

SUPPORT INFORMATION SHEET

PURSUANT TO S.61.13(10), F.S., THE SECOND PAGE OF THIS DOCUMENT, CONTAINING SOCIAL SECURITY NUMBERS OF THE PARTIES, SHALL BE KEPT CONFIDENTIAL FROM PUBLIC DISCLOSURE. THIS DOCUMENT IS NOT AN ORDER, AND IS FOR ADMINISTRATIVE USE BY THE CLERK. THIS DOCUMENT DOES NOT ESTABLISH OR MODIFY THE RIGHTS OF ANY PARTY. THE FORMAT OF THIS DOCUMENT IS APPROVED BY ADMINISTRATIVE ORDER NUMBER 5.012/12-99, AND SHALL NOT BE AMENDED WITHOUT A NEW ADMINISTRATIVE ORDER.

\_\_\_\_\_ and \_\_\_\_\_ CASE # \_\_\_\_\_

1. DIRECT PAYMENT: All child support, alimony, or other support, included in any order requiring the payment of same shall be paid directly to: \_\_\_\_\_ address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_ Child support payments shall start on \_\_\_\_\_.

2. PAYMENTS THROUGH STATE DISBURSEMENT UNIT: All child support and/or alimony and/or arrearage shall be made payable to and mailed to the State of Florida Disbursement Unit, Post Office Box 8500, Tallahassee, FL 32314-8500.

3. CHILD SUPPORT: The following provisions for payment shall apply: \$\_\_\_\_\_ Total (Child Support Payment) Temporary Permanent Modified

Child support payments shall start on \_\_\_\_\_ (Date) and shall stop:

- upon the child reaching the age of 18.
upon the child's graduation from high school or at age 19.
upon the child's graduation from college or at age \_\_\_\_\_.
by further order of Court or in accordance with the law.
pursuant to the terms of the settlement agreement.

4. ALIMONY: The following provisions for payment shall apply: \$\_\_\_\_\_ Total (Alimony Payment)

TEMPORARY \$\_\_\_\_\_ REHABILITATIVE \$\_\_\_\_\_

PERMANENT PERIODIC \$\_\_\_\_\_ LUMP SUM \$\_\_\_\_\_

Payments shall start on \_\_\_\_\_ and shall stop on \_\_\_\_\_ or upon full payment.

5. ARREARAGE \$\_\_\_\_\_ DUE AS OF \_\_\_\_\_. \$\_\_\_\_\_ Total (Arrearage Payment)

Arrearage payments shall start on \_\_\_\_\_ in the amount of \$\_\_\_\_\_ and shall stop upon full payment.

6. OTHER PAYMENTS: DUE FOR \_\_\_\_\_ \$\_\_\_\_\_ Total (equitable distribution, attorney's fees, etc)

Payments shall start on \_\_\_\_\_ in the amount of \$\_\_\_\_\_ and shall stop upon full payment. (Date)

7. SERVICE CHARGE: 4% of each payment, not to exceed \$5.25: \$\_\_\_\_\_ Total

8. PAYMENT SCHEDULE : Payment shall be made: \$\_\_\_\_\_

WEEKLY MONTHLY

EVERY OTHER WEEK TWICE MONTHLY

Alimony,

(1ST & 15TH) (15TH & 30TH)

GRAND TOTAL

(Add Child Support,

Arrearage Service Charge and other payment)

The preparer of this form shall insert a specific commencement date which coincides with the first payroll cycle date of the Obligor following entry of the implementing judgment (order), but no earlier than 30 days from entry of the judgment (order). This is because the Court acknowledges that it will take some time to have the Clerk establish the C.S.E. Ledger and to effectuate income deduction order. Accordingly, in the interim, for the next 30 days, those post-judgment support obligations shall be paid directly between the parties, with the Court reserving jurisdiction to enforce non-payment upon the filing of the appropriate motion. The first post-judgment support payment made through F.L.S.D.U.

shall occur on the first payment date after expiration of the 30 days hereinabove referenced.

\*\*\*\*\*CLERK: PLEASE KEEP THIS PAGE SEPARATE FROM FILE AND KEEP CONFIDENTIAL\*\*\*\*\*

9. **PERSONAL INFORMATION:**

Person Paying Support (Obligor)

Person Receiving Support (Obligee)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number:(\_\_\_\_)\_\_\_\_\_

Phone Number:(\_\_\_\_)\_\_\_\_\_

Driver's License No.:\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_

Driver's License No.:\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_

Car Tag Number:\_\_\_\_\_

Car Tag Number:\_\_\_\_\_

Date of Birth:\_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Birth:\_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number:\_\_\_\_-\_\_\_\_-\_\_\_\_

Social Security Number:\_\_\_\_-\_\_\_\_-\_\_\_\_

Employer:\_\_\_\_\_

Employer:\_\_\_\_\_

Employer Address:\_\_\_\_\_

Employer Address:\_\_\_\_\_

Employer's Phone Number (\_\_\_\_)\_\_\_\_\_

Employer's Phone Number (\_\_\_\_)\_\_\_\_\_

Children:

Name:\_\_\_\_\_ DOB:\_\_\_\_/\_\_\_\_/\_\_\_\_ SS No.:\_\_\_\_-\_\_\_\_-\_\_\_\_

Name:\_\_\_\_\_ DOB:\_\_\_\_/\_\_\_\_/\_\_\_\_ SS No.:\_\_\_\_-\_\_\_\_-\_\_\_\_

Name:\_\_\_\_\_ DOB:\_\_\_\_/\_\_\_\_/\_\_\_\_ SS No.:\_\_\_\_-\_\_\_\_-\_\_\_\_

Name:\_\_\_\_\_ DOB:\_\_\_\_/\_\_\_\_/\_\_\_\_ SS No.:\_\_\_\_-\_\_\_\_-\_\_\_\_

PREPARED BY: \_\_\_\_\_  
Name Date

REVIEWED BY: \_\_\_\_\_  
Name Date