| IN THE CIRCUIT COURT, EIGHTEENTH JUDICIAL CIRCUIT, BREVARD COUNTY, FLORIDA | CASE NUMBER<br>05 - - - - XXXX-XX |
|---|---|
| **APPLICATION TO DIRECT PAYMENTS THROUGH THE DEPOSITORY** | **CLOCK IN** |
| **PAYEE** | |
| **PAYOR** | |

| PAYOR S.S# | | | PAYEE S.S# | | |
|---|---|---|---|---|---|
| ADDRESS: | | | ADDRESS: | | |
| P.O. BOX | | | P.O. BOX | | |
| CITY | ST | ZIP | CITY | ST | ZIP |

Before me personally appeared _____ , who after being duly sworn, states:

- ☐ Pursuant to Sec. 61.13(1)(d)4 F.S., _____ makes application to require all future court ordered payments to be made through the State of Florida Disbursement Unit.
- ☐ Pursuant to Sec. 61.13(1)(d)4 F.S., the payor has defaulted in payment and the payee wishes to require the payments be made through the State of Florida Disbursement Unit.
- ☐ The current arrearage is $_____ , with the next payment of $_____ due on _____.
- ☐ The payor is in default of payment.
  I hereby certify that the above noted arrearage is correct.

WHEREFORE, the payee requests that future child support and/or alimony payments be directed through the Brevard County Child Support Division and that the proper notice be mailed to both parties in compliance with Chapter 61, F.S.

_____ Affiant's Signature

_____ Date

SWORN TO AND SUBSCRIBED BEFORE ME this _____ day of _____, 20____ .

By:_____
Deputy Clerk/Notary Public

I hereby certify that a copy of the foregoing application was mailed to: _____
_____

| CLERK OF THE COURT | BY _____ DC | DATE |
|---|---|---|

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**BAR CODE LABEL**