

In the County Court of the Fourteenth Judicial Circuit, In and for
Washington County, Florida

State of Florida

Citation #: _____

Vs

Defendant

Traffic Partial Payment Agreement
Pursuant to section 28.246, Florida Statutes

You have requested to make partial payment to the Clerk of the Court, Washington County, Florida. Defendant represents that Defendant cannot pay the full amount and Defendant will pay the sum of \$ _____ plus a non-refundable administrative fee of \$25.00 which is due and payable upon execution of this Partial Payment Agreement.

The Defendant agrees as follows:

1. All payments will be in cash (in person only), money order, cashier's check or credit card.
2. Defendant will pay \$ _____ today and the balance to be paid in full within sixty (60) days.

If you fail to comply with the payment plan pursuant to this Agreement your driver's license may be suspended incurring additional fees.

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:

Washington County Courthouse
PO Box 647
1293 Jackson Ave Bld 100
Chipley FL 32428

Contact Office with any questions or for payment by phone:

850-638-6396 Ext 243 or 230
850-638-6288 (fax)