

**IN THE CIRCUIT/COUNTY COURT OF THE FOURTEENTH JUDICIAL
CIRCUIT, IN AND FOR BAY COUNTY, FLORIDA**

STATE OF FLORIDA

CASE NO.: _____

VS

DEFENDANT

**MISDEMEANOR
PARTIAL PAYMENT AGREEMENT
PURSUANT TO SECTION 28.246, FLORIDA STATUTES**

You have requested to make partial payments to the Clerk of Court, Bay County, Florida. Defendant represents that Defendant cannot pay the full amount and Defendant will pay the sum of \$_____ plus a non-refundable administrative fee of \$25.00 which is due and payable upon execution of this Partial Payment Agreement.

**Defendant Personal Information:
(Please Print)**

1. Name: _____
2. Date of Birth: _____
3. Address: _____

4. Telephone Number: _____
5. Driver's License No.: _____

The Defendant agrees as follows:

1. All payments will be in cash (in person only), money order, cashier's check or credit card.
2. Defendant will pay \$ _____ today and the balance to be paid in full by _____.

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 plan, your driver's license may be suspended incurring additional fees or your case may be filed for civil judgment. (Driver's License suspension pertains to Civil/Criminal Traffic cases)

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

Defendant's Signature: _____ Date: _____

You may pay in person or by mail at the following location:

Bay County Courthouse
P.O. Box 2269
300 East 4th Street
Panama City, FL 32401