

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

CASE NO. _____
DIVISION _____

Petitioner,

and

Respondent.

JOINT MOTION TO MODIFY METHOD OF SUPPORT PAYMENT

THE PARTIES to this action file this Motion to Modify Method of Support Payment and stipulate to the following:

1. The (check one) ___ Petitioner, ___ Respondent was ordered to pay \$ _____ as (check as applies) _____ child support, _____ alimony in this action on (*enter date of support order*) _____, _____. The Court ordered that the payments were to be paid through the Alachua County, Clerk of the Court, Domestic Relations Division.

2. Since the entry of the support order, the parties to this action have agreed that the method of support payment should be modified as follows: (describe how support should be paid) _____

_____.

3. Modification of the method of support payment is in the best interests of the minor child(ren)/parties because: (describe why changing the method of payment benefits child(ren)/parties) _____

_____.

4. The parties affirm that they are not currently receiving benefits from the State of Florida or any other State of the United States and that no money is currently due and owing to the State of Florida or any other State.

5. The parties acknowledge and accept the responsibility of keeping accurate and complete records of all support payments paid and received and that failure to keep such records may adversely impact their respective abilities to enforce/verify payments in the future.

6. Past support payments have been made in a timely and satisfactory manner.

7. Based upon this joint motion and mutual consent, the parties request that the Court enter a summary order modifying the method of support payments as requested herein.

WHEREFORE, the parties request that the Court enter a summary order granting their joint request to modify method of support payments.

DATED this _____ day of _____, _____.

(petitioners signature)

(respondents signature)

(printed name)

(printed name)

(mailing address)

(mailing address)

(city, state, zip code)

(city, state, zip code)

STATE OF FLORIDA
COUNTY OF _____

Sworn to or affirmed and signed before me on _____ by _____,
Who produced the following identification _____
And who ___ did, ___ did not take an oath.

(notary seal)

Notary Signature

[Printed Name of Notary

STATE OF FLORIDA
COUNTY OF _____

Sworn to or affirmed and signed before me on _____ by _____,
Who produced the following identification _____
And who ___ did, ___ did not take an oath.

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Notary Signature

[Printed Name of Notary