



**BREVARD COUNTY**  
**Clerk of the Circuit Court & Comptroller**  
**Payment Plan Agreement Request Form**

Full Name: \_\_\_\_\_

Citation Number(s) \_\_\_\_\_

Case Number(s) \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

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. The Brevard County Clerk of the Circuit Court and Comptroller's Office does not send electronic notifications; however, this service may be available to our customers in the future.

Financial Information	
Monthly Household Income \$ _____	Monthly Household Expenses \$ _____
<b>Monthly Amount I Can Afford to Pay on this Payment Plan \$ _____</b>	

I am requesting to establish a payment plan agreement for the above-listed citation(s) or case(s) per Section 28.246(4)(B), Florida Statutes. 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. I agree to pay \$ \_\_\_\_\_, which is the lessor of 10 percent of the total fine or \$100, as a down payment today.

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 clerk will provide you the terms and instructions on paying your payment. I understand the clerk charges a \$25 one-time payment plan fee. I also understand that the credit card vendor used by the clerk's office charges a convenience fee per transaction when making payments by credit card. This agreement will not be in effect until the down payment, one-time payment plan fee, and this agreement form have been processed. Please contact our office at [www.brevardclerk.us](http://www.brevardclerk.us) or by phone at (321)637-5413 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 \$ _____
The first payment of \$ _____, which includes a one-time \$25.00 payment plan fee, will be due on _____
The subsequent payments of \$ _____ will start on _____ and be due on the _____ day of the month until paid in full.

