



# Pam Childers

Clerk of the Circuit Court and Comptroller, Escambia County

Clerk of Courts • County Comptroller • Clerk of the Board of County Commissioners • Recorder • Auditor

## PAYMENT PLAN APPLICATION

Name: \_\_\_\_\_ Case Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 DL State/# \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Additional Cases: \_\_\_\_\_

### Two contact people that will know how to reach you:

1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

### Employment: (If more than one employer please add below or on back)

Employer Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

### Financial Information:

**I have a monthly take home income of \$** \_\_\_\_\_  
 (Take home income equals salary, wages, bonuses, commissions, allowances, overtime, tips and similar payments, minus deductions required by law and other court ordered support payments)

**I have other income of \$** \_\_\_\_\_  
 (Social Security benefits, Veteran's benefits, Unemployment, Workers compensation, Retirement/Pensions, Child Support, Trusts, Rental Income, etc...)

**I have other assets of \$** \_\_\_\_\_  
 (Cash, Bank Accounts, Savings, etc...)

**Monthly court ordered Support Payments made (child/spouse): \$** \_\_\_\_\_

\_\_\_\_\_ I desire to receive e-mail/text reminders from the Clerk's office regarding my upcoming payments. I understand that it is my responsibility to make my payment even if the reminder is not received.

**I understand that this information is being provided to the Escambia County Clerk of the Circuit Court for their review and acceptance of my application to enter into a Payment Plan to pay court-related fees, service charges, costs and fines on my case(s). I acknowledge that the information provided in this application is truthful and current as of the date provided herein. This application is submitted along with a \$25 administrative fee to the Clerk of Court for verification and acceptance.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date