

Mail to: Clerk of the Circuit Court, Child Support Division
1769 Ease Moody Blvd., Building #1, Bunnell, FL 32110
Telephone: (386) 313-4480

RE: Case Number _____

**REQUEST FOR CHILD SUPPORT PAYMENTS TO BE MADE
THROUGH THE STATE DISBURSEMENT UNIT AND
AFFIDAVIT OF DELINQUENT CHILD SUPPORT**

Dear Clerk of Court:

In regards to the above referenced case, I am requesting that the child support payments be sent to the State Disbursement Unit for collection on my behalf. The non-custodial parent _____ owes \$_____ in child support as of the date of this affidavit.

Signature of Payee

Printed Name of Payee: _____

Address: _____

Social Security Number: _____

Telephone: _____

INFORMATION ON NON-CUSTODIAL PARENT:

Name: _____

Address: _____

Social Security Number: _____

THIS FORM MUST BE NOTARIZED

The foregoing instrument was acknowledged before me, this _____ day of _____, _____ by _____ who is personally known to me or has produced _____ as identification.

Notary Public: _____
Commission #: _____

Printed Name: _____
Seal: