



WAKULLA COUNTY
Greg James
Clerk of the Circuit Court & Comptroller
Payment Plan Agreement Request Form

Full Name: _____

Case Number(s) _____

Address 1: _____

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 \$ _____

I am requesting to establish a payment plan agreement for the above-listed citation(s) or case(s). 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. The minimum monthly payment is \$25.00.

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 {40%} 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.

Once approved the terms of your payment can be found in the box below. Payments can be made as follows:

- Online: www.wakullaclerk.org
- By phone: (850) 926-0350 or (850) 926-0302
- By money order or cashier's check. Please include your case number/name and mail to: Wakulla Clerk of Court Attn: Court Costs 3056 Crawfordville Hwy, Crawfordville, FL 32327
- In person: Wakulla County Courthouse Rm 136

I understand the clerk charges a \$5 per month 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 or down payment has been received and processed. Please contact our office at (850) 926-0302, (850) 926-0350, or www.wakullaclerk.org 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 \$ _____ Down Payment Amount \$ _____

The first payment of \$ _____ will start on _____ and be **due on the 15th day of the month until paid in full. Any issues, call the Clerk by the 25th of the month.**