

IN THE CIRCUIT COURT OF THE FOURTEENTH JUDICIAL CIRCUIT,
IN AND FOR WASHINGTON COUNTY, FLORIDA

REF: _____
UCN: _____
DIVISION: _____

_____,
Petitioner,

and

_____,
Respondent.

Date: _____

MEMORANDUM TO CLERK

The Court has this date ordered the payment of the herein specified money in the amounts and at the times indicated below.

OBLIGOR: PERSON WHO PAYS SUPPORT

1. NAME _____ DOB: _____
SOCIAL SECURITY # _____ PHONE: _____
ADDRESS: _____ ZIP CODE: _____
2. PLACE OF EMPLOYMENT: _____
ADDRESS: _____
ZIP CODE: _____ PHONE: _____
3. OTHER SOURCES OF INCOME: _____
4. ATTORNEY FOR OBLIGOR: _____
PHONE: _____

PAYMENT FOR: child support/alimony PAYMENT AMOUNT: _____ PLUS _____ toward
retroactive support/support arrears of (amount) _____ as of (date) _____
WEEKLY/SEMI-MONTHLY/MONTHLY FIRST PAYMENT DUE: _____
PLUS APPLICABLE CLERK'S FEES.

OBLIGEE: PERSON WHO RECEIVES SUPPORT

1. NAME _____ DOB: _____
SOCIAL SECURITY # _____ PHONE: _____
ADDRESS: _____ ZIP CODE: _____
2. ATTORNEY FOR OBLIGEE: _____
PHONE: _____

REMARKS OR INSTRUCTIONS: _____

Prepared By _____

CHILDREN

Full Name: _____ Social Security No. _____ D.O.B: _____
Full Name: _____ Social Security No. _____ D.O.B: _____
Full Name: _____ Social Security No. _____ D.O.B: _____

SEND PAYMENTS TO:

____ SDU, P.O. Box 8500, Tallahassee, Florida 32428
____ Child Support Department, P.O. Box 647, Chipley FL 32428
____ Payable directly to the Obligee