

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