



Gregory C. Harrell
Clerk of Court and Comptroller
Payment Plan Agreement Request Form

Full Name: _____ Date of Birth: _____

Case Number(s) _____

Address: _____

City: _____ State _____ Zip Code _____

Mobile/Cell #: _____ Email: _____

I understand that I must keep my contact information updated with the Clerk's Office. By signing and submitting this application, you consent to receive electronic notifications, if and when such electronic service becomes available.

Financial Information

I attest/confirm/swear that the information provided on this application is true and accurate to the best of my knowledge and belief.

My net income \$ _____ (select only one) ☐ weekly ☐ bi-weekly ☐ monthly ☐ annually.

Or

I have the ability to pay at a rate of \$50.00 per month or higher per case(s). Please indicate such amount here:

\$ _____

I am requesting to establish a payment plan agreement for the above-listed citation(s) or case(s). A payment schedule will be created as referenced below and provided to me. I understand that the monthly payment will be due until paid in full. I agree to pay the lessor of 10 percent of the total financial obligation or \$100.00 as a down payment today.

I further understand that failure to comply with the payment plan will cause a default of the agreement, which may result in a notification being sent to the Department of Highway Safety and Motor Vehicles to suspend my driver's license and prohibit me from renewing my vehicle registration. Additionally, the case will be referred to a collection agency for further processing with an additional collection agency fee of up to 40% of the amount due. When the case is referred to a collection agency, this amount will be added to the balance. In addition, in certain cases, a civil lien fee may be added to the original fine.

Once approved, the Clerk will notify you of the terms and instructions for making your payment. I understand the Clerk charges a \$25 one-time payment plan fee. I also understand that MyFloridaCounty.com charges a fee of 3.5% per payment when making payments by credit card. This agreement will not be in effect until your first payment or down payment has been received and processed. Please contact our office at TrafficForms@marioncountyclerk.org or www.marioncountyclerk.org if you have any questions.

Failure to keep the plan current may result in a suspended driver's license, the inability to renew a vehicle registration and additional fees added to the original fine.

Signature: _____ Date: _____

THIS SECTION IS TO BE COMPLETED BY THE CLERK'S OFFICE – PAYMENT PLAN AGREEMENT

Balance of fines, filing fees, service charges & Court Costs Owed \$ _____

Applicable late/D6 fees \$ _____ Partial Payment Setup Fee \$ _____. The first payment of \$ _____ will be due on _____. The subsequent payments of \$ _____ will start on _____ and be due on the _____ day of the month until paid in full.