

SHARON R. BOCK
Clerk & Comptroller
Palm Beach County

INVOICE

DATE: 08/15/2017
TO: ELIOT BERNSTEIN
iviewit@iviewit.tv
FROM: Catherine Markisen — Deputy Clerk
Circuit Civil Division
RE: Circuit Court Case Number: 502012CP004391XXXXNB
Fourth DCA Case Number: 4D17-1608

FILED
AUG 15 2017
SHARON R. BOCK
CLERK & COMPTROLLER
CIRCUIT CIVIL DIVISION

ELIOT BERNSTEIN V ESTATE OF SIMON BERNSTEIN

A Notice of Appeal was received for filing in the above referenced action on May 27, 2017. Please be advised however, that payment of costs (not filing fees) is due in the amount of **\$1,473.00** for the Preparation of the Record on Appeal, required pursuant to F.S. 28.24(2).

A copy of the Index to the Record on Appeal is included with this invoice.

Please forward your payment of **\$1,473.00** payable to: Sharon R. Bock Clerk & Comptroller, to my attention at the following address:

Sharon R. Bock, Clerk & Comptroller Palm Beach County
Post Office Box 3597
West Palm Beach, FL 33402
ATT: RM 3.23 APPEALS

-OR-

You were determined indigent pursuant to the Affidavit of indigent status dated March 20, 2017.

Therefore, pursuant to F.S. 57.082, although *filing fees are waived in the amount of \$300 for the appellate court and \$100 in the trial court*, if you do not prepay the costs (including record on appeal, etc.), you *must* enroll in a payment plan to make monthly payments with a one-time processing charge of \$25.00 (see also F.S. 28.246)

A copy of the Payment Plan is attached. If you choose to use the Payment Plan, please contact our office as soon as possible at 355-6091.

Circuit Civil

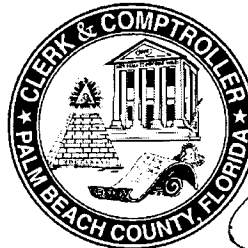
P.O. Box 3597
West Palm Beach, FL 33402

Phone: 561-355-2986
Fax: 561-355-4643

www.mypalmbeachclerk.com

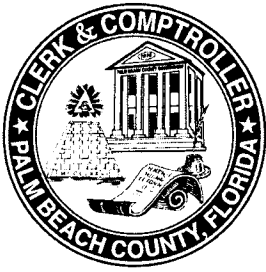
Please include a copy of this invoice with your payment.

Sincerely,



Sharon R. Bock
Clerk & Comptroller

By: Catherine R. Markisen, as Deputy Clerk



OFFICE OF THE CLERK AND COMPTROLLER
PALM BEACH COUNTY, FLORIDA

SHARON R. BOCK
Clerk & Comptroller
Palm Beach County

Petitioner

v.

CASE#:

DIVISION:

Respondent

PAYMENT PLAN

(Petitioner/Respondent) is entering into a payment plan with the Clerk of Court for deferred payment of costs in the aforementioned civil court case. (Petitioner/Respondent) was found indigent or allowed by the Court to enter into a payment plan on (date) _____.

(Petitioner/Respondent) agrees to pay an administrative fee of \$ **25.00** to set up a payment plan, which will be administered by the Clerk of the Circuit Court. The total balance due today is \$ _____ **(inclusive of \$25).**

(Petitioner/Respondent) agrees to pay \$ _____ today, followed by a first payment of \$ _____ due on _____ 2017, and on the first of each month (or other date) thereafter (or \$ _____ due each month on the first of the month) until the balance of \$ _____ is paid in full.

(Petitioner/Respondent) agrees to pay any additional charges for checks returned **unpaid** by the bank [F.S. 68.065].

(Petitioner/Respondent)'s **failure to make payments** pursuant to this collection agreement **may result in:**

1. The Court may enter a **judgment** for the **unpaid** balance.
2. The **defaulted** account may be sent to a **collection agency** and may be charged up to **40% in additional fees.** [F.S. 28.246(6)].

Petitioner/Respondent submits the following information:

(a) Name and Address of Employer (if applicable): _____

(b) Work phone number (if applicable): _____

(c) Home address: _____

(d) Home phone number: _____

(e) Cell phone number: _____

(f) Email address: _____

(g) Driver's License number, include state if not FL: _____

Under penalties of perjury, I declare that I have read this collection agreement and that the facts stated in it are true. I understand the above terms and conditions of my financial obligations and I agree to comply with this collection agreement. I further understand that I am obligated to notify, in writing, the Clerk & Comptroller of the Circuit Court regarding any change of address or telephone number stated above:

Applicant: _____ Date: _____
Signature Print

Deputy Clerk: _____ Date: _____
Signature Print