

St. Johns County Clerk of Courts Application For Payment Plan

(For Office Use Only)

Case/Citation #s _____ PIN # _____ Balance Due \$ _____

Defendant will make \$ _____ () Monthly or Pay in Full By _____

PERSONAL: First Name _____ Last Name _____ Middle _____ E-mail Address _____

MAILING ADDRESS _____
 Street Address/PO Box _____ Apt# _____ City _____ State _____ Zip Code _____

Is this a change of address Yes No

Physical Address if different: _____

PHONE () _____ if no phone number, where can you be reached? () _____

Driver's License State _____ Number _____ Other ID _____

Date of Birth _____ Sex _____ Race _____ English? _____ Other language? _____

If Married, Spouse's Name _____

Spouse's Address & Phone (if different) _____ () _____
 Last _____ First _____ Middle _____ Date of Birth _____

Nearest Living Relative Not living with you _____ Relationship _____

Address & Phone Number _____ () _____

FINANCIAL FORMATION: (list your income)

Employer _____ () _____
 Name _____ Address _____ Your Position, How long? _____ Phone _____

Supervisor's Name _____ Take Home Pay \$ _____ How often paid? _____

Previous Employer _____ () _____
 Name _____ Address _____ Dates of employment _____ Phone _____

Spouse's Employer _____ () _____
 Name _____ Address _____ Position _____ Phone _____

Supervisor's Name _____ Take Home Pay \$ _____ How often paid? _____

Please Check Any Other Sources of Income You Receive and enter the monthly amount(s):

____ Welfare \$ _____/Month ____ Medicaid \$ _____/Month ____ Retirement \$ _____/Month ____ Other _____ \$ _____/Month

____ Soc Sec \$ _____/Month ____ Disability \$ _____/Month ____ Child Support \$ _____/Month ____ Alimony \$ _____/Month

ASSETS:

Cash on Hand Amount \$ _____

Bank Accounts:	____ Checking	At: (Bank) _____	Balance \$ _____
	____ Savings	At: (Bank) _____	Balance \$ _____
	____ Money Market	At: (Bank) _____	Balance \$ _____
	____ Certificate of Deposit	At: (Bank) _____	Balance \$ _____

Automobiles: _____
 Year _____ Make _____ Model _____ Year _____ Make _____ Model _____

Do you own a home or any other real estate? Yes No If Yes, where? _____

Does someone help you pay your bills? If yes, who?

 Full Name _____ Address _____ Phone _____ Relationship _____

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OBLIGATIONS: (List your bills)

Other than yourself, How many people do you support directly? _____

List all your creditors (Persons, Mortgage Company, Banks, Credit Cards, Finance Companies, etc.) Use a separate sheet if necessary.

Individual/Company Name	Balance Owing	Payment Amount (Weekly/Monthly)
Individual/Company Name	Balance Owing	Payment Amount (Weekly/Monthly)
Individual/Company Name	Balance Owing	Payment Amount (Weekly/Monthly)
Individual/Company Name	Balance Owing	Payment Amount (Weekly/Monthly)
Individual/Company Name	Balance Owing	Payment Amount (Weekly/Monthly)

Monthly Expenses:

Rent/Mortgage \$ _____	Utilities \$ _____	Phone \$ _____	Food \$ _____
Vehicle Insurance \$ _____	Child Care \$ _____	Alimony \$ _____	Medical \$ _____
Vehicle Payment \$ _____	Child Support \$ _____	Other _____	\$ _____
Cable TV \$ _____	Transportation \$ _____	Internet \$ _____	

Please check one regarding your residence:

Own your home

Rent If yes, Landlord _____ (_____) _____

Name Address City & State Phone Number

ACKNOWLEDGEMENT AND DECLARATION

Under the penalty of perjury, I hereby certify the foregoing as being a complete and accurate statement of my current financial condition. I understand that it is my responsibility to notify the St. Johns County Clerk of Courts of any changes to the information provided on this form. I authorize the St. Johns County Clerk of Courts to conduct a complete and thorough investigation of the above information, and to contact me by phone, cell phone, e-mail, or mail at the Clerk's discretion. I understand this investigation could include direct verifications of all information given and the obtaining of reports from credit reporting agencies. It is with this understanding and acknowledgement that I formally request an extension of time for payment of the fine and court costs now due and payable to the St. Johns County Clerk of Courts.

I understand that I am obligated to pay court-related fees, fines, charges and court costs in the amount of \$ _____. I agree to pay the balance in full by _____. Failure to comply with the payment plan may result in late fees, license suspension, and collection enforcement as provided by law. Such collection enforcement may include referral to a collection agency authorized to add a collection fee of up to 40% of the outstanding balance.

X _____
Defendant's Signature

Sworn to and subscribed before me this _____ day of _____, 20____, by defendant.

State of _____ County of _____

Personally known _____ (seal)

Produced Identification _____

Notary Public