

## FILING MOTION FOR CREDIT FOR DIRECT CHILD SUPPORT PAYMENTS

**Please follow the steps below to ensure that you file correctly:**

### **FIRST:**

- a. Complete the **Motion for Credit for Direct Child Support Payments** and the **Affidavit Regarding Direct Child Support Payments**.
- b. Sign the **Motion** in front of a Notary Public.
- c. The petitioner should also fill out and file the **Notice that Case is at Issue** by following the instructions entitled **Requesting a Hearing in a Family Court Case in Alachua County, Florida**. Although the instructions establish procedures for Alachua County Family Court cases, the instructions are applicable to all Family Court cases within the Eight Judicial Circuit. For more information regarding procedure in the regional counties, please contact the Regional Pro Se Case Manager by telephone at (352) 374-3665 or by e-mail at [danaherk@circuit8.org](mailto:danaherk@circuit8.org)

### **SECOND:**

Make **2\*** complete copies of **all** of your paperwork (including evidence). Do not copy the instruction sheets.

**ONE** is for **YOU**.

**ONE** is for the **OTHER PARTY**.

### **THIRD:**

Take your **ORIGINAL** documents (without instruction sheets) to the **CLERK OF THE COURT, Civil Division, of the county where your case is pending** and tell them you want to **FILE** a motion.

You may also submit documents by mail. The mailing address for the Clerk of the Court of each county within the Eighth Judicial Circuit can be found on the Eighth Judicial Circuit's website at [www.circuit8.org](http://www.circuit8.org). There is a filing fee due upon filing. Please contact the Clerk of Court of the county where your case is pending for more information.

**Remember: Originals must always be filed in your Court file.** When you file an original document, you should keep a copy for your records and certify in writing that you either mailed or hand-delivered a copy to the other party.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE PRO SE HELP CENTER FOR ALACHUA COUNTY CASES AT (352) 548-3781, OR THE REGIONAL PRO SE CASE MANAGER FOR CASES OUTSIDE OF ALACHUA COUNTY AT (352) 374-3665 OR AT [DANAHERK@CIRCUIT8.ORG](mailto:DANAHERK@CIRCUIT8.ORG)

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

\_\_\_\_\_  
Petitioner,  
vs.  
\_\_\_\_\_  
Respondent.

CASE NO: \_\_\_\_\_  
DIVISION: \_\_\_\_\_

**MOTION FOR CREDIT FOR DIRECT CHILD SUPPORT PAYMENTS**

Petitioner  Respondent requests that the Court enter an order for credit for direct child support payments in favor of the parent who provides support who is the  Petitioner  Respondent and provides the following reasons as grounds:

1. A final judgment or order titled \_\_\_\_\_  
*{title of final judgment or order}*  
in this case was entered on \_\_\_\_\_, by \_\_\_\_\_  
*{date}* *{court, city, and state}*  
\_\_\_\_\_.

Check here if the judgment or order is not from this Court and attach a copy.

2. This order of the Court required that child support payments be made through the State Disbursement Unit for disbursement to the parent receiving support.
3. Pursuant to the attached Affidavit, the parent providing support, made payments totaling \$ \_\_\_\_\_ directly to the parent receiving support.

WHEREFORE, the  Petitioner  Respondent respectfully request that the Court enter an order directing the Clerk of Court, Domestic Relations Division to credit the above referenced support record in the amount of \$\_\_\_\_\_.

I certify that a copy of this document was [V one only]  mailed  emailed  hand delivered to the person(s) listed below on *{date}*\_\_\_\_\_.

**Other party or his/her attorney:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Email address: \_\_\_\_\_

**I understand that I am swearing or affirming under oath to the truthfulness of the claims made**

above and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: \_\_\_\_\_

Signature \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, on \_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC or DEPUTY CLERK

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

Personally known OR  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}* \_\_\_\_\_, *{telephone number}* \_\_\_\_\_.

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

\_\_\_\_\_  
Petitioner,  
vs.  
\_\_\_\_\_  
Respondent.

