

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

STATE OF FLORIDA

VS.

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

**Defendant**

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

You, the Defendant, have elected or have been ordered by the Court to pay partial payments to the Clerk of Courts, Santa Rosa County, Florida. You represent that you are unable to pay the fines/costs due on this case without a payment plan. You will pay the amount owed plus an administrative fee of \$25.00 (one-time fee per case) pursuant to this Partial Payment Agreement.

**Defendant submits the following financial/contract information:**

1. **Mailing Address:** \_\_\_\_\_; **City:** \_\_\_\_\_; **State:** \_\_\_\_\_; **Zip:** \_\_\_\_\_

2. **Home Phone:** \_\_\_\_\_ **Cell Phone/Pager:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

Primary Contact Number: Home Phone:  Cell Phone:  Work Phone:

3. **Employer:** \_\_\_\_\_

4. Income: \$ \_\_\_\_\_  Weekly  Bi Weekly  Monthly 5. Email: \_\_\_\_\_

**List Name and Phone Number(s) of Personal Reference:**

Name	Phone	Alt. Phone	Relationship

**The defendant agrees as follows:**

1. Acceptable forms of payment are cash, money order, cashier's check, certified check, local check, debit or credit card.

Clerk Only:

<p>2. Defendant will pay the one-time fee of \$25.00 per case(to be paid with first payment).</p> <p>3. Defendant will pay \$ _____ today or defendant's first payment of \$ _____ will be paid on _____ followed by \$ _____ on the <input type="checkbox"/> 10<sup>th</sup> or <input type="checkbox"/> 20<sup>th</sup> or <input type="checkbox"/> 30<sup>th</sup> or _____ of each month. <small>(County Probation Cases) (Collection Dept.)</small></p> <p>The balance of \$ _____ (plus partial pay fees, judgment interest, service charges and/or collection fees, if any) must be paid in full by _____</p> <p>4. Payments may be paid before the due date and/or for more than the agreed upon amount without penalty</p>
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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 driving privilege may be suspended. In addition, you will be assessed additional fees and this agreement will be **null and void**. I understand the above terms and obligations and I agree to comply with this Partial Payment Agreement. The **Santa Rosa County Clerk is authorized to send me, as a courtesy, automated reminder messages.**

\_\_\_\_\_  
**Defendant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Deputy Clerk/Notary Public

\_\_\_\_\_  
Date

Payment Options

- a. You may pay by local check or money order by mail to **Clerk of Courts, P.O. Box 472 Milton, FL 32572, Attn: Your Case #**
- b. You may pay in person by cash, local check, money order, or credit/debit card between 8:00 am and 4:30 pm\*, Monday thru Friday at the Santa Rosa County Courthouse, 6865 Caroline St. Milton, FL 32570 or South End Service Ctr., 5841 Gulf Breeze Pkwy., Gulf Breeze, FL.
- c. You may pay by credit/debit card by phone during normal business hours\* Please call (850)981-5570