

SARASOTA COUNTY
Clerk of the Circuit Court & County Comptroller
Payment Plan Agreement Request Form

Printed Name: _____

Citation Number _____ Case Number _____

Current Address if different than that printed on the letter that you received:

Street _____

City _____ State _____ Zip Code _____

Check the box below if you indicate a different address above:

☐ I understand this will update my address for future notices, and acknowledge and verify that the mailing address is correct.

You must indicate below at least one phone number we may use to reach you. These calls may be recorded.

Home Phone _____ Work Phone _____ Mobile/Cell Phone* _____

*By providing us with your mobile/cell phone number you understand and agree we may call you at this number using an automatic telephone dialing system and leave prerecorded messages. To revoke your consent to receive calls from us using an automatic telephone dialing system or prerecorded messages you may contact us at 941-861-7435, Monday through Friday between the hours of 8:30 a.m. to 5:00 p.m.

Requestor Agreement

I am requesting a payment plan agreement be established for the above listed citation and case. I have enclosed an initial payment of \$25.00 which will be applied against the balance due. Thereafter a payment schedule will be created and provided to me for the remaining balance for a payment plan term length as indicated below. The monthly payment will be due every 30 days along with an additional \$5.00 monthly processing fee. I further understand that failure to comply with the payment plan will cause a default of the agreement which will result in notification being sent to the Department of Highway Safety and Motor Vehicle to suspend my driver's license and prohibit me from renewing my vehicle registration. Additionally, the case will be referred to a collection agency for further processing with an additional collection agency fee of 25% of the amount due. This amount will be added to the balance due at the time the case is referred to a collection agency.

Payment Plan Term Length:

For balance due \$250 or less: 9 monthly payments

For balance due of more than \$250 up to \$500: 12 monthly payments

For balance due more than \$500: 15 monthly payments

Signature _____ Date Signed _____

Upon receipt of the initial payment and approval of this payment plan request, the Clerk of the Court will mail you a payment plan schedule, at the address on your citation or the address provided above, with the monthly payment due date 30 days after the establishment of the payment plan. Information regarding options to pay online, by mail, by phone, or in person will be included in the mailing.

Please return this completed and signed form along with your first payment of \$25.00 by check or money order payable to Clerk of the Circuit Court via mail addressed to Clerk of the Circuit Court, Traffic & Fines, PO Box 3079, Sarasota, FL 34230.

Note: A separate Payment Plan Agreement Request Form must be completed for each citation or case along with a \$25.00 initial payment for each citation or case.