

DENNY THOMPSON CLERK OF THE CIRCUIT COURT & COMPTROLLER BRADFORD COUNTY

TRAFFIC PAYMENT PLAN APPLICATION

SECTION 1	ACKNOWLEDGEMENT OF TERMS AND FAILURE TO COMPLY CONSEQUENCES (F.S. 28.246(4))		
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 payment plan per F.S. 28.246(4)(b).		
Applicant Signature		Date	

SECTION 2 GENERAL INFORMATION (F.S. 28.246(4)(b)						
First Name		Middle Nan	ne	Last Name	2	
Street Address						
City		State		Zip Code		
Date of Birth		Driver License or State ID Number		Citation No.		
Initial	I acknowledge that I have provided accurate information in Section 2.					

SECTION 3	PAYMENT PLAN TERMS, PER CITATION (F.S. 28.42(2)
Initial	I understand that court-imposed financial obligations and civil penalties are penalties from my sentence
	or set by applicable law and I am required to pay for all fines, fees, and costs incurred from my citation.
	I understand and agree to pay a one-time, non-refundable, \$25.00 administrative fee, and that my
	payment plan will not be effective until said payment is received.
	I understand that my fine must be paid in full on or before the 90th day from when my citation was
	issued.
	I understand that I have 30 days from when my citation was issued to contact the clerk's office to setup a
	payment plan, after 30 days I am not eligible to setup a payment plan.

SECTION 4	FAILURE TO COMPLY, PER CITATION
Initial	Failing to pay as agreed may result in the Florida Highway Safety and Motor Vehicle (FLHSMV) issuing an order suspending my driver license and my privilege to drive 20 days after the date the order of suspension is mailed (F.S. 318.15 or 322.245)
	If any portion of my fine remains unpaid after 90 days, the balance owed will be referred to a collection's agency (F.S. 28.246(6)). The collections agency will add a percent fee to the outstanding balance, all of which will need to be paid through the collection's agency. I am not eligible for a payment plan after 30 days of when my citation was issued.

SECTION 5 ACCE	PTABLE PAYMENT METHODS (F.S. 28.42(2))	
Payments for traffi	c payment plans can be made as follows:	
• By money order or cashier's check made payable to Clerk of Court. Please include your case number and name		
and mail to: Bradford County Clerk's Office, 945 N. Temple Ave., Starke, FL 32091.		
 In-person, same address as above. 		
Initial	I acknowledge and understand acceptable payment methods outlined in Section 4.	

SECTION 6 FOR CLERK'S OFFICE USE ONLY					
Citation No.					
Citation Issue Date:	Deadline to Elect Payment Plan:	90 Day Due Date:			
TOTAL AMOUNT OWED					
Beginning Balance (of fines, filing fees, service charges, and court costs).					
Partial Payment Plan Fee (owed at time of setting up payment plan)					
TOTAL AMOUNT OWED					
Clerk Signature:	Date:				