

**IN THE CIRCUIT/COUNTY COURT OF THE EIGHTH JUDICIAL CIRCUIT,  
IN AND FOR GILCHRIST COUNTY, FLORIDA**

Case No.: \_\_\_\_\_

**STATE OF FLORIDA**

v.s.

\_\_\_\_\_  
**DEFENDANT**

**CRIMINAL/NON-CRIMINAL TRAFFIC  
PARTIAL PAYMENT AGREEMENT**

**You have been ordered** to pay/make partial payments to the Clerk of Court, Gilchrist County, Florida. Defendant represents that Defendant cannot pay the full amount and Defendant will pay the sum of \$\_\_\_\_\_ plus an administrative fee of \$25.00 (payable with the first payment) pursuant to this Partial Payment Agreement.

**Defendant submits the following financial information:**

1. Place of Employment: \_\_\_\_\_  
Address of Employer: \_\_\_\_\_  
\_\_\_\_\_  
Employer's telephone Number: \_\_\_\_\_ Salary: \$ \_\_\_\_\_  
How long employed: \_\_\_\_\_ Hours worked per week: \_\_\_\_\_
2. Own, Rent, or Board? \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Driver's License No. \_\_\_\_\_

**The Defendant agrees as follows:**

1. All payments will be in cash, money order, cashier's check or certified check. (NO PERSONAL CHECKS)
2. Defendant will pay \$\_\_\_\_\_ today, followed by \$\_\_\_\_\_ every \_\_\_\_ days beginning on or before \_\_\_\_\_ until the balance of \$\_\_\_\_\_ is paid, IN FULL.
3. I must immediately notify the Clerk of Court, in writing, of any change in my address or phone number.

**If you fail to comply with the payment plan pursuant to this Agreement and you remain in default for five (5) calendar days from the due date of the payment, your driver's license may be suspended and you will be assessed additional fees, and are required to appear before the court, on \_\_\_\_\_, 20\_\_ at \_\_\_\_\_ a.m./p.m. If you fail to appear in court as required a capias for your arrest will be issued.**

I understand the above terms and obligations and I agree to comply with this Partial Payment Agreement.

Defendant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**You may pay in person between 8:30 a.m. and 5:00 p.m., Monday through Friday at any of the following addresses:**

**Gilchrist County Clerk of Court  
POB 37  
Trenton, FL. 32693**

**Gilchrist County Clerk of Court  
112 S. Main Street  
Trenton, FL. 32693**

**You may pay by mail – make certified check, cashier's check or money order payable to: Clerk of Courts.**

Dated: \_\_\_\_\_

Deputy Clerk: \_\_\_\_\_