



Kelvin Soto, Esq
 Clerk of the Circuit Court & County Comptroller
 Osceola County, Florida

PAYMENT PLAN AGREEMENT REQUEST FORM

DEFENDANT FULL NAME: _____

CITATION NUMBER (S): _____

CASE NUMBER (S): _____

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP CODE:** _____

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 COMMIT 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. I agree to pay the lessor of 10 percent of the total fee or \$100 as down payment today.

I further understand that the 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. This may result in a suspended license and/or the inability to renew my vehicle registration. In addition, 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 original balance. In certain cases, a civil lien fee may be added to the original fine.

Once approved, the Clerk will hand or email you terms and instructions on paying your payment online. I understand the clerk charges a \$25.00 one-time payment plan fee. I also understand that “nCourt” charges a fee per payment when making payments by credit card. This agreement will not be in effect until your first payment has been received and processed. Payment options include our website www.osceolaclerk.com, in-person at the Kissimmee office, by phone at (407)742-3566 or mailed to “**2 Courthouse Square, Kissimmee, FL 34741**”. For additional questions please contact our office at (407) 742-3566 or cashier@osceolaclerk.org

Defendant signature: _____ Date: _____

THIS SECTION TO BE COMPLETED BY OFFICE CLERK ONLY

Deposit amount paid: \$ _____ Deposit paid date: _____ Balance amount owed: \$ _____

Subsequent payments of \$ _____ will start on _____ due on the _____ day of the
 month with the final payment due on _____ Defendant Initials: _____