

IN THE CIRCUIT COURT IN AND FOR ESCAMBIA COUNTY, FLORIDA

MEMORANDUM TO CLERK

To: Clerk, Circuit Court, Domestic Relations Division
Subject: Payment and Disbursement of Child Support or Alimony; State Case Registry Information

Style of Case: _____

Case Number: _____ Date of Order: _____

PAYMENT INFORMATION

Amount for: Child Support \$ _____ Alimony \$ _____ Arrearage \$ _____

Payable: _____ Weekly _____ Bi-Weekly _____ Semi-monthly _____ Monthly _____ Yearly

First Payment Due: _____ Clerk-s fee payed by: _____ Obligor _____ Obligee

Arrearage: \$ _____ as of _____ for _____ Child Support _____ Alimony

OBLIGOR

Name: _____

Mailing Address: _____ Zip Code _____

Date of Birth: _____ SSN: _____

OBLIGEE

Name: _____

Mailing Address: _____ Zip Code _____

Date of Birth: _____ SSN: _____

CHILDREN

1. _____ DOB: _____ SSN: _____

2. _____ DOB: _____ SSN: _____

3. _____ DOB: _____ SSN: _____

4. _____ DOB: _____ SSN: _____

Family Violence Indicator present? _____ Yes _____ No

Court Order entered against Obligor in a domestic violence or protective action: _____ Yes _____ No

Court Order entered against Obligee in a domestic violence or protective action: _____ Yes _____ No

Remarks: _____

I certify that the information in this Memorandum is correct and complete to the best of my knowledge.

Signature: _____

Print Name: _____

Signer is: _____ Attorney for Obligor _____ Attorney for Obligee _____ Obligor (pro se) _____ Obligee (pro se)

