



Payment Amount: _____ Final Payment Due By: _____
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**THE CIRCUIT/COUNTY COURT OF THE SIXTH JUDICIAL CIRCUIT
IN AND FOR PASCO COUNTY, FLORIDA**

STATE OF FLORIDA
IN THE INTEREST OF

CASE #: _____

VS.

SPN #: _____

Defendant/Minor Child(ren)/Respondent

SECTION: _____

PAYMENT PLAN

Pursuant to § 28.246, Florida Statutes, I _____ acknowledge that I have filed my financial affidavit and have been determined to be indigent or currently do not have the ability to pay fines, costs, penalties, fees and charges, in the amount indicated on my judgment or by statute, in full. I hereby request the establishment of a Payment Plan with Paula S. O'Neil, Clerk and Comptroller which will include a \$25.00 one time initial processing fee as authorized in § 28.24(26)(b), Florida Statutes.

1. I will be obligated to pay all fines, costs, penalties, fees and charges assessed by the Court per the established payment plan or required by Department of Corrections.
2. I will be obligated to pay all fines, costs, penalties, fees and charges assessed by the Court per the established payment plan of Pasco County Misdemeanor Probation.
3. I will be obligated to pay all fines, costs, penalties, fees and charges assessed by the Court per the established agreement with the Department of Juvenile Justice.
4. I will be obligated to pay all fines, costs, penalties, fees and charges assessed by the Court, in the amount indicated in my judgment, or by statute. I agree to pay monthly payments sufficient to satisfy this obligation in full by the due date set by the court or general law, beginning one month from the inception date of this payment plan and continuing in a time frame ordered by the court. I also agree to pay any additional fines, costs, penalties, fees and charges that may arise on this case.

I understand by submitting a payment plan for a civil traffic infraction I am waiving my right to elect a driver improvement course.

As part of this payment plan, I submit the following information and confirm that the information is correct. I agree to immediately advise the Clerk and Comptroller should any of this information change. Failure to fully comply with this payment plan may result in the suspension of my driver's license.

PLEASE PRINT:

NAME: _____ **DATE OF BIRTH:** _____

DL/STATE ID#: _____ **STATE ISSUED:** _____

MAILING ADDRESS: _____

HOME PHONE #: _____ **OTHER PHONE #:** _____

EMPLOYER: _____ **EMPLOYER PHONE #:** _____

EMPLOYER ADDRESS: _____

EMAIL ADDRESS: _____

Mail Payments To:

Paula S. O'Neil
Clerk & Comptroller, Pasco County
P.O. Box 338
New Port Richey, FL 34656-0338

Paula S. O'Neil
Clerk & Comptroller, Pasco County
38053 Live Oak Avenue
Dade City, FL 33523-3800

NOTICE REGARDING PARTICIPATION IN PAYMENT PLANS

Pursuant to Florida law, a determination of your indigency or inability to pay fees in full requires you to enroll into a payment plan with the Clerk and Comptroller. § 28.246, Florida Statutes provides in pertinent part as follows:

Clerk and Comptroller shall accept partial payments for court-related fees, service charges, costs, and fines in accordance with the terms of an established payment plan. **An individual seeking to defer payment of fees, service charges, costs, or fines imposed by operation of law or order of the court under any provision of general law, and determined by the court to be unable to make payment in full, shall be enrolled by the Clerk and Comptroller in a payment program, with periodic payment amounts corresponding to the individual's ability to pay.**

§ 28.24(26), Florida Statutes imposes a one-time initial processing fee of \$25.00 which is due and payable at the time a payment plan is established.

Additionally, failure to comply with the terms of the payment plan may result in Clerk and Comptroller referring your account for collections, and seeking an award of attorney fees and costs associated with collection and/or enforcement of such payment plan. § 28.246(6), Florida Statutes provides as follows:

A clerk of court may pursue the collection of any fees, service charges, fines, court costs, and liens for the payment of attorney's fees and costs pursuant to § 938.29, Florida Statutes which remain unpaid for 90 days or more, or refer the account to a private attorney who is a member in good standing of The Florida Bar or collection agent who is registered and in good standing pursuant to chapter 559. In pursuing the collection of such unpaid financial obligations through a private attorney or collection agent, Clerk and Comptroller must have attempted to collect the unpaid amount through a collection court, collections docket, or other collections process, if any, established by the court, find this to be cost-effective and follow any applicable procurement practices. **The collection fee, including any reasonable attorney's fee, paid to any attorney or collection agent**

I certify that I have been open and honest in entering into this payment plan. I acknowledge that failure to comply with this contract will result in collection efforts, which may include further legal action and the suspension of my driver's license.

Date

Defendant signature

Parent or Guardian signature, if applicable

Witnessed By:

Witness signature

PRINT NAME/TITLE