IN THE CIRCUIT COURT OF THE EIGHTH JUDICIAL CIRCUIT IN AND FOR ALACHUA COUNTY, FLORIDA

Petitioner,	
	Case No.:
Respondent.	_,
REQUEST FOR PARTICIPA	ATION IN DEPOSITORY AFFIDAVIT
The affiant states:	
2. The Court required payor to pay □ or payee each with the first payme	☐ Department of Revenue for Payee (check one). child support or ☐ alimony of \$ to the ent due on The payor is ar payment is due
	the depository and that the payor be notified to make
PAYOR INFORMATION	
Name:	DOB:
	Phone:
	County:
	· ·
Employment address:	
PAYEE INFORMATION	
Name:	DOB:
Address:	Phone:
City/St/Zip:	County:
Attorney for Payor:	
Dated:	
	Affiant
STATE OF FLORIDA	Printed Name and Title if applicable
COUNTY OF	her.
Sworn to or affirmed and signed before me on _	
	Notary Public or Deputy Clerk
	Printed name of notary or deputy clerk.
Personally known Produced identification: Type of identification	