



**Clerk of the Court and Comptroller
of Miami-Dade County
Payment Plan Agreement Request**

Full Name: _____

Citation Number(s) _____

Case Number(s) _____

Address 1: _____

Address 2: _____

City: _____ State _____ Zip Code _____

Mobile/Cell #: _____ Email: _____

I understand that by providing a mailing address, email address and cellphone #, I acknowledge and verify that the mailing address, email address, and cellphone # are 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, including text reminders when payments are due.

Financial Information		
Persons in Household	_____	Monthly Household Income \$ _____ Monthly Household Expenses \$ _____
Monthly Amount I Can Afford to Pay on this Payment Plan (see minimums below) \$ _____		
NOTICE: If you cannot make the minimum payment, see the clerk for information on an Application of Indigency		

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 agree to pay as the initial minimum down-payment, 5% for felony cases, 10% for misdemeanor cases with total costs up to \$500.00 (5% when total costs are more than \$500.00), and 10% for traffic cases with total costs up to \$1,000.00 (5% when total costs are more than \$1,000.00).

I further understand that failure to comply with the payment plan will cause a default of the agreement, which may 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 of 30% of the amount due. 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 fee may be added to the original fine.

Once approved, the clerk will provide you the terms and instructions on paying your payment {online, in-person, by phone}. I understand the clerk charges a \$25 one-time payment plan fee. This agreement will not be in effect until your first payment has been received and processed. Please contact our office at 305-275-1111 for Traffic/Misdemeanor cases, 305-275-1155 for Felony Cases, or on our website at www.miamidadeclerk.gov if you have any questions.

Failure to keep the plan current may result in a suspended driver's license, the inability to renew a vehicle registration and additional fees added to the original fine.

Signature: _____ Date: _____

THIS SECTION IS TO BE COMPLETED BY THE CLERK'S OFFICE	
Total Amount Owed \$	_____
The first payment of \$	_____ will be due on _____
The subsequent payments of \$	_____ will start on _____ and be due on the _____ day of the month until paid in full.