delinquent accounts over 120 days old that were not referred for collection during the fiscal year that preceded the October 1 filing date. Accounts included in a prior year report should not be reported again. Data in the report must be as of June 30. The reporting template for this section contains the following fields:

ACCOUNTS NOT REFERRED FOR COLLECTION		
FIELD	FIELD NAME	DEFINITION
1	Agency	Agency name
2	Agency Contact	Contact information for agency representative
3	Email	Email address of agency contact
4	Phone Number	Telephone number of agency contact
5	Agency OLO	A six-digit FLAIR OLO that represents your agency
6	Debtor First Name	First name of the person who owes the debt
7	Debtor Last Name/Company Name	Last name of the person who owes the debt or the name of the business/company which owes the debt
8	Debt Type	Select the appropriate debt type from the drop-down list. If the appropriate debt type is not available, the agency may use "other."
9	Description of debt if "other" is selected as debt type	If "other" is selected as a debt type in the previous field, please provide an explanation. If "other" is not selected, leave this field blank.
10	Original Due Date	The date the account became due and payable. The correct format is MM/DD/YY.
11	Original Amount Due	The original amount that was owed to the agency. Ensure the column is calculated correctly and summed after the last reporting cell. The correct format is \$XX.XX.
12	Uncollected Balance	The amount of the debt referred to the debt collector that is still outstanding and owed to the agency. Ensure the column is calculated correctly and summed after the last reporting cell. The correct format is \$XX.XX.
13	Reason for not Referring to Collector	Select the appropriate reason from the drop-down list.
14	Explanation if "other" is selected as a reason for not referring to collector	If "other" is selected as a reason for not referring to collector in the previous field, please provide an explanation. If "other" is not selected, leave this field blank.
15	Actions Taken to Collect	Explanation of the due diligence (e.g., number of letters and phone calls to the debtor) that the agency performed to collect

Section 17.20(4)(c), F.S. – Accounts Written-Off and/or Waived

This section provides a listing of accounts that were written off and/or waived in the fiscal year preceding the October 1 filing date. Data in the report must be as of June 30. The reporting template for this section contains the following fields:

ACCOUNTS WRITTEN-OFF AND/OR WAIVED		
FIELD	FIELD NAME	DEFINITION
1	Agency	Agency Name
2	Agency Contact	Contact information for agency representative
3	Email	Email address of agency contact
4	Phone Number	Telephone number of agency contact
5	Agency OLO	A six-digit FLAIR OLO that represents your agency
6	Debtor First Name	First name of the person who owes the debt
7	Debtor Last Name/Company Name	Last name of the person who owes the debt or the name of the business/company which owes the debt
8	Debt Type	Select the appropriate debt type from the drop-down list. If the appropriate debt type is not available, the agency may use "other."
9	Description of debt if "other" is selected as debt type.	If "other" is selected as a debt type in the previous field, please provide an explanation. If "other" is not selected, leave this field blank.
10	Original Amount Due	The original amount that was owed to the agency. Ensure the column is calculated correctly and summed after the last reporting cell. The correct format is \$XX.XX.
11	Amounts Collected	The total amount that has been collected by the agency and/or the debt collector. Ensure the column is calculated correctly and summed after the last reporting cell. The correct format is \$XX.XX.
12	Uncollected Balance	The amount of the debt that is still outstanding and owed to the agency. Ensure the column is calculated correctly and summed after the last reporting cell. The correct format is \$XX.XX.
13	Amount Written-Off	The amount of the debt that has been written-off/waived. Ensure the column is calculated correctly and summed after the last reporting cell. The correct format is \$XX.XX.
14	Approval Date	The date that DFS approved the write-off request - "N/A" if the agency did not obtain an approval from DFS
15	Reason for Write-Off	Reason why the account has been written-off. Select the appropriate reason from a drop-down list. If the appropriate reason is not available; the agency may use "other."
16	Reason for Write-Off if "other" is selected	If "other" is selected as the reason for write-off, please provide an explanation. If "other" is not selected, leave this field blank.
17	Still being Pursued by Collector?	Whether the account is still being pursued by the collector. Select the appropriate response from the drop-down list.

Confidential Information

For all sections of the report required by Section 17.20(4), F.S., accounts may be listed by account number or another type of identifier in lieu of debtor name, if the debtor's name is deemed confidential. List the account number or another type of unique identifier in the Debtor Last Name field. While applicable accounts must be included in all sections, agencies must ensure that any confidential identifying information is not shown in the remitted copy of the report.

Report Submission

Agencies must review the report for accuracy, appropriate formatting, and completeness prior to submission. Data for all divisions within an agency must be combined; do not send a separate report for each division. Because agency reports will be combined into a statewide report, please do not alter the reporting template (e.g., do not add headers to separate divisions, do not add additional columns).

