

Procedures for Setting a Hearing on Motions
Pasco Child Support Hearing Officer

Before the Child Support Hearing Officer can hear your case, you must first put in writing what you are asking the court to do and why. Usually this is done in the form of a Motion.

In order to get a hearing on your motion you must:

1. Complete the attached form and file the original with the clerk of the circuit court in the county where your child support order was entered. Please keep a copy of the motion for your records. If your child support order was entered in another state or if the child(ren) live in another state, you should speak to an attorney about where to file this form.
2. Mail copies of the motion to:

Department of Revenue
2127 Grand Blvd. #100
Holiday, Florida 34690

AND

Office of the Attorney General/Child Support Enforcement
P.O. Box 3342
St. Petersburg, FL 33731

AND

The other party (Custodial Parent/Relative or Non-Custodial Parent) or their attorney. Visit the clerk's office and review the court file for the other party's address.

3. Once the Motion has been mailed, you must call the Office of the Child Support Hearing Officer at 352-518-4058 for a hearing date. **No hearing will be set on your motion unless you request a hearing date from the Office of the Child Support Hearing Officer.**

Additional information for self-represented parties is available at www.jud6.org, www.flcourts.org and the Legal Resource Center located in the West Pasco Judicial Center, Room 103 and the Robert D. Sumner Judicial Center, Room 207.

IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT
IN AND FOR PASCO COUNTY FLORIDA

Petitioner,
and

CASE NUMBER: _____
SECTION: _____

Respondent.

MOTION TO/FOR: _____

_____, respectfully moves this Honorable Court to grant this Motion to/for _____, and as grounds therefore would show:

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a copy hereof has been furnished by mail hand delivery personal service to the persons AND agencies listed below this ____ day of _____, 20____.

Other Party or His/Her attorney
Address: _____

Telephone (area code and number)

Department of Revenue
Attn: Support Enforcement
2127 Grand Blvd. #100
Holiday, Florida 34690

Attorney General's Office
Attn: Support Enforcement
P.O. Box 3342
St. Petersburg, Florida 33731

DATED: _____

Signature of party signing certificate and pleading
Printed name: _____
Address: _____

Telephone (area code and number)

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM THEY MUST FILL IN THE BLANKS BELOW: I, (name of nonlawyer) _____, a nonlawyer located at (street) _____ helped (name) _____, who is the [check one only] ____petitioner or ____respondent, fill out this form.