

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

STATE OF FLORIDA

CASE #: _____

vs.

Last 4 digits of SSN: _____

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) pursuant to this Partial Payment Agreement.

Defendant submits the following financial/contact information:

1. Mailing Address: _____

2. Home Phone: _____ Cell Phone/Pager: _____ Work Phone: _____

3. Employer: _____

4. Income: \$ _____ Weekly Bi Weekly Monthly Available Checking/Savings Balance: \$ _____ Available Credit Card Limit(s): \$ _____

List Names, Addresses and Phone Numbers of Two (2) Personal References:

Name	Street Address	City & State	Zip	Phone	Relationship

Name	Street Address	City & State	Zip	Phone	Relationship

The defendant agrees as follows:

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

2. Defendant will pay the one-time fee of \$25.00 (to be paid with first payment). _____ (please initial)

3. Defendant will pay \$ _____ today or defendant's first payment of \$ _____ will be paid on _____

followed by \$ _____ on the 5th (No Probation or Collections) or 20th (Probation Cases) or 30th (Collection Cases) or _____

of each month until the balance of \$ _____ (plus partial pay fees and collection fees, if any) is paid in full.

****All cases to be paid in full within 6 months (non-criminal)/12 months (criminal) from agreement date, unless otherwise ordered by the court.****

4. Payments may be paid before the due date and/or for more than the agreed upon amount without penalty.

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 and a warrant may be issued for your arrest. 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.

Defendant's Signature

Date

Deputy Clerk/Notary Public

Date

Payment options:

- a. You may pay by 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, check, money order, or credit/debit card between 8:00 am and 4:30 pm*, Monday thru Friday at SRC 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.
- d. If your case has been referred to a collection agency, payments must be made through the collection agency. (386)752-0068