

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

DIVISION:

CASE NUMBER: 05 - - DR - -

PAYEE

CLOCK IN

PAYOR

**APPLICATION TO DIRECT PAYMENTS
THROUGH THE DEPOSITORY**

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(7)(d)3 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(7)(d)3 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

APPLICATION TO DIRECT PAYMENTS THROUGH THE DEPOSITORY

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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:

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

BY _____ **DC**

BREVARD COUNTY CLERK OF COURTS