

IN THE CIRCUIT/COUNTY COURT OF THE FIRST JUDICIAL CIRCUIT  
IN AND FOR SANTA ROSA COUNTY, FLORIDA

STATE OF FLORIDA

VS.

CASE #: \_\_\_\_\_

\_\_\_\_\_  
Defendant

**CRIMINAL/NON-CRIMINAL/TRAFFIC PARTIAL PAYMENT AGREEMENT**

You have been order to pay partial payments to the Clerk of Court, Santa Rosa County, Florida. Defendant represents that Defendant will pay the sum of \$\_\_\_\_\_ plus an administrative fee of \$25.00 (one time fee) or \$5.00(per month) pursuant to this Partial Payment Agreement.

Defendant submits the following financial information:

1. Place of Employment: \_\_\_\_\_  
Address of Employer: \_\_\_\_\_  
Employer's Telephone Number: \_\_\_\_\_ Salary \$: \_\_\_\_\_  
How Long Employed: \_\_\_\_\_ Hours worked per week: \_\_\_\_\_
2. Own, rent or Board? \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

The Defendants agrees as follows:

1. All payments will be in cash, money order, cashier's check, or certified check.
2. Defendant will pay \$\_\_\_\_\_ today, followed by \$\_\_\_\_\_ every \_\_\_\_\_  
Days beginning on or before \_\_\_\_\_ until the balance of  
\$\_\_\_\_\_ is paid.

If you fail to comply with the payment plan pursuant to this agreement and you remain in default for five (5) calendar days from the due date of the payment, your driver's license may be suspended and you will be assessed additional fees.

I understand the above terms and obligations and I agree to comply with this Partial Payment Agreement.

Defendants Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You may pay in person between 8:00 a.m. and 4:30 p.m. Monday thru Friday at any of the following addresses:

Santa Rosa County Courthouse  
6865 Caroline Street  
Milton, FL 32570

South End Service Center  
5841 Gulf Breeze Pkwy.  
Gulf Breeze, FL 32563 Box C

You may pay by mail – make certified check, cashier's check or money order payable to Clerk of Court.  
Mail to: Clerk of Courts, P.O. Box 472, Milton, FL 32572

Deputy Clerk: \_\_\_\_\_ Date: \_\_\_\_\_

Original – Clerks Office  
Copy – Defendant  
Copy - Probation