This form is to be used when objecting to a Delinquency Action filed against you by the DOR Child Support Enforcement.

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT IN AND FOR LAKE COUNTY, FLORIDA

_,

_,

CASE NO: _____

Petitioner,

vs

Respondent.

MOTION TO CONTEST/OBJECT TO A DELINQUENCY ACTION AND REQUEST TO BE PLACED ON THE CHILD SUPPORT HEARING DOCKET

THE ORIGINAL OF THIS DOCUMENT MUST BE FILED WITH:

The Clerk of the Circuit Court

have mailed a Certified Copy with return certificate to: (the other party) MUST HAVE THE NAME AND CURRENT ADDRESS

I have mailed a Certified Copy with return certificate to:

I understand that I am swearing or affirming under oath to the truthfulness of the above stated claims and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

THIS IS A SWORN AFFIDAVIT AND MUST BE SIGNED BEFORE A NOTARY

DATE:

Signature of Party Mailing Address_____

Telephone

STATE OF FLORIDA COUNTY OF LAKE

Sworn to or affirmed and signed before me on this _____ day of _____,

20_____, by ______.

NOTARY PUBLIC/DEPUTY CLERK

Print, type, or stamp commissioned name of notary or deputy clerk.

____ Personally Known Produced Identification Type of Identification