

**St. Johns County Clerk of the Circuit Court and Comptroller
Payment Plan Agreement Request Form**

Name:		Citation or Case Number(s):
Address:		
Phone Number:		Email:
FINANCIAL INFORMATION		
Monthly Household Income:	Monthly Household Expenses:	Desired Monthly Payment:

I acknowledge and verify the information provided is correct. If any of the above-listed information changes, I will provide written notification to the St. Johns County Clerk of the Circuit Court and County Comptroller.

I request 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 the monthly payment will be due until paid in full.

I understand failure to comply with the payment plan may result in a notification being sent to the Florida Department of Highway Safety and Motor Vehicles (FLHSMV). The FLHSMV may suspend your driving privileges. I also understand if I fail to comply the Clerk's Office will refer my case to a collection agency which may result in additional fees up to 40% of the amount owed. In certain cases, a civil lien fee may be added to the original fine amount.

I understand and agree to pay a one-time \$25 administrative fee to establish a payment plan. The Clerk's Office will provide the instructions for payment by phone, online, or in person. This agreement is not effective until your first payment is received and processed. Email the contract to CUSTOMERCARE@STJOHNSCLERK.COM. Please contact our office at (904) 819-3600 or visit our website www.stjohnsclerk.com if you have any questions.

FAILURE TO PAY MAY RESULT IN A SUSPENDED DRIVER LICENSE.

Signature:	Date:
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THIS SECTION IS TO BE COMPLETED BY THE CLERK'S OFFICE	
Total Amount Owed:	
The defendant will follow the payment schedule delineated in Schedule _____.	
Schedule A	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. The contract will end on _____.
Schedule B	This is a _____-month contract, no minimum monthly payments are due. The balance of _____ must be paid in full by _____.