

IN THE CIRCUIT/COUNTY COURT OF THE SEVENTH JUDICIAL CIRCUIT  
IN AND FOR ST. JOHNS COUNTY, FLORIDA

PAYMENT CONTRACT

Case Number: \_\_\_\_\_

I \_\_\_\_\_, am obligated to pay court-related fees, fines, charges, and court costs in the amount of \_\_\_\_\_. I agree to pay the balance in full by the designated due date of \_\_\_\_\_. **(\*Due date will be determined upon receipt of fee and completed payment contract. Once contract is approved, a copy of this contract with due date will be emailed or mailed to the address you provide.**

**I understand by contracting this payment plan I am waiving my option to elect court on this case; points may be assessed to my license except when Adjudication was withheld.** I understand the above terms and obligations, and I agree to comply with this Payment Contract. Failure to comply with this contract may result in late fees, license suspension and collection enforcement as provided by law. Such collection enforcement may include referral to a collection agency authorized to add a collection fee of up to 35% of the outstanding balance on your case. I understand there is, in addition to the foregoing, a one-time, non-refundable administrative fee of \$25.00 payable at the initiation of this agreement.

Print Full Name: \_\_\_\_\_  
First Middle Last Maiden

Street Address: \_\_\_\_\_  
Street City State Zip

Mailing Address (if different): \_\_\_\_\_

Rent or Own: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Drivers License # \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

(Staff use only - Verification of phone numbers: Yes \_\_\_\_\_, No \_\_\_\_\_ Date \_\_\_\_\_)

E-mail address: \_\_\_\_\_

Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_  
Street City State Zip

How Long Employed: \_\_\_\_\_ Salary \_\_\_\_\_ weekly/bi-weekly

List name, address and phone number of two (2) personal references NOT related to you:

\_\_\_\_\_  
Name Street City & State Zip phone number

\_\_\_\_\_  
Name Street City & State Zip phone number

Bank Account (circle all that apply) Checking Savings Other: \_\_\_\_\_ Approximate Balance \$ \_\_\_\_\_

Under the penalty of perjury, I hereby certify the information I have supplied is a complete and accurate statement of my current financial condition. I further authorize St. Johns County Clerk of Courts' employees or agent, to conduct a complete and thorough investigation of the above information, and to contact me by phone, cell phone, e-mail, or mail at the Clerk's discretion. I understand this investigation could include direct verifications of all information given and the obtaining of report from credit reporting agencies. It is with this understanding and acknowledgment that I formally request an extension of time to pay fines, fees and court costs now due and payable to St. Johns County Clerk of Courts.

\_\_\_\_\_  
Applicant's Signature Date

State of \_\_\_\_\_ County of \_\_\_\_\_

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 2010

Personally known \_\_\_\_\_ (seal)

Produced Identification \_\_\_\_\_

\_\_\_\_\_  
Notary Public

Payment may be made by Credit Card, Check, Cashier's Check, and Money Order. **PLEASE DO NOT MAIL CASH.** Cash must be paid in person, at the courthouse traffic division between business hours: 8:00 to 5:00 Monday thru Friday with the exception of holidays. Payments must be made payable to Hunter S. Conrad, Clerk of Courts & Comptroller, and mailed to 4010 Lewis Speedway, Saint Augustine Florida 32084. Attention: Traffic. Payments may also be made through our website at <http://www.clk.co.st-johns.fl.us/>