

INSTRUCTIONS FOR THE DIRECT PAY AFFIDAVIT

1. As with any document, please read the document thoroughly before signing.
 2. This form can only be filed ONE time as stated in the Order.
 3. Please type or print neatly. All information must be filled out completely.
 4. The form must be sworn to and signed by the payee and be signed in front of a Notary Public or a Deputy Clerk.
 5. You will need to furnish two (2) self-addressed stamped envelopes for conformed copies to be provided to parties (1 for the petitioner and 1 for the respondent)
 6. Once you file the Direct Pay Affidavit and the Request for Hearing, the Clerk's Office will forward your documents to the appropriate agency to schedule the hearing. If the Florida Department of Revenue is the enforcement agency in your child support case, they will schedule the hearing and send the notice. If the Court is the enforcement agency, the Court's Pro Se Coordinator will schedule the hearing and issue the notice.
- There is NOT a \$50.00 reopen filing fee for this form to be filed with the Clerk's office.

IN THE CIRCUIT COURT OF THE FIRST JUDICIAL CIRCUIT
IN AND FOR SANTA ROSA COUNTY, FLORIDA

_____, Case No.: _____
Petitioner Division: _____
and

_____,
Respondent

DIRECT PAY AFFIDAVIT

Before me the undersigned authority personally appeared _____,
 who, being duly sworn, deposes and says:

1. That she/he is a child support/alimony payee by Court Order that requires the payor to make these payments through the designated depository.
2. Payee has received the following payments from the payor directly, in the amounts and on the dates set out below:

<u>Date</u>	<u>Amount</u>	<u>Date</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For a total of \$ _____ Received for child support/alim ony payments.

3. That the payor is:
 - (A) _____ Current in his/her payments (Please initial if applicable)
 - (B) _____ In arrears in his/her payments in the amount of \$ _____ As of the payment due on the _____ Day of _____, 20_____.

Further Affiant sayeth not.

 Signature of Payee
 Printed Name: _____
 Address: _____
 City, State, Zip: _____
 Telephone Number: () _____

Sworn to and subscribed before me this _____ Day of _____, 20_____.

My Commission expires:

 Deputy Clerk/Notary Public

**IN THE CIRCUIT COURT OF THE FIRST JUDICIAL CIRCUIT,
IN AND FOR SANTA ROSA COUNTY, FLORIDA**

IN RE:

_____, Petitioner Case No. _____
and
_____, Respondent
Division: _____ " _____"

DIRECT PAY ORDER

Whereas it appears from evidence submitted that the payor in the above referenced cause has paid directly to the payee, and not through the Clerk of Court as ordered, monies as and for child support/alimony, and

Whereas it would be in the best interest of all concerned parties if the payment record in this case were adjusted to reflect this direct payment of support monies, it is therefore

DONE AND ORDERED:

That credit be and the same is hereby given for the sum of \$ _____ For direct payments to payee, and

The Clerk of the Circuit Court shall add \$ _____ To the amount which the court record shows having been paid through the Central Depository.

That Credit ***WILL NOT*** be given for any future payments which are paid direct and not through the Central Depository.

DONE AND ORDERED in chambers at Milton, Santa Rosa County, Florida this _____ day of _____, 20____.

CIRCUIT JUDGE

Copies To:

Petitioner: _____

Respondent: _____

This _____ Day of _____, 20____

By: _____, Deputy Clerk