

**IN THE CIRCUIT/COUNTY COURT OF THE NINETEENTH JUDICIAL CIRCUIT IN AND FOR
MARTIN COUNTY, FLORIDA**

_____, CASE # _____
Plaintiff/Petitioner/Defendant/Respondent

PARTIAL PAYMENT PLAN AGREEMENT

Initials _____
x _____ The Martin County Clerk of Court and Plaintiff/Petitioner/Defendant/Respondent, _____,
hereby enter into this agreement for partial payment of fines, filing fees, service charges, and/or costs on this
_____ day of _____, 20__.

Initials _____
x _____ The Plaintiff/Petitioner/Defendant/Respondent has been declared indigent by the Clerk pursuant to Florida law or
has been determined by the Court to be unable to make a payment in full. Thus, he/she is eligible for partial
payment of fines, filing fees, service charges, and/or costs.

Initials _____
x _____ The Plaintiff/Petitioner/Defendant/Respondent understands that any delinquent balances will be forwarded to a
private collection agency upon default. The Plaintiff/Petitioner/Defendant/Respondent understands that he/she
will be subject to an additional 25% surcharge if his/her account is forwarded to the third-party agency for
collections. By signing the agreement, (1) you are authorizing auto-dialed telemarketing or advertising calls or
texts, and (2) the consumer is not required to sign the agreement as a condition of purchasing any property, goods
or services.

Initials _____
x _____ The Plaintiff/Petitioner/Defendant/Respondent also understands that sec. 322.24 Florida Statutes, authorizes the
suspension of a person's driver license if he/she defaults on the terms of a partial payment plan in certain criminal
cases.

Payment Calculation	
Total Fines, Filing Fees, Service Charges, or Costs Due	
Partial Payment Setup Fee	\$25.00
Total Amount Due	
Payment Schedule	
Payment Due Date	Amount
Now	\$25.00 <small>A one-time administrative processing charge for setting up a partial payment plan, pursuant to sec. 28.24(26)(c) Florida Statute.</small>
On the _____ day of each and every month, beginning _____, 20 _____, until balance paid in full.	\$ _____ a month <small>(Monthly pmt. must not exceed 2% of annual net income divided by 12)</small>
The total amount due is to be paid within _____ months.	

Sign

X _____
Petitioner/Plaintiff/Defendant/Respondent

Carolyn Timmann
Clerk of the Circuit Court

By: _____ Deputy Clerk



Petitioner/Plaintiff/Defendant/Respondent Address: _____
City, State, Zip _____
Home Phone _____ Work Phone _____
Cell/Alternate Phone _____ Email _____
Place of Employment _____
Name, and phone number of the nearest relative or friend.

Name: _____ Phone number: _____

IN THE CIRCUIT/COUNTY COURT OF THE NINETEENTH JUDICIAL CIRCUIT
IN AND FOR MARTIN COUNTY, FLORIDA

STATE OF FLORIDA,
vs.

Case #: _____

Defendant/Minor Child.

COURT-ORDERED PAYMENTS APPLICATION (Financial Affidavit)

1. I have _____ dependents. (Do not include children not living at home.)
2. I have a take home income of \$_____ paid () weekly () every two weeks () monthly () yearly (Take home income equals salary, wages, bonuses, commissions, allowances, overtime, tips and similar payments, minus deductions required by law and other court-ordered support payments.)
3. I have other income paid () weekly () every two weeks () monthly () yearly. (Check "Yes" and fill in the amount if you have this kind of income, otherwise check "No")

Social Security benefits.....	<input type="checkbox"/> Yes \$ _____	<input type="checkbox"/> No	Veterans' benefit.....	<input type="checkbox"/> Yes \$ _____	<input type="checkbox"/> No
Unemployment compensation	<input type="checkbox"/> Yes \$ _____	<input type="checkbox"/> No	Child support.....	<input type="checkbox"/> Yes \$ _____	<input type="checkbox"/> No
Workers Compensation	<input type="checkbox"/> Yes \$ _____	<input type="checkbox"/> No	Rental income.....	<input type="checkbox"/> Yes \$ _____	<input type="checkbox"/> No
Retirement/pensions.....	<input type="checkbox"/> Yes \$ _____	<input type="checkbox"/> No	Dividends or interest....	<input type="checkbox"/> Yes \$ _____	<input type="checkbox"/> No

4. I have other assets:

Cash	<input type="checkbox"/> Yes \$ _____	<input type="checkbox"/> No	Savings.....	<input type="checkbox"/> Yes \$ _____	<input type="checkbox"/> No
Bank account(s).....	<input type="checkbox"/> Yes \$ _____	<input type="checkbox"/> No			
*Equity in motor vehicles/boats/..	<input type="checkbox"/> Yes \$ _____	<input type="checkbox"/> No			

List the year/make/model & tag

5. I have total liabilities and debts of \$_____ as follows:

Home \$ _____	Child Support paid direct \$ _____	
Credit Cards \$ _____	Medical Bills \$ _____	Cost of medicines (monthly) \$ _____
Other \$ _____		

6. I have a private lawyer in this case..... Yes ____ No ____

7. I receive: (Check "Yes" or "No")

Temporary Assistance for Needy Families – Cash Assistance.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Poverty-related Veterans' Benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Supplemental Security Income (SSI)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Under penalties of perjury, I declare that I have read the foregoing affidavit and the facts stated in it are true.

Date _____

Signature of Applicant

Print Full Legal Name