

**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.

<b>Payment Calculation</b>	
Total Fines, Filing Fees, Service Charges, or Costs Due	
Partial Payment Setup Fee	\$25.00
Total Amount Due	
<b>Payment Schedule</b>	
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  (Monthly pmt. must not exceed 2% of annual net income divided by 12)
<b>The total amount due is to be paid within _____ months.</b>	

**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