

ATTACHMENT A

STYLE OF SUIT

Petitioner

and

Respondent

Case Number: _____

Division: _____

PERIODIC AMOUNTS OBLIGOR ORDERED TO PAY:

<u>CURRENT:</u>	<u>ARREARAGE:</u>	TOTAL	PERIODIC
	ARREARS DUE	PAYMENT	AMOUNT
CHILD SUPPORT \$ _____	CHILD SUPPORT \$ _____	_____	\$ _____
ALIMONY \$ _____	ALIMONY \$ _____	_____	\$ _____
OTHER* \$ _____	OTHER* \$ _____	_____	\$ _____

***INSTRUCTIONS:**

PAYMENT FREQUENCY - CHECK ONE: (WILL APPLY TO ALL PAYMENTS)

- WEEKLY** **BI-WEEKLY** (Every two weeks/26 per year)
- SEMI-MONTHLY** (Twice monthly/24 per year) - **DATES:** on _____ and _____
- MONTHLY** on _____

PAYMENT INFORMATION - CHECK ONE:

- PAYABLE THROUGH THE COURT - FIRST PAYMENT DATE (MUST BE GIVEN)** _____
- NOT PAYABLE THROUGH THE COURT AT THIS TIME.**

PAYMENTS TO BE SENT TO:

STATE OF FLORIDA DISBURSEMENT UNIT (SDU)
P.O. BOX 8500
TALLAHASSEE, FLORIDA 32314-8500

******THE FOLLOWING INFORMATION MUST BE COMPLETED******

OBLIGEE

OBLIGOR

Social Security Number: _____

Name: _____

Address: _____

City/State/Zip _____

DOB: _____ **Phone #** _____

Social Security Number: _____

Name: _____

Address: _____

City/State/Zip _____

DOB: _____ **Phone #** _____

Employer: _____

Address: _____

City/State/Zip: _____

FULL NAME(S) OF CHILD(REN):

_____ **SS#** _____ **DOB** _____

_____ **SS#** _____ **DOB** _____

_____ **SS#** _____ **DOB** _____

PREPARED BY: _____ **PHONE NUMBER:** _____