



**Alachua County Clerk of Court  
Payment Plan Request Form (PPCV-X)**

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

Case/Citation Number: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mobile/Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

I verify the information above is correct. I will keep my contact information updated with the Clerk's Office so I can receive payment plan correspondence. By signing and submitting this request form, I consent to receive electronic notifications.

Financial Information
Monthly Net Income \$ _____
<b>Monthly Amount I am Able to Pay on this Payment Plan* \$ _____</b>

\* The minimal amount an individual is presumed able to pay is the greater of \$25 or 2% of monthly net income. (s. 28.246(4)(b)(1), F.S.)

I am requesting to establish a payment plan for the listed case/citation and have a payment schedule created and sent to me that I will pay monthly until paid in full. The above case/citation is not in collections, and I am not on probation for the listed case. (If on probation, contact your probation officer.)

I understand that if I fail to comply with the payment plan my driver license may be suspended, I may be prohibited from renewing my vehicle registration, and the outstanding balance may be referred to a collection agency where an additional fee of 25% of the balance is added. Additionally, I understand, in certain cases failure to comply may result in a civil lien being recorded into the Official Record.

I understand a \$25 one-time payment plan fee will be added to the balance. (s. 28.24(27)(c), F.S.)

Once approved, the Clerk will mail the terms of the payment plan and instructions on how to make payments online, in-person, or by phone. I understand that MyFloridaCounty.com charges a fee of 3.5% per payment when making payments by credit card.

**If my financial situation changes and I need to modify the payment plan, or if I have any other questions, I understand I should immediately call 352-264-7050 for assistance.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

THIS SECTION IS TO BE COMPLETED BY THE CLERK'S OFFICE	Clerk's Initials _____
Total amount owed \$ _____. The first payment of \$ _____ will	
be due on _____ with continuing payments of \$ _____ due	
on the _____ day of the month until paid in full.	