

INFORMATION SHEET

AFFIDAVIT TO RE-DIRECT PAYMENT THROUGH THE CLERK OF COURTS DEPOSITORY

As per your request to re-direct your delinquent payments to be paid through the court Depository, we are enclosing an Affidavit of Arrears for you to complete and return to the Lee County Clerk of Courts Family Support Depository.

Please follow these instructions before returning to us:

- 1) Fill in the date of the Lee County Court order which you are asking to be re-directed.
- 2) Place the dollar amount of support arrears owed to you as of the date you sign the affidavit. This date must be the same date that the affidavit is signed in front of a Notary Public, or a Deputy Clerk. Only delinquent support amounts can be re-directed to be paid through the Lee County Clerk of Courts.
- 3) Complete the Family Support - Case Information sheet with as much information that is available.
- 4) Sign and date the affidavit in the presence of a Notary Public, or a Deputy Clerk (available in our office).

It is important to complete this affidavit quickly and return it to the address below. Upon receipt of the affidavit, we shall complete the procedure and mail copies of the completed documents to both parties involved.

If you have any questions, please call our office before returning the affidavit to our office.

Thank You

Lee County Clerk of Circuit Courts Family Support
P O Box 2488
Fort Myers Florida 33902
(239)-533-2845

IN THE CIRCUIT COURT OF THE TWENTIETH JUDICIAL CIRCUIT IN AND FOR LEE COUNTY, FLORIDA

CASE NO:

_____ /

AFFIDAVIT AND REQUEST TO REQUIRE PAYMENTS THROUGH COURT DEPOSITORY

Before ME, the undersigned authority, personally appeared the affiant, who upon oath, deposes and states:

1. The court in Lee County Florida entered an order dated _____, _____, _____ allowing direct payment of support to be made. (month) (day) (year)
2. Those payments are presently behind: \$ _____ calculated through the **date(*)** of _____ / _____ / _____. (month) (day) (year)
3. A Family Support-Case Information sheet has been completed and has been made a part of the original affidavit.
4. I request that all future payments be made through the Court Depository as allowed by FS 61.08 and FS 61.13, and that a Notice To Pay Through The Court Depository be issued within fifteen (15) days.
5. I shall notify the Court Depository in writing of any changes in my name or address within 7 days of the change, as required by FS 61.181 (3)(b).

Dated(*) this _____ **day of** _____, _____.

STATE OF FLORIDA _____ Signature

COUNTY OF LEE

SWORN AND SUBSCRIBED before me this _____ day of _____, 20____, by _____

Who is personally known to me or who has produced _____ as identification.

Charlie Green, Clerk of Courts

by: _____
Deputy Clerk
(Seal)

Notary Public
My Commission Expires:

(*) these dates must be the same date

Family Support - Case Information

Case Number: _____

Obligee Name: _____ DOB: _____ SS#: _____

DL#: _____ Gender: _____ Race: _____ Height: _____

Eye Color: _____ Weight: _____ Hair Color: _____

Distinguishing Marks: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone #: (____) _____ - _____

Obligor Name: _____ DOB: _____ SS#: _____

DL#: _____ Gender: _____ Race: _____ Height: _____

Eye Color: _____ Weight: _____ Hair Color: _____

Distinguishing Marks: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone #: (____) _____ - _____

Dependent: _____ SS#: _____ DOB: _____

Dependent: _____ SS#: _____ DOB: _____

Dependent: _____ SS#: _____ DOB: _____

Dependent: _____ SS#: _____ DOB: _____

Obligor Employer Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone #: (____) _____ - _____