

Instructions for Motion to Contest Delinquency Action

1. This form is to be used **ONLY** if you have received a Notice of Delinquency from the Clerk of Court. If you have received a letter from Dept of Revenue/Child Support Enforcement you must contact them or go to their office to resolve that issue.
2. Fill out “Motion to Contest Delinquency Action” Form.
3. Provide 4 stamped envelopes- 2 with your address and 2 with the address of the other party in the case.
4. Mail or bring the completed form and the 4 self addressed envelopes along with the \$25.00* filing fee to the following address:

Child Support Division – 5th Floor
Clerk of Court
201 S Indian River DR
Ft Pierce, Fl 34950

If you have any questions please contact our office at 772-462-6918

* This must be cash, money order or bank check – **No Personal Checks**

IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT
IN AND FOR ST. LUCIE COUNTY, FLORIDA

CASE _____

Obligee

vs.

Date of Birth: _____

Social Security #: _____

Driver's License #: _____

Obligor

MOTION TO CONTEST DELINQUENCY ACTION

I, _____, the obligor in the above referenced case, contest the delinquency action pursuant to Chapter 61.14, Florida Statutes, on the ground of (check the reason(s) that apply)

- mistake of fact regarding the existence of a delinquency
- mistake of fact regarding the amount of the delinquency
- mistake of fact regarding the identity of the obligor

The facts, which support my motion, are: (list the reason(s) why you contest the delinquency action) _____

DATED this _____ day of _____, _____.

Obligor's Signature

Address: _____

Telephone _____

THIS SECTION MUST BE COMPLETED AND A COPY OF THIS MOTION MUST BE FURNISHED TO THE OPPOSING PARTY:

I certify that a copy of this document was [one only] () mailed () faxed and mailed () hand delivered to the person(s) listed below on {date} _____ .

Other party or his/her attorney:

Name: _____

Address: _____

City, State, Zip: _____