CASE NO: \_\_\_\_\_  
DIVISION: \_\_\_\_\_

**AFFIDAVIT REGARDING DIRECT CHILD SUPPORT PAYMENTS**

I, \_\_\_\_\_, the ( ) parent providing support OR  
( ) parent receiving support, under penalty of perjury, do hereby swear and/or affirm that I:

( ) \_received

( ) \_paid direct

the following payments on the dates indicated:

PAYMENT DATE	PAYMENT AMOUNT

(you may need to add an attachment if you need more space than provided above)

The total amount: ( ) received (as evidenced by copies of cancelled checks or receipts) ( ) paid (as evidenced by copies of cancelled checks or receipts)

through direct payment is \$\_\_\_\_\_.

**I understand that I am swearing or affirming under oath to the truthfulness of the claims made above**

and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: \_\_\_\_\_

Signature \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, on \_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC or DEPUTY CLERK

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

Personally known OR  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}* \_\_\_\_\_, *{telephone number}* \_\_\_\_\_.

# Requesting a Hearing in a Family Court Case in Alachua County, Florida

NOTICE THAT ACTION IS AT ISSUE AND MOTION FOR HEARING/NON-JURY TRIAL.

*Instructions also apply to cases in the regional counties. For more information on the applicable procedure in the regional counties, contact the Regional Pro Se Case Manager by phone at (352) 374-3665 or by email at [danaherk@circuit8.org](mailto:danaherk@circuit8.org)*

## **DO NOT FILE the notice until:**

- 1. You have Proof of Service of Process (personal, substitute, or constructive).**
- 2. AND the Clerk has entered a default or the other party has filed a response.**
- 3. AND/OR Mediation (352) 491-4417 has been completed.**

You will use the **Notice that Action is at Issue and Request for Hearing/Non-Jury Trial** to request that the Court set a hearing on your motion or petition.

## **Fill out the page one with the following information:**

- Parties' names (Petitioner and Respondent)
- Case number and Division
- Your name (Comes Now \_\_\_\_\_)
- Amount of time you think will be required for the judge to hear all the issues in your motion or petition. If your case has no disputed issues, it may take only ten minutes.
- Today's date
- Your signature (no notary needed)

## **Make 2 copies of both pages and prepare 2 stamped envelopes:**

- Mail or hand deliver one copy to the other party.
- Mail or hand deliver one copy to the **Pro Se Help Center** (Family Courts) in the Alachua County Family and Civil Justice Center along with 2 stamped business size envelopes, one addressed to you and one addressed to the other party. You may submit these items by mail to the Pro Se Help Center Alachua County Family and Civil Justice Center, 201 E. University Avenue, Room 413, Gainesville, FL 32601. *For the applicable procedure in the regional counties, please contact the Regional Pro Se Case Manager. Contact information provided above.*

## **File the original signed document with the Clerk of Court**

The Clerk of Court, Civil Division is located on the first floor of the Alachua County Family and Civil Justice Center. You may also mail it to the Clerk at 201 E University Ave, Gainesville, FL 32601. *For regional cases, file the original with the Clerk of Court of the county where the case is pending.*

In about **three weeks**, you should receive a response from the judge's office. If a month passes and you do not receive a response, you may call the Pro Se Help Center for Alachua County cases at (352) 548-3781 or the Regional Pro Se Case Manager for regional county cases at (352) 374-3665 to ask about the status of your request for a court hearing.

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

\_\_\_\_\_  
Petitioner,

vs.

CASE NO: \_\_\_\_\_

DIVISION: \_\_\_\_\_

\_\_\_\_\_  
Respondent.

**NOTICE THAT ACTION IS AT ISSUE AND REQUEST FOR HEARING/NON-JURY TRIAL**

**COMES NOW** \_\_\_\_\_, and shows that this action is at issue and ready for a hearing/non-jury trial. The hearing/trial is on \_\_\_\_\_ (*motion or pleading to be heard*). It is estimated that the hearing/trial will require \_\_\_\_\_ minutes. Therefore, the undersigned requests the court schedule a hearing/non-jury trial in this action.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Your Signature

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Notice of Action has been furnished by ( ) U.S. Mail ( ) email or ( ) hand delivery this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to: (Print the other party's name and address below)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
Your Signature

**If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact the Office of the Clerk of Court at the county courthouse where this hearing is to be held within 2 working days of your receipt of this notice; if you are hearing or voice impaired, call 1-800-955- 8778.**