



Todd Newton
 Clerk of the Circuit Court & Comptroller
 Gilchrist County

Payment Plan Application

Section 1		ACKNOWLEDGEMENT OF TERMS AND FAILURE TO COMPLY CONSEQUENCES (s. 28.246(4), F.S.)	
Initial	I attest/confirm/swear that the information provided on this application is true and accurate to the best of my knowledge. I will abide by the terms of the payment plan and understand failure to do so may result in the suspension of my driver's license for failure to pay a financial obligation and potentially my case(s) being referred to a collection agency and additional collection fees assessed.		
	I understand that court-imposed financial obligations are penalties from my sentence and pursuant to F.S. 938.30, I am required to pay for all fines, fees, and costs incurred from my case proceeding(s).		
	I wish to enroll in a payment plan per s. 28.246(4)(B), F.S.		
Applicant Signature		Date	
Section 2		GENERAL INFORMATION (s. 28.246(4)(b), F.S.)	
First Name	Middle Name	Last Name	
Street Address			
City		State	Zip Code
Date of Birth		Driver License or State ID Number	
PAYMENT NOTIFICATIONS Data and message rates may apply.			
I consent to payment notifications by email <input type="checkbox"/> Yes <input type="checkbox"/> No		Email Address	
I consent to automated notifications by phone <input type="checkbox"/> Yes <input type="checkbox"/> No		I consent to payment notifications by text message <input type="checkbox"/> Yes <input type="checkbox"/> No	
Phone Number		Cell Phone	

Applicant Initials _____