

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT
IN AND FOR MARION COUNTY, FLORIDA

Citation #(s): _____

Count(s): _____

Defendant

REQUEST FOR JUDGMENT PAYOFF STATEMENT

I, _____, hereby request a Judgment Payoff Statement on the above referenced case number and counts to be calculated through _____ (date payment will be made).

I understand that if I do not make payment **on the date above** a new Request for Judgment Payoff Statement will need to be submitted and any applicable fees for said request will need to be paid prior to the request being processed.

I understand that there is a \$7.00 fee that must be paid at the time that this request is submitted for the Judgment Payoff Statement to be created.

Requestor's Name

Phone Number

Email Address

Submit this signed form to the Traffic department of the Clerk's Office via the Portal www.flcourtagency.com or electronically to TrafficForms@marioncountyclerk.org.