

IN THE CIRCUIT COURT FOR THE THIRTEEN JUDICIAL CIRCUIT OF THE STATE OF FLORIDA, IN AND FOR HILLSBOROUGH COUNTY - FAMILY LAW DIVISION

\_\_\_\_\_  
Petitioner,

Case No.: \_\_\_\_\_

Vs

Division: \_\_\_\_\_

\_\_\_\_\_  
Respondent.

**AFFIDAVIT TO INITIATE PARTICIPATION  
IN THE CENTRAL GOVERNMENTAL DEPOSITORY PROGRAM**

BEFORE ME, the undersigned Notary Public, the undersigned personally appeared, who having being first duly sworn according to law deposes and says;

1. My, name is \_\_\_\_\_ and I am the  Petitioner /  Respondent in the above styled cause.
2. Pursuant to a court order entered on or after January 1, 1985, I am entitled to receive alimony and/or child support payments.
3. The court order did not require that the said alimony and/or child support payments be made through the Central Governmental Depository.
4.  Obligor/Payor has defaulted in his/her payments of alimony and/or child support and I hereby declare my wish to initiate participation in the Central Governmental Depository pursuant to:  
 Alimony Florida Statute 61.08(4)(d)(2) or  Child Support Florida Statute 61.13(1)(d)(2).
5.  One or both parties wish to initiate participation in the Central Governmental Depository Program.
6. I have provided the original of the affidavit , a completed Payment Information Sheet (Personal Information Form) along with a copy of the latest court order to Clerk of the Circuit Court, Child Support, P.O. Box 3450, Tampa, FL 33601 **and have, by U.S. Mail, provided a copy of this affidavit to the other party at the following address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FURTHER AFFIANT SAYETH NOT**

\_\_\_\_\_  
**AFFIANT (signature)**

STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by

(Seal)

\_\_\_\_\_  
**Notary Public Signature / or Deputy Clerk**

Personally Known \_\_\_\_\_  
Or produced identification \_\_\_\_\_  
Type of Identification Produced \_\_\_\_\_

\_\_\_\_\_  
**Printed Name**

## Central Governmental Depository Personal Information Form

Case Number : \_\_\_\_\_

Date: \_\_\_\_\_

- PI – OBLIGOR’S ADDRESS CHANGE  
 PI – EMPLOYER UPDATE  
 PI – OBLIGOR’S NAME CHANGE

- PI – OBLIGEE’S ADDRESS CHANGE  
 PI – OBLIGEE’S NAME CHANGE

Comments: \_\_\_\_\_  
 \_\_\_\_\_

OBLIGOR/RESPONDENT	OBLIGEE/PETITIONER
SSN:	SSN:
LAST NAME:	LAST NAME:
FIRST NAME:	FIRST NAME:
MIDDLE NAME:	MIDDLE NAME:
STREET ADDRESS:	STREET ADDRESS:
CITY, STATE ZIP:	CITY, STATE ZIP:
HOME PHONE:	HOME PHONE:
WORK PHONE:	WORK PHONE:
DATE OF BIRTH:	DATE OF BIRTH:
EMPLOYER:	EMPLOYER:
STREET ADDRESS:	STREET ADDRESS:
CITY, STATE ZIP:	CITY, STATE ZIP:
DRIVERS LICENSE #:	DRIVERS LICENSE #:

### List Child(ren) Related to this Case:

NAME:	DATE OF BIRTH:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_