

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

**CHECKLIST FOR:
MOTION FOR CIVIL CONTEMPT/ENFORCEMENT RELATED TO CHILD SUPPORT**

Use this form to ask the court to enforce a prior court order for the other party who is failing to comply with the court order in your case.

You may obtain the following forms at:

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

ALL FORMS MUST BE COMPLETED TO START YOUR CASE

- ☐ **Form 12.960 (Attached)**
 - Motion for Civil Contempt/Enforcement
- ☐ **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) or drdinfo@duvalclerk.com**

INSTRUCTIONS:

1. **Fully complete** the above forms.
2. Make sure the appropriate forms are **notarized**.
3. Make **three (3) copies** of **each** form.
4. File your **original documents** with the **Family Law Clerk of Courts Room 1191 – 1st 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 1191.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Department of Revenue, CSE 921 N. Davis St. Bld. A Room 150 Jacksonville, FL 32209 9590 9402 9294 4295 6761 84		B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

Example *Example*

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

CASE NO.: 16-_____-DR-_____-FMXX
DIVISION: _____

And _____ Petitioner

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

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

Case No: _____

Division: _____

_____,
Petitioner,

and

_____,
Respondent.

MOTION FOR CIVIL CONTEMPT/ENFORCEMENT

____ Petitioner ____ Respondent requests that the Court enter an order of civil contempt/enforcement 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 do or not do the following:
{Explain what the other party was ordered to do or not do.} _____

____ Please indicate here if additional pages are attached.

3. The other party in this case has willfully failed to comply with this order of the Court: *{Explain what the other party has or has not done.}* _____

____ Please indicate here if additional pages are attached.

4. I respectfully request that the Court issue an order holding the above-named person in civil contempt, if appropriate, and/or providing the following relief:
- a. _____ enforcing or compelling compliance with the prior order or judgment;
 - b. _____ awarding a monetary judgment;
 - c. _____ if a monetary judgment was included in the prior order, issuing a writ of execution or garnishment or other appropriate process;
 - d. _____ awarding prejudgment interest;
 - e. _____ requiring the other party to pay costs and fees in connection with this motion;
 - f. _____ if the other party is found to be in civil contempt, ordering a compensatory fine;
 - g. _____ if the other party is found to be in civil contempt, ordering a coercive fine;
 - h. _____ if the other party is found to be in civil contempt, ordering incarceration of the other party with a purge;
 - i. _____ issuing a writ of possession for real property, writ for possession of personal property, or other appropriate writ;
 - j. _____ issuing a writ of bodily attachment if the other party fails to appear at the hearing set on this motion;
 - k. _____ requiring the other party to make payments through the central governmental depository;
 - l. _____ requiring the support payments to be automatically deducted from the other party's income or funds;
 - m. _____ requiring the other party to seek employment;
 - n. _____ awarding make-up time-sharing with minor child(ren) as follows {explain}: _____

_____;
 - o. _____ awarding other relief{explain} _____

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:

Printed Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Designated E-mail Address(es): _____

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

Dated: _____

Signature of Party or his/her attorney

Printed Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Designated E-mail Address(es): _____

STATE OF FLORIDA

COUNTY OF _____

Sworn to or affirmed and signed before me on _____ by _____.

NOTARY PUBLIC or DEPUTY CLERK

[Print, type, or stamp commissioned name of notary or deputy clerk.]

_____ Personally known

_____ Produced identification

Type of identification produced _____

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:

[fill in **all** blanks] This form was prepared for the: {choose only one} () Petitioner () Respondent

This form was completed with the assistance of:

{name of individual} _____

{name of business} _____

{address} _____

{city} _____, {state} _____, {zip code} _____ {telephone number} _____.