

VOLUSIA COUNTY Laura E. Roth, Clerk of the Circuit Court Payment Plan Agreement Request Form

Full Name:		
Date of Birth:	Driver License#:	
Case/Citation#:		Balance Due:
Case/Citation#:		Balance Due:
Case/Citation#:		Balance Due:
Address:		
City:	State:	Zip Code:
Phone #:	Email:	
	h the Clerk's office so that I may	verify that the mailing address is correct. I will keep receive payment plan notifications. By signing and notifications.
	Financial Informat	ion
Monthly Household Income \$	Monthly I	Household Expenses \$
Monthly Amount I Can Afford	I to Pay on this Payment Plan \$	
be created and provided to me. I u	understand that the monthly payr s my payment plans consecutive	-listed citation(s) or case(s). A payment schedule will ment will be due until paid in full. If I have multiple ly. If I fail to comply with one of the payment plans, I
If this case is in collections or I had payment will be required, pursuant to		ayment plan agreement, I understand that a down
a notification being sent to the Dep prohibit me from renewing my vehic	partment of Highway Safety and le registration. The case will be r	cause a default of the agreement, which may result in Motor Vehicles to suspend my driver's license and eferred to a collection agency for further processing. In certain cases, a civil lien fee may be added to the
•		. This agreement will not be in effect until my first Please contact our office at 386-736-5915 or at
Failure to keep the plan curre vehicle registration and addition		led driver's license, the inability to renew a al fine.
Signature:	Date	9:

CL-0907-2403 Clerk Initials _____