Instructions

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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	0 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									

Definitions

Term/Field	Definition
	Status of the account as of June 30
Account status	Active – Actively being pursued by the collection agent
	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	If "other" is selected as a reason for not referring to a collection agent in the previous field, please provide
for not referring to collection agent	an explanation. If "other" is not selected, leave this field blank.
Explanation if account was older than 120	Provide an explanation regarding why the account was referred later than 120 days after it was due and
days at time of referral	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.
	The amount of debt that was referred for collection. Include any fees, fines or penalties assessed by the
Original amount referred	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: Fish and Wildlife Conservation Commission

Agency Contact: Rhonda Ward

Email: Rhonda.Ward@myfwc.com

 Phone Number:
 850-617-9649

 Totals
 \$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	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
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(Optional)	Name/Company Name	Беві Туре	debi type	Account Status	Date	Date Neierieu	days at time of referral	Neierreu	Collected	Dalatice

770000 Nothing to Report

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

Agency: Agency Contact:

Phone Number:

\$0.00 \$0.00

										1
				Description of debt if						1
Agency OLO	Debtor First Name	Debtor Last		"other" is selected as	Original Due	Original	Uncollected		Explanation if "other" is selected as a	1
(6 digits)	(Optional)	Name/Company Name	Debt Type	debt type	Date	Amount Due	Balance	Reason for not referring to collector	reason for not referring to collector	Actions Taken to Collect
770000	N. II									

770000 Nothing to Report

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

				Description of debt if								
Agency OLO	Debtor First Name	Debtor Last		"other" is selected as	Original	Amounts	Uncollected	Amount	Approval		Reason for Write-Off	Still being pursued
(6 digits)	(Optional)	Name/Company Name	Debt Type	debt type	Amount Due	Collected	Balance	Written-Off	Date	Reason for Write-Off	if "other" is selected	by Collector?
770000	Mathina to report											

770000 Nothing to report