In the event an agency does not have delinquent accounts for the time reported, the agency must submit a letter signed by the Administrative Service Director, or equivalent, attesting to this fact.

Agencies are required to accompany the report with an Executive Summary that gives a high-level narrative for the reporting period activities.

Agencies must submit an electronic copy of the report to the President of the Senate, Speaker of the House of Representatives, and the Chief Financial Officer (financialreporting@myfloridacfo.com). You may refer to the legislative websites, www.flsenate.gov and www.myfloridahouse.gov, to identify the current officers contact information.

Please contact financialreporting@myfloridacfo.com if you have questions.

Definitions

Term/Field	Definition
Account status	Status of the account as of June 30 1) Active – Actively being pursued by the collection agent 2) Closed – No longer being pursued by the collection agent
Actions taken to collect	State actions taken by the agency to collect the debt.
Agency	Agency name
Agency contact	Contact information for agency representative
Agency OLO	The agency's six digit FLAIR OLO
Amount collected	The amount of debt that has been collected. Include amount collected in house by the agency and amount collected by a collection agent. Ensure the column is calculated correctly and summed after the last reporting cell. Use format \$XX.XX.
Amount written-off	The amount of debt that was written-off and/or waived during the reporting fiscal year. Ensure the column is calculated correctly and summed after the last reporting cell. Use format \$XX.XX.
Approval date	The date the write-off request was approved. Indicate "N/A" if the agency did not obtain CFO approval.
Date referred	The date that the account was first referred to the collection agent. Use format MM/DD/YY.
Debt type	Select the appropriate debt type from the drop down list. If the appropriate debt type is not available, the agency may use "other."
Debtor first name	First name of the person who owes the debt
Debtor last name/company name	Last name of the person who owes the debt or the name of the business/company which owes the debt
Description of debt if "other" is selected as debt type	If "other" is selected as a debt type in the previous field, please provide an explanation. If "other" is not selected, leave this field blank.
Email	Email address of agency contact
Explanation if "other" is selected as a reason for not referring to collection agent	If "other" is selected as a reason for not referring to a collection agent in the previous field, please provide an explanation. If "other" is not selected, leave this field blank.
Explanation if account was older than 120 days at time of referral	Provide an explanation regarding why the account was referred later than 120 days after it was due and payable. If account was referred within 120 days, leave this field blank.
Original amount due	The original amount of debt that was owed to the agency. Ensure the column is calculated correctly and summed after the last reporting cell. Use format \$XX.XX.
Original amount referred	The amount of debt that was referred for collection. Include any fees, fines or penalties assessed by the agency. Ensure the column is calculated correctly and summed after the last reporting cell. Use format \$XX.XX.
Original due date	The date the account became due and payable. Use format MM/DD/YY.
Phone number	Telephone number of agency contact
Reason for not referring to collection agent	Select the appropriate reason from the drop down list.
Reason for write-off	Reason why the account was written-off. Select the appropriate reason from a drop down list. If the appropriate reason is not available, the agency may use "other."
Reason for write-off if "other" is selected	If "other" is selected as the reason for write-off, please provide an explanation. If "other" is not selected, leave this field blank.
Still being pursued by collection agent?	Whether the account is still being pursued by collection agent. Select the appropriate response from the drop down list.
Uncollected balance	The amount of debt that is still outstanding and owed to the agency. Ensure the column is calculated correctly and summed after the last reporting cell. Use format \$XX.XX.

Accounts Referred for Collection in Fiscal Year
Section 17.20 (4)(a), Florida Statutes

Agency: State Courts System
 Agency Contact: Mary Craft
 Email: CraftM@flocourts.org
 Phone Number: 850-488-3730

