

FILING MOTION FOR CREDIT FOR DIRECT CHILD SUPPORT PAYMENTS

Please follow the steps below to ensure that you file correctly:

FIRST:

- a. Complete the **Motion for Credit for Direct Child Support Payments** and the **Affidavit Regarding Direct Child Support Payments**.
- b. Sign the **Motion** in front of a Notary Public.
- c. The petitioner should also fill out and file the **Notice that Case is at Issue** by following the instructions entitled *Requesting a Hearing in a Family Court Case in Alachua County, Florida*.

SECOND:

Make **2*** complete copies of **all** of your paperwork (including evidence). Do not copy the instruction sheets.

ONE is for **YOU**.

ONE is for the **OTHER PARTY**.

THIRD:

Take your **ORIGINAL** documents (without instruction sheets) to the **CLERK OF THE COURT, Civil Division, Alachua County Courthouse (First Floor)** and tell them you want to **FILE** a motion.

You may also submit documents by mail to **Alachua County Clerk of the Court, Civil Division, P.O. Box 600, Gainesville, FL 32602**. There is a filing fee due upon filing contact the Clerk of Court by phone at (352) 374-3636.

Remember: Originals must always be filed in your Court file. When you file an original document, you should keep a copy for your records and certify in writing that you either mailed or hand-delivered a copy to the other party.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE FAMILY COURT CASE MANAGEMENT PROGRAM AT (352) 374-3694.

IN THE CIRCUIT COURT OF THE EIGHTH JUDICIAL CIRCUIT,
IN AND FOR ALACHUA COUNTY, FLORIDA

Case No.: _____
Division: _____

_____,
Petitioner,

vs.

_____,
Respondent.

MOTION FOR CREDIT FOR DIRECT CHILD SUPPORT PAYMENTS

() Petitioner () Respondent requests that the Court enter an order for credit for direct child support payments in favor of the parent who provides support who is the () Petitioner () Respondent and provides the following reasons as grounds:

1. A final judgment or order titled _____
{title of final judgment or order}

in this case was entered on _____, by _____
{date} *{court, city, and state}*

 Check here if the judgment or order is not from this Court and attach a copy.

2. This order of the Court required that child support payments be made through the State Disbursement Unit for disbursement to the parent receiving support.

3. Pursuant to the attached Affidavit, the parent providing support, made payments totaling \$ _____ directly to the parent receiving support.

WHEREFORE, the () Petitioner () Respondent respectfully request that the Court enter an order directing the Clerk of Court, Domestic Relations Division to credit the above referenced support record in the amount of \$ _____.

I certify that a copy of this document was [one only] () mailed () faxed and mailed () hand delivered to the person(s) listed below on *{date}* _____.

Other party or his/her attorney:

Name: _____

Address: _____

City, State, Zip: _____

Fax Number: _____

I understand that I am swearing or affirming under oath to the truthfulness of the claims made above and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: _____

Signature of Party

Printed Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Fax Number: _____

STATE OF FLORIDA

COUNTY OF _____

Sworn to or affirmed and signed before me on _____ by
_____ who is personally known ____ OR
produced identification _____

NOTARY PUBLIC—STATE OF FLORIDA

This form was completed with the assistance of:

_____ (Name of Individual)

_____ (Name of Business)

_____ (Address)

_____ (Telephone Number)

IN THE CIRCUIT COURT OF THE EIGHTH JUDICIAL CIRCUIT,
IN AND FOR ALACHUA COUNTY, FLORIDA

Case No: _____

Division: _____

_____,
Petitioner,

vs.

_____,
Respondent.

AFFIDAVIT REGARDING DIRECT CHILD SUPPORT PAYMENTS

I, _____, the ___ parent providing support OR ___ parent receiving support, under penalty of perjury, do hereby swear and/or affirm that I:

- received
- paid direct

the following payments on the dates indicated:

PAYMENT DATE	PAYMENT AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(you may need to add an attachment if you need more space than provided above)

The total amount:
 received (as evidenced by copies of cancelled checks or receipts)
 paid (as evidenced by copies of cancelled checks or receipts)

through direct payment is \$_____.

I understand that I am swearing or affirming under oath to the truthfulness of the claims made above and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: _____

Signature

Printed Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Fax Number: _____

STATE OF FLORIDA

COUNTY OF _____

Sworn to or affirmed and signed before me on _____ by
_____ who is personally known ____ OR
produced identification _____

NOTARY PUBLIC—STATE OF FLORIDA

This form was completed with the assistance of:

_____ (Name of Individual)

_____ (Name of Business)

_____ (Address)

_____ (Telephone Number)

Requesting a Hearing in a Family Court Case in Alachua County, Florida

DO NOT FILE the notice until:

NOTICE THAT ACTION IS AT ISSUE AND MOTION FOR HEARING/NON-JURY TRIAL

- 1. You have Proof of Service of Process (personal, substitute, or constructive).***
- 2. AND the Clerk has entered a default or the other party has filed a response.***
- 3. AND/OR Mediation (352) 491-4417 has been completed.***

You will use the *Notice that Action is at Issue and Request for Hearing/Non-Jury Trial* to request that the Court set a hearing on your motion or petition.

Fill out the page one with the following information:

- Parties' names (Petitioner and Respondent)
- Case number and Division
- Your name (Comes Now _____)
- Amount of time you think will be required for the judge to hear all the issues in your motion or petition. If your case has no disputed issues, it may take only ten minutes.
- Today's date
- Your signature (no notary needed)

Make 2 copies of both pages and prepare 2 stamped envelopes:

- Mail or hand deliver one copy to the other party.
- Mail or hand deliver one copy to the **Case Manager in Room 400** (Family Courts) in the Alachua County Family and Civil Justice Center along with 2 stamped business size envelopes, one addressed to you and one addressed to the other party. You may submit these items by mail to the Case Manager at Alachua County Family and Civil Justice Center, 201 E. University Avenue, Room 400, Gainesville, FL 32601.

File the original signed document with the Clerk of Court

The Clerk of Court, Civil Division is located on the first floor of the Alachua County Family and Civil Justice Center. You may also mail it to the Clerk at P. O. Box 600, Gainesville, FL 32602.

In about **three weeks**, you should receive a response from the judge's office. If a month passes and you do not receive a response, you may call Family Courts at (352) 374-3694 to ask about the status of your request for a court hearing.

IN THE CIRCUIT COURT, EIGHTH JUDICIAL CIRCUIT,
IN AND FOR ALACHUA COUNTY, FLORIDA
CIVIL CASE

Petitioner,

CASE NO.: _____

DIVISION: _____

vs.

Respondent.

_____ /

NOTICE THAT ACTION IS AT ISSUE AND REQUEST FOR HEARING/NON-JURY TRIAL COMES NOW _____, and shows that this action is at issue and ready for a hearing/non-jury trial. The hearing/trial is on the original action. It is estimated that the trial will require _____ minutes. Therefore, the undersigned requests the court schedule a hearing/non-jury trial in this action.

Dated: _____

Your Signature

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Notice of Action has been furnished by U.S. Mail or hand delivery this ____ day of _____, 20____, to:
(Print the other party's name and address below)

Your Signature

If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact the Office of the Clerk of Court at the county courthouse where this hearing is to be held within 2 working days of your receipt of this notice; if you are hearing or voice impaired, call 1-800-955-8778.