



# Pam Childers

Clerk of the Circuit Court and Comptroller, Escambia County

Clerk of Courts • County Comptroller • Clerk of the Board of County Commissioners • Recorder • Auditor

## DRIVERS LICENSE SUSPENSION REQUEST

Attached is a request to initiate the suspension of a delinquent obligor's driver license. Please complete the attached form by supplying all information needed and return the form to this office so that we may inform the obligor of the intent to suspend.

We hope this information will assist you in the completion of the request. If we can be of further assistance, please contact this office at 850 595-3770.

Thank you.

IN THE CIRCUIT COURT IN AND FOR ESCAMBIA COUNTY, FLORIDA  
FIRST JUDICIAL CIRCUIT

\_\_\_\_\_  
OBLIGEE

VS

CASE NO. \_\_\_\_\_  
SECT. \_\_\_\_\_

\_\_\_\_\_  
OBLIGOR

Driver's License No. \_\_\_\_\_  
Social Security No. \_\_\_\_\_  
Date of birth \_\_\_\_\_

**REQUEST TO INITIATE SUSPENSION OF DELINQUENT OBLIGOR'S DRIVERS LICENSE**

I, \_\_\_\_\_, the obligee in the above referenced case state that the above named obligor is delinquent in court ordered support payments.

I request that the Escambia County Clerk of Court initiate a driver license suspension action against the above named obligor in accordance with the provisions of 61.13016(1), F.S.

To the best of my knowledge, the obligor's current address is \_\_\_\_\_  
\_\_\_\_\_.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
OBLIGEE'S SIGNATURE  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
PHONE #: \_\_\_\_\_  
[ ] if address change