



PUTNAM COUNTY
Clerk of the Circuit Court & Comptroller
Payment Plan Agreement Request Form

Full Name: _____

Citation Number _____

Case Number _____

Address 1: _____

Address 2: _____

City: _____ State _____ Zip Code _____

Mobile/Cell #: _____ Email: _____

I understand that by providing a mailing address, I acknowledge and verify that the mailing address is correct. I will keep my contact information updated with the clerk's office so that I may receive payment plan notifications. By signing and submitting this application, you consent to receive electronic notifications.

Financial Information	
Monthly Household Income \$ _____	Monthly Household Expenses \$ _____
Monthly Amount I Can Afford to Pay on this Payment Plan \$ _____ (\$10.00/month minimum)	

I am requesting to establish a payment plan agreement for the above-listed citation or case. A payment schedule will be created as referenced below and provided to me. I understand that the monthly payment will be due until paid in full. **I agree to pay 10 percent of the total fine/court costs or at minimum \$10.00 as a down payment today.**

I further understand that failure to comply with the payment plan will cause a default of the agreement, which may result in a notification being sent to the Department of Highway Safety and Motor Vehicles to suspend my driver's license and prohibit me from renewing my vehicle registration. Additionally, the case will be referred to a collection agency for further processing with an additional collection agency fee of up to {25%} of the amount due. When the case is referred to a collection agency, this amount will be added to the balance. In addition, in certain cases, a civil lien fee may be added to the original fine/court costs.

I understand the clerk charges a **\$25.00 one-time** payment plan fee. I also understand that Civitek charges a fee of **3.5%** per payment when making payments by credit card. This agreement will not be in effect until your first payment has been received and processed. Please contact our office at **386-326-7680** if you have any questions.

Failure to keep the plan current may result in a suspended driver's license, the inability to renew a vehicle registration and additional fees added 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.