## IN THE COUNTY COURT OF THE TENTH CIRCUIT IN AND FOR HARDEE COUNTY

Defendant

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

Citation No: \_\_\_\_\_

## PARTIAL PAYMENT PLAN CONTRACT

I, \_\_\_\_\_\_ am requesting a partial payment plan for the above listed citation. I understand that I **WAIVE** my right to elect Defensive Driving School and to attend a Civil Hearing before the County Judge.

I understand that unless this request is received by the Clerk **no later than 30 calendar days** after I receive the citation, I will not be eligible to enter into the partial payment plan. I understand that failure to pay the fine by the due date will result in my drivers' license being suspended and additional fees being imposed. The Clerk of Court will also pursue all methods of collection allowed by Florida Law.

I understand that there is a **nonrefundable partial payment fee of \$25.00 plus a civil penalty of \$16.00** [pursuant to FS 318.18(8)(a)] for a total of **\$41.00** that must be paid up front. You may pay an additional amount that will be applied to the balance. The remaining balance may be paid in payments of no less than \$25.00 and **must be paid in full within 60 days** of the date you sign this contract.

I am paying the fees	in the amount \$41.00 and an additional	amount of \$	The remaining
balance of \$	must be paid on or before	, 20	_ to avoid suspension
of my drivers' license	and/or other action.		

Dated: \_\_\_\_\_, 20\_\_\_\_.

Defendant's Signature

Defendant's Address

Phone No: \_\_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

Deputy Clerk/Notary Public My commission expires:

You may pay in person or have this form **NOTORIZED** and mail it to: Hardee County Clerk of Court, Traffic Division, 417 West Main St., Suite 202 Wauchula, FL 33873

Payment accepted: Cash, Money Order, Credit Card, or Cashier/Business checks within the State of Florida.