IN THE CIRCUIT/COUNTY COURT OF THE THIRD JUDICIAL CIRCUIT

IN AND FOR HAMILTON COUNTY, FLORIDA

CASE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Defendant

**PARTIAL PAYMENT AGREEMENT**

You, the Defendant, have elected or have been ordered by the Court to pay partial payments to the Clerk of Courts, Hamilton 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) pursuant to this Partial Payment Agreement.

**Defendant submits the following financial/contact information:**

**1**. Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; State:\_\_\_\_\_; Zip:\_\_\_\_\_\_\_\_

**2.** Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone/Pager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Contact Number: Home Phone: Cell Phone: Work Phone:

**3.** Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4.** Income: $ \_\_\_\_\_\_\_\_\_ Weekly Bi Weekly Monthly  **5.** Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List Name and Phone Number(s) of Personal Reference:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Phone Alt. Phone Relationship

**The Defendant agrees as follows:**

**1.** Acceptable forms of payment are cash, money order, cashier’s check, certified check, local check, debit or credit card.

**2**. Defendant will pay the one-time partial payment fee of $25.00 at the time filing this agreement.

**3.** Defendant will pay the first payment of $\_\_\_\_\_\_\_\_\_ along with the $25.00 partial payment fee at the time of filing this agreement.

4. Defendant agrees to by $\_\_\_\_\_\_\_\_\_ on the 10th or  20th or 30th of each month until the balance is paid in full.

**5**. Payments may be paid before the due date and/or for more than the agreed upon amount without penalty.

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 may 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. The **Hamilton County Clerk of Courts is authorized to send me, as a courtesy, automated reminder messages.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Defendant’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Deputy Clerk/Assistant Clerk/Notary Public Date

Payment options:

**a**. You may pay by local check or money order by mail to Clerk of Courts, Hamilton County, Attn: *Your Case #*

**b**. You may pay in person by cash, local check, money order, or credit/debit card between 8:00 am and 4:30 pm\*, Monday thru Friday at the Hamilton County Courthouse, 207 NE 1st Street, Room 106 Jasper, FL 32052.

**c.** You may pay by credit/debit card by phone during normal business hours\*. Please call (386) 792-1288.