



**Nassau County  
Clerk of the Circuit Court & Comptroller  
Payment Plan Agreement/Contract**

Full Name: \_\_\_\_\_

Case Number(s) \_\_\_\_\_

Address 1: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell/Home/Work #: \_\_\_\_\_ Email: \_\_\_\_\_

I understand that by providing a mailing address, I acknowledge and verify that the mailing address is correct. I will keep my contact information updated with the clerk's office so that I may receive payment plan notifications. By signing and submitting this application, you consent to receive electronic notifications.

I am requesting to establish a payment plan agreement for the above-listed citation(s) or case(s). A payment schedule will be created as referenced below and provided to me. I understand that the monthly payment will be due until paid in full.

I further understand that failure to comply with the payment plan will cause a default of the agreement, which will result in a notification being sent to the Department of Highway Safety and Motor Vehicles 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. When the case is referred to a collection agency, this amount will be added to the balance. In addition, in certain cases, a civil lien will be recorded.

The clerk will approve the terms and instructions on paying your payment plan. I understand the clerk charges a \$25 fee. I also understand that the Credit Card Company charges a fee of [3.5 % surcharge] per payment when making payments by credit card. This agreement will not be in effect until your first payment has been received and processed. Please contact our office at 904-548-4608 or [traffic@nassauclerk.com](mailto:traffic@nassauclerk.com), if you have any questions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Clerk/Notary Public: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS SECTION IS TO BE COMPLETED BY THE CLERK'S OFFICE**

Total Amount Owed \$ \_\_\_\_\_  
The first payment of \$ \_\_\_\_\_ will be due on \_\_\_\_\_ and each month there after.  
The final due date will be \_\_\_\_\_.

**FAILURE TO COMPLY WILL RESULT IN THE SUSPENSION OF YOUR DRIVER'S LICENSE. IN ADDITION, THE MONETARY OBLIGATIONS WILL BE TURNED OVER TO A COLLECTION AGENCY WITH ADDITIONAL FEES. PLEASE DO NOT CALL THE OFFICE FOR AN EXTENSION.**