

IN THE CIRCUIT COURT IN AND FOR SANTA ROSA COUNTY, FLORIDA

THE STATE OF FLORIDA, on behalf of

Petitioner/Custodial Parent/Designated Relative

Case No. _____

v.

Respondent/Non-Custodial Parent

MOTION FOR AUTHORITY TO PARTICIPATE BY TELEPHONE
IN CHILD SUPPORT CASES HEARING (TITLE IV-D CASE)

I, _____, move for authority to participate by telephone in the child support case hearing
(Full Legal Name)
scheduled on _____ at _____ for the following grounds (Provide explanation for
(Date of Court) (Time and Place of Court)
reason for requesting telephonic hearing and inability to appear personally for hearing):

Please check one: If granted, I ___ can ___ cannot have a notary public available where I am present to swear me in.

I CERTIFY that a copy of this motion has been faxed, mailed or hand delivered to the Santa Rosa County Clerk of Circuit Court's Office in SANTA ROSA County Court House in Milton, Florida this _____ day of _____, 20____.

Employer Name

Employer address
Work phone number: _____

Signature of Requesting Party
Printed Name _____
Address _____
City, State, ZIP _____
Telephone No. to call you for hearing _____
Fax No. _____

ORDER ON MOTION TO PARTICIPATE BY TELEPHONE

The above motion is _____ GRANTED _____ DENIED

Date: _____

Mark S. Rubin, Hearing Officer

Notification of decision granting or denying this Motion has been provided to Requesting Party as follows:
