

IN THE COURT, EIGHTEENTH JUDICIAL CIRCUIT, BREVARD COUNTY, FLORIDA

DIVISION:

Case Number: 05 - - - - XXX-XX

PLAINTIFF/PETITIONER

CLOCK IN

RESPONDENT/DEFENDANT/CHILD

REQUEST TO APPROVE DEFERRED PAYMENT AGREEMENT OF A NON-INDIGENT PARTY IN A CIVIL, FAMILY OR PROBATE CASE

1. I, _____ am the plaintiff/petitioner respondent/defendant/child of a child or tax-dependent adult and hereby certify that I am not indigent but I am unable to pay the court-related fees, service charges, court costs or fines imposed in this case by the date due.

I agree to pay \$ _____ today, followed by \$ _____ on or before the 10th day of each month, commencing _____ until the balance is paid in full.

- 2. I fully understand that if I fail to make my payment by the 10th of each month, the balance owed may be placed with a collection agency and I may incur an additional assessment of up to 40% of the amount owed.
3. I understand the Court must approve this deferred payment agreement. If the Court does not approve this deferred payment agreement, I must make payment within 10 days.
4. I understand that if the Court approves the deferral of my financial obligation, the Clerk is authorized to charge a \$25.00 fee to enroll me in a deferred payment program.
5. The total due on this case is \$ _____ (including the \$25.00 enrollment fee). The current balance that is owed is \$ _____.
6. I certify that my current employer is: _____
Employer's Address: _____
Employer's Telephone Number: _____
Current Salary \$ _____ per _____.
I own rent, or am provided board at the following address: _____

Signature
Print Name: _____
Current Address: _____
Current Phone Number: _____

Date
DL or State ID No.: _____
City, State, Zip: _____
E-mail Address: _____

Rachel M. Sadoff, Clerk of Courts

Sworn to or affirmed and signed before me on

By: _____ D.C.

_____, 20____, by

OR NOTARY
STATE OF FLORIDA, COUNTY OF BREVARD

personally known produced identification
Type of ID _____

My Commission Expires:

Notary Public