

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

STATE OF FLORIDA

CASE#: _____

VS.

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.

Address: _____

City: _____ State: _____ Zip: _____

Primary Contact Phone Number: _____ Work Phone Number: _____

Email: _____

Personal Reference: _____ Phone: _____

FOR CLERK USE ONLY:

THE DEFENDANT AGREES AS FOLLOWS:

1. Defendant will pay the one-time fee of \$25.00 per case (to be paid with first payment).
2. Defendant will pay\$ _____ today or defendant's first payment of \$_____ will be paid on _____
or upon return of paperwork.
followed by \$_____ **PER MONTH.** **NEXT PAYMENT DUE:** _____
PAYMENTS ARE DUE NO LATER THAN THE 10TH ○ _____ 30TH ○ OF EACH MONTH.
3. The balance of \$_____ (plus partial pay fees, judgment interest, service charges and/or collection fees, if any) to be paid in full.
4. **Payments are due on or before the due date for the agreed upon amount or more without penalty.**

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

PAYMENT OPTIONS:

IN PERSON:

To the Santa Rosa County Courthouse, 4025 Avalon Blvd. Milton, FL 32583 or South End Service Ctr., 5841 Gulf Breeze Pkwy., Gulf Breeze, FL.

Monday thru Friday 8:00 am to 4:30 pm. (cash, check, money order or credit/debit card accepted)

BY MAIL SEND TO:

Clerk of Courts, P.O. Box 472 Milton, FL 32572.

(check or money order only, made payable to the Clerk of Court; **DO NOT** send cash if paying by mail)

PAYMENTS MADE BY PHONE: (850) 981-5554, PRESS # 7

PAYMENTS MADE ON LINE: WWW.SANTAROSACLERK.COM

COLLECTION DEPT: SHEILA (850)981-5639 CARRIE (850) 981-5655

ASHLEE (850) 983-4638 CINDY (850) 981-5654

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