



JODY PHILLIPS
Clerk of the Circuit Court

Clerk of the Circuit and County Courts

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

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.

JODY PHILLIPS
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: _____