☐ **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 ☐child support ☐alimony

obligation.

These sums are to be forwarded to: State of Florida Disbursement Unit (FLSDU)
P.O. Box 8500
Tallahassee, FL 32314-8500

ASSIGNOR:	EMPLOYER:
ADDRESS:	ADDRESS:
CITY ST ZIP	CITY ST ZIP
SSN#:	TELEPHONE NUMBER:

_____
Signature

SWORN to and SUBSCRIBED before me this _____ day of _____.

_____
NOTARY PUBLIC/DEPUTY CLERK

LAW 258
Rev. 10/2005

ORIGINAL - COURT FILE ☐ COPY - OBLIGOR