

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

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**CHECKLIST FOR:**

**MOTION TO CORRECT DOMESTIC RELATIONS DEPOSITORY RECORDS**

Use this form if your balance on your account with the Domestic Relations Depository (DRD) is incorrect.

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You may obtain the following forms at:

[www.flcourts.org](http://www.flcourts.org) - **(select)** – Self Help, Family Law Forms

**ALL FORMS MUST BE COMPLETED TO START YOUR CASE**

- Local Form (attached)
  - Motion to Correct Domestic Relations Depository Records
  
- Form 12.900(h) (Must be Filed)
  - Notice of Related Cases
  
- PRINTOUT of your ‘Pay History’ from the Domestic Relations Depository (DRD)**  
**1<sup>st</sup> Floor – Room 1053**

**INSTRUCTIONS:**

1. **Fully complete** the above forms.
2. Make **three (3) copies** of each form.
3. File your **original documents** with the **Family Law Clerk of Courts Room 2474 - 2<sup>nd</sup> floor.**  
**NEXT** the (3) copies you made...
  - (1) COPY - YOU KEEP FOR YOURSELF
  
  - (1) COPY – OTHER PARTY
  
  - (1) COPY – **\*Instructions on next page**
    - CERTIFIED MAIL WITH A RETURN RECEIPT to:  
**DEPARTMENT OF REVENUE/CHILD SUPPORT ENFORCEMENT UNIT**  
**ATTN: Service Center Manager**  
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 CORRECT DOMESTIC RELATIONS DEPOSITORY RECORDS**

COMES NOW the ( ) Petitioner ( ) Respondent \_\_\_\_\_  
in this matter, and requests the Court to Correct/Adjust Domestic Relations Depository Records  
to reflect the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As the non-custodial parent, was ordered to pay child support in the amount of  
\$ \_\_\_\_\_ per \_\_\_\_\_ through an Order entered on or about \_\_\_\_\_  
\_\_\_\_\_. At the time of this Motion, the record of the Domestic Relations  
Depository indicates the balance owed is \$ \_\_\_\_\_. I dispute this amount.

Wherefore, I am respectfully requesting the Court to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.: 16-                    -DR-                    -FM  
DIVISION: FM-                    

\_\_\_\_\_  
**Petitioner**

**And**

\_\_\_\_\_  
**Respondent**

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

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 Department of Revenue/Child Support Enforcement, Attn: Service Center Manager, Bldg. A – Room 150, 921 N. Davis Street, Jacksonville, FL 32209, 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**