



*Clerk of the Circuit and County Courts*

DOMESTIC RELATIONS DEPOSITORY  
501 WEST ADAMS STREET  
JACKSONVILLE, FLORIDA 32202  
Fax: 904-255-2392

RONNIE FUSSELL  
Clerk of the Circuit Court

AREA CODE 904  
255-2000

Date: \_\_\_\_\_

To: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Re: Case # \_\_\_\_\_, \_\_\_\_\_ v. \_\_\_\_\_

Dear Sir or Madam,

We have received a copy of the court order dated \_\_\_\_\_ having us set up or modify a child support, support arrearage, alimony and/or alimony arrearage case. Enclosed is a demographic sheet of information our office needs to set the case up or modify the case properly. Please fill it out and return it to our office at:

CLERK OF COURTS  
DOMESTIC RELATIONS DEPOSITORY  
501 WEST ADAMS STREET  
JACKSONVILLE, FL 32202

Please list dependents on the back of the sheet if there are more dependents than what will fit on the front.

Also enclosed is an electronic deposit form. Per FS. 61.1824(3)(c)5 payments to obligee are to be made electronically. Please fill out the form, attach the proper document and return to the above address with the demographic sheet.

If you have any questions please call (904)255-2000.

Thank you for your help in this matter.

RONNIE FUSSELL  
Clerk of the Circuit and County Courts

By: \_\_\_\_\_  
Deputy Clerk

**DEMOGRAPHIC SHEET**

**CASE #:** \_\_\_\_\_

**DIVISION:** \_\_\_\_\_

**NON-MAJORITY PARENT:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

ZIP CODE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

MALE / FEMALE

**MAJORITY PARENT:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

ZIP CODE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

MALE / FEMALE

**DEPENDENTS:**

NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_