

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

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**CHECKLIST FOR:  
MOTION FOR INCOME WITHHOLDING ORDER**

Use this form if you would like support payments to be taken out of your paycheck or the paycheck of the person who owes child support.

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You may obtain the following forms at:

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

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

- ☐ Form 12.928
  - Cover Sheet for Family Court Cases
- ☐ Local Form (attached)
  - Motion for Income Withholding Order
- ☐ Form 12.900(h) (Must be Filed)
  - Notice of Related Cases
- ☐ PRIOR ORDER
  - COPY – Order of Child Support Obligation

**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 1191 – 1<sup>st</sup> floor.**  
**NEXT** the (3) copies you made...
  - (1) COPY - YOU KEEP FOR YOURSELF
  - (1) COPY – OTHER PARTY
  - (1) COPY – **ONLY IF YOUR PAYMENTS ARE THROUGH THE STATE DISBURSEMENT UNIT**  
**\*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 1191.

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

Case No.: \_\_\_\_\_

Division: \_\_\_\_\_

\_\_\_\_\_,  
Petitioner,

And

\_\_\_\_\_,  
Respondent.

**MOTION FOR INCOME WITHHOLDING ORDER**

( ) Petitioner ( ) Respondent requests that the Court enter an Income Withholding Order against ( ) Petitioner ( ) Respondent in this case because:

1. A final judgment or order *{title of final judgment or order}* \_\_\_\_\_ in this case was entered on *{date}* \_\_\_\_\_, by *{court, city, and state}* \_\_\_\_\_.

\_\_\_\_ Please indicate here if the judgment or order is not from this Court and attach a copy.

2. This order of the Court required the other party in this case to pay support and/or alimony as follows: *{Explain what the other party was ordered to do or not do.}*

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

\_\_\_\_ Please indicate here if additional pages are attached.

3. The Court should enter an income withholding order in this case because: *{Explain why you want the IDO.}*

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

\_\_\_\_ Please indicate here if additional pages are attached.

4. I respectfully request that the Court issue an order:
- a. \_\_\_requiring the other party to make payments through the central governmental depository;
  - b. \_\_\_requiring the support payments to be automatically deducted from the other party's income or funds;

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

**CASE NO.: 16- -DR- -FM**  
**DIVISION: FM-**