

CRIMINAL PARTIAL PAYMENT AGREEMENT

DEFENDANT/PARENT/GUARDIAN

CASE NUMBER

1. My Judgment/Sentence/Order requires that I fully pay all costs, fines and financial obligations as ordered by the Court.
2. I must appear in court, as described in paragraph 12, unless I have paid in full or I am current on my installment payments. "Current" means that I have paid all of the required installments I am supposed to make no later than 5:00P.M. on the payment date specified below each month until the total financial obligations are paid in full.
3. If I have not paid in full or I am not current, I must appear on each Collection Court date and show legal cause why I should not be held in contempt of court for failure to comply. If I am not current and I do not appear in court, I may be held in contempt of court and understand that a writ for my delivery to jail may be given immediately to the sheriff.
4. I must immediately notify the Clerk of this court, in writing, of any change in my address and I will be further subject to contempt, sentence and/or fine if I fail to do so. Mail address change to: Collection Department, P.O. Box 700, Fort Pierce, FL 34954.
5. I understand that **NO FURTHER NOTICE OF THE HEARING DATES WILL BE MAILED, SERVED OR GIVEN TO ME.**
6. I must pay all of my financial obligations directly to the Clerk. No personal checks will be accepted. Cash should not be mailed. Money order or cashier check (Include Name and Case Number) may be mailed to:
Clerk of Circuit Court, P.O. Box 700, Fort Pierce, FL 34954
Credit card payments, cash, money order, cashier check may be made in person at the following locations:
Felony Division (3rd Floor) Misdemeanor Division (2nd Floor) Juvenile Division
201 South Indian River Drive 201 South Indian River Drive 435 N. 7th Street
Fort Pierce, FL 34950 Fort Pierce, FL 34950 Fort Pierce, FL 34950
7. **An administrative fee of \$25 for the payment agreement must be paid to the Clerk of Court.**
8. I understand that if I fail to make a scheduled payment, an administrative fee of ten dollars (\$10.00) per case, payable to the Clerk of the Court, shall be assessed against me for each late payment.
9. I understand that each time I fail to make a scheduled payment, appear for a required status hearing, and a Writ of Bodily Attachment is issued, an administrative fee of twenty dollars (\$20.00) per case shall be assessed against me.
10. I understand that an administrative fee of one hundred and thirty dollars (\$130.00) per case shall be assessed against me upon my arrest as ordered in the Writ of Bodily Attachment.
11. I understand failure to comply may result in **suspension of my driving privileges**, and case may be referred to a **collection agency**.
12. **HEARING DATES:** If you are not current on your monthly payment agreement, it is your responsibility to verify with the Clerk's office at 772-462-6950 the next scheduled hearing date. Collection Court Hearings are held in Courtroom K, St. Lucie West Annex Courthouse, 250 NW Country Club Drive, Port St. Lucie, Florida.

PLEASE CALL **772-462-6950** IF YOU HAVE ANY QUESTIONS ABOUT THIS PARTIAL PAYMENT AGREEMENT

I represent that I cannot pay the full amount and I will pay the sum of \$_____ plus an administrative fee of \$25 (payable with the first payment) pursuant to this Partial Payment Agreement.

I will pay \$_____ today, followed by \$_____ on or before the _____ day of the month beginning on or before _____ until the balance of \$_____ is paid.

If you fail to comply with the payment plan pursuant to this Agreement, St Lucie County Clerk of Court will pursue any and all methods of collection allowed by Florida law, including possible suspension of your driver's license.

I, the undersigned agree to the above stated terms and conditions.

SIGNATURE OF DEFENDANT/PARENT/GUARDIAN

DATE

PLEASE PRINT NAME

DEPUTY CLERK, ST. LUCIE COUNTY

DEFENDANT/PARENT/GUARDIAN – FINANCIAL INFORMATION

Street Number and Name _____ City _____ State _____ Zip Code _____

Residence: Circle One – Own Rent Board Home Phone _____ Cell Phone _____

Driver License Number _____ Vehicle Owned _____ Tag Number _____

Employment: Place _____ Address _____ Length _____ Salary \$ _____ Phone _____

White – Collection Department Copy

Yellow – Department Copy

Pink – Defendant Copy

Revised 01/13/2009