

**IN THE CIRCUIT COURT IN AND FOR ESCAMBIA COUNTY, FLORIDA
FAMILY LAW DIVISION**

_____, Petitioner

Case Number: _____

Vs.

Division: _____

_____, Respondent

DEP ACCOUNT#: _____

PETITION FOR CREDIT FOR DIRECT PAYMENT OF CHILD SUPPORT/ALIMONY

The undersigned Petitioners, under Court Order dated _____ to pay and receive child support/alimony payments through the designated depository, request the Court give credit for the total amount of \$_____ for support payments made directly between the parties. Proof of those payments are filed with this petition.

1. Petitioners () are () are not currently receiving Aid to Families with Dependent Children (AFDC) or other public assistance benefits from the State of Florida.

2. Petitioners () have () have not received AFDC or other public assistance benefits from the State of Florida in the past.

3. Petitioners () do () do not have an case with the Department of Revenue Child Support Enforcement Office.

4. Petitioners understand that credit will not be given for future payments made directly between the parties instead of through the central depository.

| |
|--|
| STATE OF FLORIDA |
| COUNTY OF _____ |
| SWORN to and subscribed before me this |
| _____ day of _____, 20_____. |
| () Personally known to me |
| () Produced |
| Identification: _____ |
| _____(SEAL) |
| NOTARY PUBLIC - STATE OF FLORIDA |
| or |
| ERNIE LEE MAGAHA Clerk of the Circuit Court |
| BY: _____(SEAL) Deputy Clerk |

PAYEE'S Signature

Name - typed or printed

Street Address

City, State, Zip Code

Telephone Number

_____, Petitioner

Vs.

_____, Respondent

Case Number: _____

Division: _____

DEP ACCOUNT# : _____

Direct Payment of Child Support/Alimony

STATE OF FLORIDA
 COUNTY OF _____
 SWORN to and subscribed before me this
 _____ day of _____, 20____.
 Personally known to me
 Produced
 Identification: _____
 _____(SEAL)
 NOTARY PUBLIC - STATE OF FLORIDA
 or
 ERNIE LEE MAGAHA
 Clerk of the Circuit Court
 BY: _____(SEAL)
 Deputy Clerk

PAYOR'S Signature

Name - typed or printed

Street Address

City, State, Zip Code

Telephone Number

If only one party has signed:

Copy Sent to _____ Payor _____ Payee this _____ day of _____, 20____.