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

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

* Local Form (attached)
	+ Motion Requesting an Audit of Identified Child Support Records
* Form 12.900(h) **(Must be Filed)**
	+ 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…

* + (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 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.: 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**