

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

CASE NO.: _____

Plaintiff(s)/Petitioner(s)

VS

Defendant(s)/Responder(s)

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

Pursuant to Section 28.246, Florida Statutes, I _____ acknowledge that I have filed my financial affidavit and I have been determined to be indigent or unable to make payment in full. I hereby request the establishment of the following Partial Payment Agreement with Bill Kinsaul, Clerk of Court, and I agree to pay a non-refundable fee of \$25.00, which is due and payable upon execution of this agreement.

I will be obligated to pay court-related fees, charges, and costs in the amount of \$_____ plus any additional court-related fees, charges, and costs that may arise on this case. I agree to pay the minimum of \$_____, monthly beginning _____ and continuing until paid in full. All payments will be in cash (in person only), money order, cashier's check, or credit card.

I certify that I have been open and honest in entering into this payment plan. I am satisfied with this payment plan, and intend to be bound by it. I understand that failure to comply with this agreement may result in collection enforcement as provided by law.

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

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

4. Telephone Number: _____
5. Driver's License No.: _____
6. Business Address: _____
7. Business Telephone Number: _____

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