

**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
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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.

For Clerk Use Only:

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

3. Defendant will pay \$_____ today or defendant's first payment of \$_____ will be paid on _____ followed by \$_____ on the ☐ 10th or ☐ 20th or ☐ 30th **NEXT PAYMENT DUE** _____.

(County Probation Cases) (Collection Dept.)

The balance of \$_____ (plus partial pay fees, judgment interest, service charges and/or collection fees, if any) must be paid in full by _____

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

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: For Your Case # See above.**
- 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

You have provided us with the following cellular number _____ and the following email address _____.

- By signing below, you understand and agree you are providing Santa Rosa County Clerk of Court and its affiliates, agents and service providers with your express consent to use written, electronic or verbal means to contact you. This consent includes but is not limited to, contact by manual calling methods, prerecorded or artificial voice messages, text messages, emails and/or automatic telephone dialing systems with regard to services, fines, penalties, restitution owed by you to this Court today or in the future.
- You may revoke consent for us to contact you by any of these methods or otherwise restrict your permissions as provided in this form by simply calling us at 850-981-5655 or visiting our business office any time you are at our facility.

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.

Defendant's Signature

Date

Deputy Clerk/Notary Public

Date