



PINELLAS COUNTY
Clerk of the Circuit Court and Comptroller
Payment Plan Agreement Request Form

Full Name: JOHN WILLIAM LICCIONE
 Case Number: 24-003939-CI
 Address: NO KNOWN ADDRESS - 1497 Main St. Ste 196, Dunedin, FL 34698
 Home Phone # _____ Email: JLICCIONE@GMAIL.COM
 Mobile/Cell #: 443-698-8156

I understand that by providing a mailing address, I acknowledge and verify that the mailing address is 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, I am consenting to receive electronic notifications.

Financial Information-Optional	
Monthly Household Income	\$ 3,561
Monthly Household Expenses	\$ 3,866
Monthly Amount I Can Afford to Pay on this Payment Plan	\$ 40.83

I am requesting to establish a payment plan agreement for the above-listed case. 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 further understand that failure to comply with the payment plan will cause a default of the agreement, which may result in the case being referred to a collection agency for further processing with an additional collection agency fee of up to 25% of the amount due. If 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 balance.

Once approved, the clerk will inform you of the terms and instructions on the various payment options provided. I understand the clerk charges a \$25 one-time payment plan fee. I also understand that the credit card vendor charges a fee of 3.5 percent per payment when payments are made by credit card or debit card. This agreement will not be in effect until your first payment has been received and processed. Please contact our office at 727-464-7000 if you have any questions.

Failure to keep the plan current may result in a lien and/or additional fees added to the original balance.

Signature: John W. Liccione Date: 4/10/2026

THIS SECTION IS TO BE COMPLETED BY THE CLERK'S OFFICE
Total Amount Owed \$490.00.
The first payment of \$40.83 will be due on 5/1/2026.
The subsequent payments of \$40.83 will be due on the 1st day of the month until paid in full.



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PAYMENT PLAN AGREEMENT ADDENDUM:

(This section to be signed upon agreement of terms)

My signature below confirms that I have been explained all of my options regarding payment plans by the Clerk and/or Clerk staff, and I agree to the aforementioned payment plan on the previous page. Further, I understand my obligations in payment and am aware that late payments or failure to pay may result in:

- I may be subject to extra fees or penalties,
- I may be sent to collections, or
- A judgement for the amount of the balance remaining may be entered against me.

Signature: _____

John W. Liccione

Printed Name: _____

John W. Liccione

Date: _____

4/10/2026