

IN THE CIRCUIT COURT, EIGHTEENTH JUDICIAL CIRCUIT, BREVARD COUNTY, FLORIDA

DIVISION:

CASE NUMBER: 05 - - DR - -

PETITIONER

CLOCK IN

RESPONDENT

**VOLUNTARY INCOME DEDUCTION AGREEMENT FOR
CHILD SUPPORT / ALIMONY OBLIGATION**

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:		
ADDRESS:		
CITY	STATE	ZIP
SSN:		

EMPLOYER:		
ADDRESS:		
CITY	STATE	ZIP
TELEPHONE NO.:		

Signature

Date

WITNESS my hand and Official Seal on the _____ day of _____, 20____, in Brevard County, Florida.

Deputy Clerk:
Brevard County Clerk of Courts