FAMILY COURT SERVICES - ROOM 2150
501 WEST ADAMS STREET, JACKSONVILLE, FL 32202
(904) 255-1060

CHECKLIST FOR:
<u>MOTION TO CONTEST SUSPENSION OF DRIVER'S LICENSE</u>

Use this form if you have received a notice from the Department of Revenue/Child Support Enforcement (DOR/CSE) informing you that they are going to suspend your driver's license.

You may obtain the following forms at:
> www.flcourts.org - **(select)** – Self Help, Family Law Forms

<u>ALL FORMS MUST BE COMPLETED TO START YOUR CASE</u>

☐ <u>Local Form (attached)</u>
- o   Motion to Contest Suspension of Driver's License

☐ <u>Form 12.900(h)</u> **(Must be Filed)**
- o   Notice of Related Cases

FOLLOW INSTRUCTIONS:

1. **<u>Fully complete</u>** the above forms.
2. Make **four (4) copies** of <u>each</u> form.
3. File your **original documents** with the **<u>Family Law Clerk of Courts Room 2474 - 2nd floor</u>**. **<u>NEXT</u>** the (4) copies you made…
   - o   (1) COPY - <u>YOU KEEP</u> FOR YOURSELF

   - o   (1) COPY – OTHER PARTY

   - o   (1) COPY - <u>PHYSICALLY</u> TAKE to: **Dept. of Revenue/Child Support Enforcement**

       <u>AND</u>

   - o   (1) COPY - <u>CERTIFIED MAIL WITH A RETURN RECEIPT</u> to:
       *Instructions on next page
       - ▪ **DEPARTMENT OF REVENUE/CHILD SUPPORT ENFORCEMENT UNIT**
         Bldg. A – Room 150
         921 N. Davis Street,
         Jacksonville, FL 32209

HOW TO NOTIFY BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Make sure you obtain the following with your form and follow instructions:

☐ (1) Envelope

☐ (1) 'Green Card' for certified mail

☐ (1) 'White Receipt' for return receipt requested

☐ Local Form
   *Notice of Service to Department of Revenue/Child Support Enforcement (DOR/CSE)

INSTRUCTIONS:

1. Go to the nearest U.S. Post Office with your envelope with attached green card and receipt.

2. After the copy of your motion has been delivered to DOR/CSE, the Post Office will send you back the 'Green Card' to inform you that it was received.

3. Attach this green card along with the local form and file it with the Clerk of the Courts, Family Law, Room 2474

IN THE CIRCUIT COURT OF THE FOURTH JUDICIAL CIRCUIT

IN AND FOR DUVAL COUNTY, FLORIDA

CASE NO.: _____

DIVISION: _____

_____,

Petitioner,

And

_____,

Respondent,

MOTION TO CONTEST SUSPENSION OF DRIVER'S LICENSE

COMES NOW the ( ) Petitioner ( ) Respondent _____ in this matter, and requests the Court to direct the Department of Revenue/Child Support Enforcement (DOR/CSE) to stay any action to suspend my Florida Driver's License because of failure to make Court ordered child support payments. In support of this motion, I state the following as grounds:

_____

_____

_____

_____

_____

_____

_____

_____

_____

Wherefore, I ask the Court to grant this motion as it is in the best interest of the child(ren) that I have a current Florida Driver's License.

CERTIFICATE OF SERVICE

I certify that a copy of this document was ( ) mailed ( ) faxed and mailed ( ) e-mailed ( ) hand-delivered to the person(s) listed below on *{date}* _____ .

Other party or his/her attorney:

Name:_____

Address:_____

City, State, Zip:_____

E-mail: _____

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this answer and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Date: _____   _____

                                                    Signature of Party

                                   Printed Name: _____

                                   Address: _____

                                   _____

                                   Tel. No.: _____

                                   E-Mail: _____

**IN THE CIRCUIT COURT OF THE FOURTH JUDICIAL CIRCUIT
IN AND FOR DUVAL COUNTY FLORIDA**

CASE NO.: <u>16-</u>_____<u>-DR-</u>_____<u>-FM</u>
DIVISION: <u>FM-</u>_____

_____,
Petitioner

And

_____,
Respondent

<u>NOTICE OF SERVICE TO
DEPARTMENT OF REVENUE/CHILD SUPPORT ENFORCEMENT (DOR/CSE)
BY CERTIFIED MAIL RETURN RECEIPT REQUESTED</u>

I HERE BY CERTIFY that the Dept. of Revenue/Child Support Enforcement Unit was served with a copy of:

_____ Motion _____
(full name of pleading)

_____ Other Documents/Forms _____

_____

_____

_____

By Certified Mail, Return Receipt Requested, Receipt No _____,
at <u>Department of Revenue/Child Support Enforcement, Attn: Service Center Manager, Bldg. A – Room 150, 921 N. Davis Street, Jacksonville, FL 32209</u>, on *(month and day)* _____, 20_____ as shown by the signed certified mail card (attached to this notice).

_____
Signature
Address: _____

_____
Telephone: _____

ATTACH CERTIFIED MAIL CARD HERE

FCS (Duval) Local Form: Notice of Service to DOR/CSE (08/28/17)