| ☐ IN THE CIRCUIT COURT, EIGHTEENTH JUDICIAL CIRCUIT, BREVARD COUNTY, FLORIDA ☐ IN THE COUNTY COURT, BREVARD COUNTY, FLORIDA | | | CASE NUMBER 05 XXXX-XX |
|---|---|--------|-------------------------|
| DIVISION CHILD SUPPORT | VOLUNTARY/INCOME DEDUCTION AGREEMENT FOR CHILD SUPPORT/ALIMONY OBLIGATION | | BAR CODE LABEL |
| PETITIONER | | | CLOCK IN |
| RESPONDENT | | | |
| I hereby authorize and direct my present and future employers to deduct \$ per | | | |
| from the wages then due and owing to me, to be utilized for payment toward my | | | |
| obligation. | | | |
| These sums are to be forwarded to: State of Florida Disbursement Unit (FLSDU) P.O. Box 8500 Tallahassee, FL 32314-8500 | | | |
| ASSIGNOR: | | EMPLO | OYER: |
| ADDRESS: | | ADDRE | RESS: |
| CITY | ST ZIP | CITY | ST ZIP |
| SSN#: | | TELEP | PHONE NUMBER: |
| | | | |
| Signature | | | |
| SWORN to and SUBSC | RIBED before me this | day of | |
| NOTARY PUBLIC/DEPU | TY CLERK | | |

LAW 258 Rev. 10/2005