

**IN THE CIRCUIT/COUNTY COURT OF THE THIRTEENTH JUDICIAL CIRCUIT,
IN AND FOR HILLSBOROUGH COUNTY, FLORIDA**

Petitioner

Case Number: _____

Division: _____

and

Respondent

**AFFIDAVIT TO INITIATE PARTICIPATION
IN THE CENTRAL GOVERNMENTAL DEPOSITORY PROGRAM**

BEFORE ME, the undersigned Notary Public, the undersigned personally appeared, who having being first duly sworn according to law deposes and says;

1. My name is _____ and I am the Petitioner / Respondent in the above styled cause.
2. Pursuant to a court order entered on or after January 1, 1985, I am entitled to receive alimony and/or child support payments.
3. The court order did not require that the said alimony and/or child support payments be made through the Central Governmental Depository.
4. Obligor/Payor has defaulted in his/her payments of alimony and/or child support and I hereby declare my wish to initiate participation in the Central Governmental Depository pursuant to:
Alimony Florida Statute 61.08(4)(d)(2) or Child Support Florida Statute 61.13(1)(d)(2).
5. One or both parties wish to initiate participation in the Central Governmental Depository Program.
6. I have provided the original of the affidavit, a completed Payment Information Sheet (Personal Information Form) along with a copy of the latest court order to Clerk of the Circuit Court, Child Support, P.O. Box 3450, Tampa, FL 33601 **and have, by U.S. Mail, provided a copy of this affidavit to the other party at the following address:**

FURTHER AFFIANT SAYETH NOT

AFFIANT (signature)

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this ____ day of _____, 20 ____, by

(Seal)

Notary Public Signature / or Deputy Clerk

Printed Name

Personally Known _____
Or produced identification _____
Type of Identification Produced _____

**Central Governmental Depository
Personal Information Form**

Case Number: _____

Date: _____

- PI – OBLIGOR’S ADDRESS CHANGE
 PI – EMPLOYER UPDATE
 PI – OBLIGOR’S NAME CHANGE

- PI – OBLIGEE’S ADDRESS CHANGE
 PI – OBLIGEE’S NAME CHANGE

Comments: _____

OBLIGOR/RESPONDENT	OBLIGEE/PETITIONER
SSN:	SSN:
LAST NAME:	LAST NAME:
FIRST NAME:	FIRST NAME:
MIDDLE NAME:	MIDDLE NAME:
STREET ADDRESS:	STREET ADDRESS:
CITY, STATE ZIP:	CITY, STATE ZIP:
HOME PHONE:	HOME PHONE:
WORK PHONE:	WORK PHONE:
DATE OF BIRTH:	DATE OF BIRTH:
EMPLOYER:	EMPLOYER:
STREET ADDRESS:	STREET ADDRESS:
CITY, STATE ZIP:	CITY, STATE ZIP:
DRIVERS LICENSE #:	DRIVERS LICENSE #:

List Children Related to this Case:

NAME:	DATE OF BIRTH:
NAME:	DATE OF BIRTH:
NAME:	DATE OF BIRTH:
NAME:	DATE OF BIRTH:
NAME:	DATE OF BIRTH:
NAME:	DATE OF BIRTH:

Signature: _____

Date: _____