IN THE CIRCUIT COURT IN THE EIGHTEENTH JUDICIAL CIRCUIT IN AND FOR BREVARD COUNTY, FLORIDA.

	Case No.:		
	,	Bar Code La	bel
	Petitioner		
	Respondent,		
	respondent		
	ORDER REQUIRING PAYME		
	[V check all which ap	ply, 🗷 fill in all blanks tha	t apply]
IT I	IS ORDERED AND ADJUDGED	that all payments of child su	upport shall be as follows:
		1 777	NOTE C
	Obligor will have the payments order		
[]	Payment will be by income deduction	order and payor is not the	obligor – Fill out A, B, & C.
PAYOR INFORMATION			
1.	Name:		
	Social Security Number:		
	Street:	C4-4-	7:
	City:	State:	Zip:
	Employer:		Phone:
	Street:		
	City:		
	Other sources of income:		
PA	YEE INFORMATION		
1.	Name:		DOB:
	Social Security Number:		Phone:
	Street:		
	City	State:	7in·

2	. Children for whom support is to	Children for whom support is to be paid:			
	Name	Date of Birth	Age Sex	•	
. P	AYOR INFORMATION (fill out only	if payor is NOT oblig	gor)		
N	Vame (obligor's employer):				
S	treet:	G		7:	
	City: Celephone:			Zip:	
1	[v one only]	sum of \$	per	for	
	[] The payor shall pay the children, plus the Clerk's proces			pelow.	
	[] The payor shall pay the children, from which the Clerk s			for	
2	. Past Due Child Support/Arreage	es			
	[] The payor shall pay the children, and the Clerk's process child support shall last for Central Depository and interest obligor's debt at the rate of	sing fee for past due ch [] months [] you are paid. Interest on p	nild support. The ears, until all plats as the child s	past due support, fees to t	
3	. Alimony [v one only]				
	[] The payor shall pay the plus the Clerk's processing fee a		-	for alimony,	

	[] The payor shall pay the sum of \$		for alimony,
4.	Past Due Alimony/Arrearages [v one only]		
	[] The payor shall pay the sum of \$	payment for past due	
5.	Payments shall begin on the date of entry of this of the way this order says they will be paid and in the until this Court orders something else.		
6.	Payments shall be sent to:		
	P. O. Box 8500 Tallahassee, Florida 323 877-769-0251		
7.	Payment shall be made by check or money order. purposes, you must write the court case number, so court order is located (Brevard), on each payment attached on a separate sheet of paper with any cast Clerk may require a payor to fill out a form.	social security number at made by check or n	r, and county where the noney order and be
8.	Any depository processing fees as allowed in section 61.181, Florida Statutes, shall be paid with each payment. The amount of the service fee is 4% of the total payment, but not less than \$1.25 and not more than \$5.25.		
9.	The parties affected by this order must tell the cert of name, address, employer, place of employmen		
DONE	AND ORDERED in Brevard County, Florida on	{date}	, 20
	\overline{C}	Circuit Judge	

Order Requiring Payment	Through Centra	al Depository
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Cc: Petitioner or their attorney (if represented) Name			
Address_			
City	State	Zip	
Other Name			
Address			
City	State	Zip	

Respondent or their attorney (if represented)			
Name			
Address			
City	State	Zip	