

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

STATE OF FLORIDA

CASE _____

vs.

Defendant

PAYMENT PLAN NUMBER: _____

CRIMINAL / NON-CRIMINAL / TRAFFIC PARTIAL PAYMENT AGREEMENT – LONG TERM

You, the Defendant, have elected or have been ordered by the Court to pay partial payments to the Clerk of Court of Okaloosa 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 a one-time administrative fee of \$25.00 pursuant to this Partial Payment Agreement. Defendant submits the following financial/ contact information:

1. Mailing Address: _____

City: _____ State: _____ Zip: _____

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

3. Employer: _____

4. Yearly Income (Net – after taxes): \$ _____

5. Do you pay court ordered child support or alimony?

If so, list total: _____ monthly/weekly/bi-weekly (circle one)

6. Email Address: _____ ****REQUIRED FILED****

****REQUIRED FOR NOTIFICATION OF PAYMENT DELIQUENCY AND/OR SUSPENSION OF DRIVER'S LICENSE****

The defendant agrees as follows:

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

2. Monthly payments of \$ _____ will be due on the _____ of each month; with the first payment being due on: _____ (date -must be within 30 days).

****any deviation from guidelines set by Clerk's policy Number 5102 requires a Supervisor's approval****

Supervisor's Approval/Signature: _____

3. The balance of \$ _____ must be paid in full by _____ (final payment date). _____ (please initial)

4. Payments may be paid before the due date and/or for more than the agreed upon amount without penalty.
5. A one-time administrative fee of \$25.00 per case is due upon initiation of this contract.

****YOU CAN MAKE YOUR SCHEDULED PAYMENT THROUGH NCOURT AT: WWW.OKALOOSACOTIX.COM OR BY CALLING TOLL FREE 1-855-893-7926****

*****ANY REQUIREMENTS & TIME DEADLINES IMPOSED BY THE COURT (EX: SHOWING PROOF OF INSURANCE, VALID LICENSE, TRAFFIC SCHOOL DEADLINES, ETC.) ARE NOT EXTENDED BY THIS AGREEMENT – THIS AGREEMENT IS FOR FINANCIAL OBLIGATIONS ONLY. IF YOU DO NOT COMPLY WITH REQUIREMENTS/DEADLINES ORDERED BY THE COURT, LICENSE SUSPENSIONS AND SUSPENSION FEES MAY APPLY FOR NON-COMPLIANCES*****

If you fail to comply with the payment plan pursuant to this agreement and you remain in default ten (10) calendar days from the due date of the payment, your driving privilege may be suspended. Also, 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 the Partial Payment Agreement. By signature below, I authorize the Okaloosa County Clerk of Court's office to contact me via email at the email address I have provided on this form. **Failure to provide a current email address will result in additional fees, suspension of driver's license and cancelled payment agreement without notification.**

Defendant's Signature

Date

IN THE CIRCUIT/COUNTY COURT OF THE FIRST JUDICIAL CIRCUIT
IN AND FOR OKALOOSA COUNTY, FLORIDA
PAYMENT PLAN INFORMATION

Name: _____ Date: _____

Case No. _____

_____ I will provide my case number(s) or payment plan number each time I make a payment or I will present the paperwork each time I visit the Clerk's Office.

_____ I will promptly notify the Clerk's Office of any address or email changes.

Monthly payment responsibilities

_____ The Clerk's Office does not provide coupon books or statements as payment reminders.

_____ It is my responsibility to remit my payment each month in a timely manner.

_____ If an additional amount is paid within the same month it does not omit my next monthly payment.

_____ "Current" means I have paid my required installment no later than 5:00 P.M. on the payment due date specified on my payment plan agreement each month until the total financial obligations are paid in full.

_____ This agreement is for financial obligations only and does not extend any requirements imposed by the Judge.

_____ I acknowledge that any notification of late payments will be sent to me via email; if no email address is provided, I may not be notified.

Failure to meet monthly payment responsibilities

_____ My payment agreement will automatically cancel.

_____ Process will begin to suspend my driver's license.

_____ My case will be referred to a collections agency; a 35% fee will be added by the collections agency.

Acceptable forms of payment are money order, cashier's check, and credit card. No personal checks are accepted. Cash payments can be made in person only. Always include a case number when mailing payments to:

Okaloosa County Clerk of the Circuit Court

Attn: Customer Service
1940 Lewis Turner Blvd.
Fort Walton Beach, FL 32547
(850) 651-7200, ext. 4450

or

Attn: Customer Service
601B N. Pearl Street
Crestview, FL 32536
(850) 689-5000, ext. 4450

The Clerk of the Circuit Court follows collection policies as specified in Florida Statute 28.246 and 322.245.

Defendant's Signature