

**PROCEDURE FOR AFFIDAVIT & REQUEST FOR
PARTICIPATION IN CENTRAL DEPOSITORY PROGRAM
(otherwise open account in CSE)**

Purpose of this form: when you have a final order for support and they fail to pay the court ordered support and are delinquent, the other party may request for the depository (Clerk) to open an account.

1. We have the affidavits; the form is **\$1.00** and to acknowledge the form is an additional **\$3.50**. There is no filing fee.
2. Once the affidavit is complete and we have verified that there is an existing Court Order for Support, we clock in, docket and scan the document. The person filing will need two copies back, **one to mail to the other party**, and one for their records.
3. The Clerk will enter the case in CSE, the NCP has 15 days from the date of filing to object. We will mail the Notice to Pay through the Court Depository to the payor/NCP. For our records, the Clerk will send it by certified mail with a return receipt. **The Petitioner must pay the fee for mailing: \$6.75.**
4. At this point, the account is set up; however, this does NOT make it a DOR case automatically.
5. The Clerk does not set up any arrears on the account and he/she will use the next start date after the 15 days.
6. DOR may file a redirect.
7. If an objection is filed, then the Clerk should give the file to the Case Manager for review and to set for a hearing. (Still, there is no filing fee.)
8. **Case is reopened at this point when objection is filed.**

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

Petitioner,

Case. No.: _____

Respondent.

REQUEST FOR PARTICIPATION IN DEPOSITORY AFFIDAVIT

The affiant states:

1. Affiant is the _____ payee, _____ payor, or _____ Department of Revenue for Payee (check one)
2. The Court requires payor to pay _____ child support or _____ alimony of \$_____ to the payee each _____ with the first payment due on _____. The payor is in default on the payments. The next regular payment is due on _____.
3. The affiant requests participation in the depository and that the payor be notified to make all future support payments to the depository.

PAYOR INFORMATION

Name: _____ DOB: _____
Address: _____ Phone: _____
City/St/Zip: _____ County: _____
Place of Employment: _____
Employment Address: _____
Attorney for Payor: _____

PAYEE INFORMATION

Name: _____ DOB: _____
Address: _____ Phone: _____
City/St/Zip: _____ County: _____
Attorney for Payee: _____

Dated: _____

Affiant

Printed Name and Title if applicable

STATE OF FLORIDA
COUNTY OF _____

Sworn to or affirmed and signed before me on _____ by _____

Notary Public or Deputy Clerk

_____ Personally Known

_____ Produced Identification; Type produced _____