

PARTIAL PAYMENT PLAN AGREEMENT

The Walton County Clerk of Court and Petitioner/Defendant,
_____, hereby enter into this agreement
for partial payment of fines, filing fees, service charges and/or costs.

The Petitioner/Defendant has been declared indigent by the Clerk pursuant to Florida law or he/she has been determined by the Court to be unable to make a payment in full. Thus, he/she is eligible for partial payment of fines, filing fees, service charges and/or costs.

The Petitioner/Defendant understands that any delinquent balances will be forwarded to a private collection agency upon default. The Petitioner/Defendant understands that he/she will be subject to an additional 35% surcharge if his/her account is forwarded to a third-party agency for collections.

The Petitioner/Defendant also understands that F.S. 322.245 authorizes the suspensions of a person's driver licenses if he/she defaults on the terms of partial payment plan in certain criminal cases.

Payment Calculation	
Total Fines, Filing Fees, Service Charges or Costs Due:	
Partial Payment Setup Fee:	\$25.00
Total Amount Due:	

Payment Schedule	
<i>Payment Due Date</i>	<i>Amount</i>
Now:	A minimum payment of \$25.00, a one-time administrative processing charge for setting up a partial payment plan, pursuant to F.S. 28.24 (26) (c).
Within 90 Days	Balance in Full:

Petitioner/Defendant

Deputy Clerk

Date

Date

Copies: Original to Court File; Copy to Petitioner/Defendant

STATE OF FLORIDA

vs.

CASE NO. _____

Defendant/Minor Child

APPLICATION FOR CRIMINAL INDIGENT STATUS

- I AM SEEKING THE APPOINTMENT OF THE PUBLIC DEFENDER OR
- I HAVE A PRIVATE ATTORNEY OR AM SELF-REPRESENTED AND SEEK DETERMINATION OF INDIGENCE STATUS FOR COSTS

Notice to Applicant: The provision of a public defender/court appointed lawyer and costs/due process services are not free. A judgment and lien may be imposed against all real or personal property you own to pay for legal and other services provided on your behalf or on behalf of the person for whom you are making this application. There is a \$50.00 fee for each application filed. If the application fee is not paid to the Clerk of the Court within 7 days, it will be added to any costs that may be assessed against you at the conclusion of this case. If you are a parent/guardian making this affidavit on behalf of a minor or tax-dependent adult, the information contained in this application must include your income and assets.

1. **I have _____ dependents.** (Do not include children not living at home and do not include a working spouse or yourself.)
2. **I have a take home income of \$ _____** paid weekly bi-weekly semi-monthly monthly yearly
(Take home income equals salary, wages, bonuses, commissions, allowances, overtime, tips and similar payments, **minus** deductions required by law and other court ordered support payments)
3. **I have other income** paid weekly bi-weekly semi-monthly monthly yearly: (Check "Yes" and fill in the amount if you have this kind of income, otherwise check "No.")

Social Security benefits <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	Veterans' benefit..... <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Unemployment compensation <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	Child support or other regular support from family members/spouse..... <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Union funds..... <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	Rental income..... <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Workers compensation <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	Dividends or interest..... <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Retirement/pensions..... <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	Other kinds of income not on the list <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Trusts or gifts <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	

4. **I have other assets:** (Check "yes" and fill in the value of the property, otherwise check "No")

Cash <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	Savings <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Bank account(s) <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	Stocks/bonds <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Certificates of deposit or money market accounts <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	*Equity in homestead real estate <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
*Equity in motor vehicles <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	*Equity in non-homestead real estate . <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
*Equity in boats/other tangible property. <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	*include expectancy of an interest in such property

5. **I have a total amount of liabilities and debts in the amount of \$ _____.**

6. **I receive:** (Check "Yes" or "No.")

Temporary Assistance for Needy Families- Cash Assistance <input type="checkbox"/> Yes <input type="checkbox"/> No	Supplemental Security Income (SSI) <input type="checkbox"/> Yes <input type="checkbox"/> No
Poverty- related veterans' benefits <input type="checkbox"/> Yes <input type="checkbox"/> No	

7. **I have been released on bail in the amount of \$ _____.** Cash Surety **Posted by:** Self Family Other

A person who knowingly provides false information to the clerk or the court in seeking a determination of indigent status under s. 27.52, F.S. commits a misdemeanor of the first degree, punishable as provided in s. 775.082, F.S. or s. 775.083, F.S. **I attest that the information I have provided on this Application is true and accurate.**

Signed on

Year of Birth

Last four digits of Driver's License or ID Number

Signature of applicant for indigent status

Print full legal name: _____

Address: _____

City, State, Zip: _____

Phone number: _____

E-mail Address: _____

CLERK DETERMINATION

_____ Based on the information in this Application, I have determined the applicant to be () Indigent () Not Indigent

_____ The Public Defender is hereby appointed to the case listed above until relieved by the Court.

Dated this ____ day of _____, 20____

Clerk of the Circuit Court, by Deputy Clerk

This form was completed with the assistance of:

Clerk/Deputy Clerk/Other authorized person

APPLICANTS FOUND NOT INDIGENT MAY SEEK REVIEW BY ASKING FOR A HEARING TIME. Sign here if you want the judge to review the clerk's decision of not indigent. _____