



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

Full Name: \_\_\_\_\_

Citation Number(s): \_\_\_\_\_

Case Number(s): \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

I acknowledge and verify the mailing address provided is correct. I will keep my contact information updated with the Clerk's Office, so I may receive payment plan notifications. By signing and submitting this application, I consent to receive electronic notifications.

Financial Information	
Monthly Household Income: \$ _____	Monthly Household Expenses: \$ _____
<b>Monthly Amount I Can Afford to Pay on this Payment Plan: \$ _____</b>	

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 the monthly payment will be due until paid in full. I agree to pay the lesser of 10-percent of the total fine or \$100 as a down payment today.

I understand failure to comply with the payment plan will cause a default of the agreement, which may result in a notification being sent to the Florida Department of Highway Safety and Motor Vehicles (FLHSMV). Action taken by FLHSMV may prohibit registering/renewing a vehicle and suspension of driving privileges. The case will be referred to a collection agency for further processing with an additional collection agency fee of up to 40-percent of the amount due. In certain cases, a civil lien fee may be added to the original fine amount.

The Clerk's Office will notify you of the terms and instructions for payment by phone, online, or in-person. I understand the Clerk's Office may charge \$5 per month or require a one-time payment plan fee in the amount of \$25. I also understand that nCourt charges a fee of up to 7-percent when making payments by credit card. This agreement will not be in effect until your first payment or down payment is received and processed. Please contact our office at (904) 819-3688 or visit our website [www.stjohnsclerk.com](http://www.stjohnsclerk.com) if you have any questions.

**Failure to fulfill the agreement may result in a suspended driver license, the inability to renew vehicle registration, and additional fees assessed to the original fine.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

THIS SECTION IS TO BE COMPLETED BY THE CLERK'S OFFICE	
Total Amount Owed: \$ _____	
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.	