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

CHECKLIST FOR:
MOTION TO REQUEST AUDIT OF CHILD SUPPORT RECORDS

Use this form if you would like to audit the records of your child support payments with the Department of Revenue/Child Support Enforcement and the Domestic Relations Depository (DRD).

You may obtain the following forms at:

www.flcourts.org - **(select)** – Self Help, Family Law Forms

ALL FORMS MUST BE COMPLETED TO START YOUR CASE

☐ Local Form (attached)
- o Motion Requesting an Audit of Identified Child Support Records

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

☐ **PRINTOUT** of your **'Pay History'** from the **Domestic Relations Depository (DRD)**
1st 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 - 2nd floor**. **NEXT** the (3) copies you made…
   - o (1) COPY - YOU KEEP FOR YOURSELF

   - o (1) COPY – OTHER PARTY

   - o (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 REQUESTING AN AUDIT OF IDENTIFIED CHILD SUPPORT RECORDS OF THE DEPT. OF REVENUE/CHILD SUPPORT ENFORCEMENT AND THE DOMESTIC RELATIONS DEPOSITORY

COMES NOW the (   ) Petitioner (   ) Respondent _____ in this matter, and requests the Court to direct the Department of Revenue/Child Support Enforcement (DOR/CSE) and the Domestic Relations Depository to conduct a complete audit of his/her child support account. In support of this motion, I state the following as grounds as to why an audit is necessary:

1. _____
   _____
   _____
   _____
   _____

2. _____
   _____
   _____
   _____

3. _____
   _____
   _____
   _____

The (   ) Petitioner (   ) Respondent, therefore, asks the Court to grant his/her request for a comprehensive, complete audit of his/her child support account, including the designation by year and dollar amount of any tax refunds or other non-wage funds that were intercepted by DOR/CSE. I believe I have stated sufficient reasons for this request.

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**</u>
<u>**DEPARTMENT OF REVENUE/CHILD SUPPORT ENFORCEMENT (DOR/CSE)**</u>
<u>**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,</u>   <u>Bldg. A – Room 150, 921</u>
<u>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

_____