



CLERK OF THE CIRCUIT COURT
DUVAL COUNTY
501 WEST ADAMS STREET
JACKSONVILLE, FLORIDA 32202

Misdemeanor Payment Plan Agreement

Name:
Case Number:

You have elected the option to enter into a Payment Plan Agreement with the Clerk's Office. This will enable you to pay your court costs and fees in monthly installments.

Terms and Conditions

1. This Payment Plan Agreement may only be established by the named person on this case.
2. Payment Plan Agreements sent by U.S. mail **MUST** be notarized and received in the Clerk's Office on or before the payment due date. **Postmarked date is NOT considered.**
3. A one-time **\$25 processing fee** is required at the time the Agreement is initiated and must be paid with your first monthly installment of _____.
4. After the first payment is made, your next due date will be the same day every month unless the due date falls on a weekend or holiday. Please see your payment receipt for the exact due date.
5. Payments submitted by U.S. mail must be received by the Clerk's Office on or before the due date. **Postmarked date is NOT considered.**
6. Payments must be made at one of the Clerk's Office locations or by mailing a cashier's check or money order (made payable to the Duval County Clerk of Courts) to Misdemeanor Department, PO Box 660, Jacksonville, FL 32201.
7. **No personal checks** accepted in office or by mail.

Late Payment Policy

1. If you miss and/or are late making payments a total of three (3) times during the duration of the Payment Plan, the balance of your case will be referred to a collection agency. The collection agency will add an additional collection fee of up to 40% to the balance owed and the suspension of your driver's license will not be cleared until payment has been made in full to the collection agency. **No Exceptions.**

I hereby state that I have read and agree to the Terms and Conditions and understand the Late Payment Policy listed above. I agree to pay all installments **on** or **before** the established due date.

Print Name: _____ Driver's License Number: _____
Home Address: _____
Home Phone Number: _____ Cell Phone Number: _____

Signature

Date

Personally known by me or produced _____ as identification subscribed to before me, this ___ day of ___ A.D. ____.

JODY PHILLIPS
Clerk of the Court

Deputy Clerk / Notary Public