

Mail to: Clerk of the Circuit Court, Child Support Division  
P. O. Box 104, Deland, FL 32720  
Telephone: 386-736-5906

RE: Case Number: \_\_\_\_\_

**REQUEST FOR CHILD SUPPORT PAYMENTS TO BE MADE THROUGH CLERK  
AND AFFIDAVIT OF DELINQUENT CHILD SUPPORT**

Dear Clerk of Court:

I am requesting that the Clerk of Circuit Court begin collecting payment on my behalf in the above case.

The non-custodial parent \_\_\_\_\_ owes \$ \_\_\_\_\_ in child support as of the  
date of this affidavit.

\_\_\_\_\_  
Signature of Payee

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

SOCIAL SECURITY NUMBER \_\_\_\_\_

Telephone: \_\_\_\_\_

**INFORMATION ON NON-CUSTODIAL PARENT:**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

**THIS FORM MUST BE NOTARIZED.**

The foregoing instrument was acknowledged before me, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by  
\_\_\_\_\_ who is personally known to me or has produced \_\_\_\_\_  
as identification.

Commission #: \_\_\_\_\_

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