



William D. "Billy" Washington
 Clerk of the Circuit Court & Comptroller
 Madison County
 PO Box 237
 Madison FL 32341-0237

Payment Plan Application

Section 1		ACKNOWLEDGEMENT OF TERMS AND FAILURE TO COMPLY CONSEQUENCES (s. 28.246(4), F.S.)	
Initial	I attest/confirm/swear that the information provided on this application is true and accurate to the best of my knowledge. I will abide by the terms of the payment plan and understand failure to do so may result in the suspension of my driver's license for failure to pay a financial obligation, and potentially my case(s) being referred to a collection agency and additional collection fees assessed.		
	I understand that court-imposed financial obligations are penalties from my sentence and pursuant to F.S. 938.30, I am required to pay for all fines, fees, and costs incurred from my case proceeding(s).		
	I wish to enroll in a payment plan per s. 28.246(4)(B), F.S.		
Applicant Signature		Date	
Section 2		GENERAL INFORMATION (s. 28.246(4)(b), F.S.)	
First Name	Middle Name	Last Name	
Street Address			
City		State	Zip Code
Date of Birth		Driver License or State ID Number	
PAYMENT NOTIFICATIONS: Data and message rates may apply.			
I consent to payment notifications by email <input type="checkbox"/> Yes <input type="checkbox"/> No		Email Address	
I consent to automated notifications by text message <input type="checkbox"/> Yes <input type="checkbox"/> No		I consent to payment notifications by text message <input type="checkbox"/> Yes <input type="checkbox"/> No	
Phone Number		Cell Phone	

Applicant Initials _____



Section 3

FINANCIAL INFORMATION

My net annual income pay is \$_____ (select only one) weekly monthly annually

Total net annual income pay consists of total salary and wages, minus deductions required by law, including court-ordered support payments. – s. 27.52(1), F.S.

My income sources are:

1. Social Security benefits \$_____ weekly bi-weekly semi-monthly monthly yearly
2. Unemployment compensation \$_____ weekly bi-weekly semi-monthly monthly yearly
3. Reemployment Assistance \$_____ weekly bi-weekly semi-monthly monthly yearly
4. Union funds \$_____ weekly bi-weekly semi-monthly monthly yearly
5. Retirement/pensions \$_____ weekly bi-weekly semi-monthly monthly yearly
6. Trusts or gifts \$_____ weekly bi-weekly semi-monthly monthly yearly
7. Veterans' benefit \$_____ weekly bi-weekly semi-monthly monthly yearly
8. Worker's compensation \$_____ weekly bi-weekly semi-monthly monthly yearly
9. Rental income \$_____ weekly bi-weekly semi-monthly monthly yearly
10. Dividends or interest \$_____ weekly bi-weekly semi-monthly monthly yearly
11. Support from family members \$_____ weekly bi-weekly semi-monthly monthly yearly
12. Other income not on the list \$_____ weekly bi-weekly semi-monthly monthly yearly

I have the following assets:

1. Cash \$_____
2. Homestead real estate \$_____ Loan balance \$_____
3. Non-homestead real estate \$_____ Loan balance \$_____
4. Car/Motor Vehicle \$_____ Loan balance \$_____
5. Boats/other tangible property \$_____ Loan balance \$_____
6. Money market accounts \$_____
7. Bank/Savings account(s) \$_____
8. Stocks/bonds/Certificates of Deposit \$_____
9. I DO / DO NOT (select only one) expect to receive more assets soon. The asset(s) and value(s) are _____.

My total liabilities/debt is: \$_____

Applicant Initials _____



Section 4 ACCEPTABLE PAYMENT METHODS
 (s. 28.42(2), F.S.)

Payments can be made as follows:

- By phone: **850-973-8009**. A **3.5% card fee will be added**.
- By **money order or cashier's check**. **No personal checks** will be accepted.
- Please include your payment name/case or citation number, and mail to:
PO Box 237, Madison, FL 32341 ATT:Traffic
- In person: **125 SW Range Ave., Madison, FL 32340**

Section 5 PAYMENT PLAN TERMS
 (s. 28.42(2), F.S.)

Initial	I understand that court-imposed financial obligations and civil penalties are penalties from my sentence or set by applicable law and I am required to pay for all fines, fees, and costs incurred from my case proceeding(s) .
	I understand and agree to pay a one-time \$25 administrative fee to establish a payment plan – (s. 28.24(27)(b) or s. 28.24(27)(c), F.S.). <ul style="list-style-type: none"> • If I fail to complete my payment plan, I understand the clerk will assess an additional \$25 administrative fee and a \$16 late payment fee each time a new payment agreement is established and/or payment is missed. • I further understand that I will be charged a fee of 3.5% per payment, when making payments by credit card.
	I understand that it is my responsibility to make timely payments pursuant to the plan, regardless of e-notification reminders. <ul style="list-style-type: none"> • Payment is due no later than 4:30 PM EST on due date.
	I will timely update my address, cell phone number, email address and any other contact information with the Clerk's Office so that I may receive notifications. <ul style="list-style-type: none"> • Failing to update my contact information may prevent me from receiving payment plan notifications.
	I will notify the Clerk's office immediately with a request to modify my original payment plan if my financial situation changes.

Section 6 FAILURE TO COMPLY

Initial	Failing to pay as agreed may result in the Florida Highway Safety and Motor Vehicles (FLHSMV) issuing an order suspending my driver license and my privilege to drive 20 days after the date the order of suspension is mailed (ss. 318.15 or 322.245, F.S.) . <ul style="list-style-type: none"> • FLHSMV will send notification of suspension to the address they have on file.
	If I fail to pay off or complete the payment plan, my license will remain suspended. If my case(s) remains unpaid after 90 days, my case(s) will be referred to a collection agency (s. 28.246(6), F.S.). <ul style="list-style-type: none"> • The collection agency may add a percent fee to my outstanding balance, and I may need to pay the new balance through the collection agency.

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	A failure to pay timely, which results in any criminal fine assessed by the court not being paid by the date established by the court, may result in the arrest of the defendant for failure to pay the fine.	
	Criminal cases may be subject to a non-refundable lien fee of \$22.00	
Section 7	COMPLETED BY CLERK'S OFFICE (s. 28.42(2), F.S.)	
<p><i>Reasonableness disclosure:</i> The clerk shall establish all terms of a payment plan, and the court may review the reasonableness of the payment plan amount. A monthly payment amount, calculated based upon all fees and all anticipated fees, service charges, court costs, and fines, is presumed to correspond to the person's ability to pay if the amount does not exceed 2 percent of the person's annual net income, as defined in s. 27.52(1), F.S. divided by twelve.</p>		
Case(s) #	Payment Plan #:	
Payment Calculation		
Beginning Balance of Fines, Filing Fees, Service Charges, and Court Costs Due	\$	
Partial Payment Setup Fee or monthly fee	\$25.00	
Total Amount Due	\$	
Payment Schedule		
Amount Paid Today	\$25.00	
Balance for Payment Plan	\$	
On the ____ day of each month beginning until balance paid in full.	\$ _____ per month)	
The total amount due is to be paid within _____ months.		

The Uniform Payment Plan may be customized by clerks to address local practices, such as the one-time Partial Payment Setup Fee vs. monthly payment plan fee, and other issues, as long as the resulting Uniform Payment Plan, as customized, remains substantially similar to this form.

Applicant Initials _____