Totals **\$11,357.90** **\$1,025.00** **\$10,332.90**

Agency OLO (6 digits)	Debtor First Name (Optional)	Debtor Last Name/Company Name	Debt Type	Description of debt if "other" is selected as debt type	Account Status	Original Due Date	Date Referred	Explanation if account was older than 120 days at time of referral	Original Amount Referred	Amounts Collected	Uncollected Balance
220000	Michael	Bross	Nonpayment for State Goods/Services (Foster Care, Etc.)		Active	05/27/23	07/14/23		\$348.00	\$0.00	\$348.00
220000	Eloisa	Pino	Nonpayment for State Goods/Services (Foster Care, Etc.)		Active	06/12/23	07/14/23		\$348.00	0.00	\$348.00
220000	Shawn	Brown	Nonpayment for State Goods/Services (Foster Care, Etc.)		Active	06/09/23	07/14/23		\$348.00	\$0.00	\$348.00
220000		Loan Lawyers	Nonpayment for State Goods/Services (Foster Care, Etc.)		Active	06/03/23	07/14/23		\$348.00	\$0.00	\$348.00
220000	John	O'Hara	Nonpayment for State Goods/Services (Foster Care, Etc.)		Active	04/30/23	07/14/23		\$348.00	\$0.00	\$348.00
220000	Larry J	Bradley Jr.	Returned Checks		Active	07/21/23	08/17/23		\$40.60	\$0.00	\$40.60
220000		21st Century Construction Technology	Returned Checks		Active	08/09/23	08/17/23		\$365.40	\$0.00	\$365.40
220000	Joseph C	Flynn	Nonpayment for State Goods/Services (Foster Care, Etc.)		Active	06/29/23	08/17/23		\$348.00	\$0.00	\$348.00
220000	John	Jenkins	Nonpayment for State Goods/Services (Foster Care, Etc.)		Active	07/15/23	08/17/23		\$348.00	\$0.00	\$348.00
220000		Vernis Bowling of the Gulf Coast PA	Returned Checks		Active	08/23/23	11/20/23		\$347.71	\$0.00	\$347.71
220000		Vernis Bowling of the Gulf Coast PA	Returned Checks		Active	08/23/23	11/07/23		\$337.85	\$0.00	\$337.85
220000	Marc	Brown	Nonpayment for State Goods/Services (Foster Care, Etc.)		Active	01/05/24	02/05/24		\$348.00	\$300.00	\$48.00
220000	Jeremy	Bertsch	Nonpayment for State Goods/Services (Foster Care, Etc.)		Active	01/05/24	02/05/24		\$348.00	\$0.00	\$348.00
220000	Steven	Zakharyayev	Nonpayment for State Goods/Services (Foster Care, Etc.)		Active	01/05/24	02/07/24		\$348.00	\$0.00	\$348.00
220000	Tyler	Gilwit	Nonpayment for State Goods/Services (Foster Care, Etc.)		Closed	01/05/24	02/07/24		\$348.00	\$348.00	\$0.00
220000	Ferro	Henry	Nonpayment for State Goods/Services (Foster Care, Etc.)		Closed	01/05/24	02/07/24		\$348.00	\$348.00	\$0.00
220000	Charles E.	Saxton	Returned Checks		Closed	10/25/23	02/21/24		\$1,065.75	\$0.00	\$1,065.75
220000	Tangela	Allen	Returned Checks		Active	10/25/23	02/21/24		\$237.80	\$0.00	\$237.80
220000	Sharon Jacobs	Brown	Returned Checks		Active	01/09/24	02/29/24		\$237.80	\$0.00	\$237.80
220000		Flowers Law LLC	Returned Checks		Active	01/03/24	03/01/24		\$359.60	\$0.00	\$359.60
220000		Glockmom LLC	Returned Checks		Active	01/03/24	03/01/24		\$295.80	\$0.00	\$295.80
220000	Kerlyn	Joseph	Returned Checks		Active	01/02/24	03/01/24		\$40.60	\$0.00	\$40.60
220000	Danna Garcia	Silva	Returned Checks		Active	02/07/24	04/16/24		\$191.40	\$0.00	\$191.40
220000	Ian A	Wise	Returned Checks		Active	02/16/24	05/31/24		\$87.00	\$0.00	\$87.00
220000	Kevin J	Murphy	Returned Checks		Active	02/16/24	05/31/24		\$365.40	\$0.00	\$365.40
220000	Ali	Blankner	Returned Checks		Active	03/26/24	06/28/24		\$33.64	\$29.00	\$4.64
220000	Kaley	Pena	Overpayment of State Funds (Salary & Leave)		Active	02/29/24	05/31/24		\$3,129.15	\$0.00	\$3,129.15
220000	Kristie	Aussubel	Returned Checks		Active	02/07/24	05/31/24		\$46.40	\$0.00	\$46.40

Accounts Not Referred for Collection
 Section 17.20 (4)(b), Florida Statutes

Agency:
 Agency Contact:
 Email:
 Phone Number:

\$0.00 \$0.00

Agency OLO (6 digits)	Debtor First Name (Optional)	Debtor Last Name/Company Name	Debt Type	Description of debt if "other" is selected as debt type	Original Due Date	Original Amount Due	Uncollected Balance	Reason for not referring to collector	Explanation if "other" is selected as a reason for not referring to collector	Actions Taken to Collect
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Accounts Written-Off and/or Waived
Section 17.20 (4)(c), Florida Statutes

Agency:
Agency Contact:
Email:
Phone Number:

Totals \$0.00 \$0.00 \$0.00 \$0.00

Agency OLO (6 digits)	Debtor First Name (Optional)	Debtor Last Name/Company Name	Debt Type	Description of debt if "other" is selected as debt type	Original Amount Due	Amounts Collected	Uncollected Balance	Amount Written-Off	Approval Date	Reason for Write-Off	Reason for Write-Off if "other" is selected	Still being pursued by Collector?
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