

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT
IN AND FOR _____ COUNTY, FLORIDA

CASE NUMBER: _____

_____,
Petitioner,
and

_____,
Respondent.

MOTION FOR INCOME DEDUCTION/INCOME WITHHOLDING ORDER

The undersigned requests the Court to enter an Income Deduction/Income Withholding Order as provided in Fla. Stat. 61.1301, because the person who is obligated to pay support ("Obligor") has not paid it on time and currently owes past due support. The Obligor's present employer and address is: _____

CERTIFICATE OF SERVICE

I certify that a copy of this document was () mailed () faxed and mailed () e-mailed () hand-delivered to the parties listed below on {date} _____.

Other party or his/her attorney:

Printed Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____
Designated E-mail Address(es): _____

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this motion and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: _____

Signature of Party or his/her attorney
Printed Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____
Designated E-mail Address(es): _____

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:

[fill in all blanks] This form was prepared for the: *{choose only one}* () Petitioner () Respondent

This form was completed with the assistance of: {name of individual} _____,

{name of business} _____,

{address} _____,

{city} _____, {state} _____, {zip code} _____, {telephone number} _____