

IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT, IN
AND FOR _____ 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 32314-8500
____ Central Governmental Depository, Pinellas County Clerk of the Circuit Court, 315 Court Street, Clearwater, FL 33756
____ Central Governmental Depository, Pasco County Clerk of the Circuit Court, P.O Drawer 338, New Port Richey, FL 34656
____ Central Governmental Depository, Pasco County Clerk of the Circuit Court, 38053 Live Oak Avenue,
Dade City, FL 33523-3894
____ Payable directly to the Obligee