

ATTACHMENT A

STYLE OF SUIT _____

CASE NUMBER _____

Petitioner _____

DIVISION _____

Respondent _____

PERIODIC AMOUNTS OBLIGOR ORDERED TO PAY:

<u>CURRENT:</u>		<u>ARREARAGE:</u>	<u>TOTAL</u>	<u>PERIODIC</u>
		<u>ARREARS DUE</u>	<u>PAYMENT AMOUNT</u>	
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******

<u>OBLIGEE</u>	<u>OBLIGOR</u>
Social Security Number: _____	Social Security Number: _____
Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Cty/St/Zip _____	Cty/St/Zip _____
DOB: _____ Phone # _____	DOB: _____ Phone # _____
	Employer: _____
	Address: _____
	Cty/St/Zip _____

FULL NAME(S) OF CHILD(REN):

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

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

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

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