## THIS IS A SWORN AFFIDAVIT AND MUST BE SIGNED BEFORE A NOTARY OR DEPUTY CLERK

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

	CASE NO:			
		-		
Petitioner				
VS.				
Respondent				
	<u> A</u> F	FFIDAVIT OF NON COM	IPLIANCE_	
		_	on this day personally appeare sworn, deposes and says.	ed
1. The Pe	etitioner	Respondent		
was required to on or before _			the amount of \$	_
		-		
		·	omplied with the court's order, date	ed
4. A physical de	scription of th	e Party who is not com	plying is as follows:	
Full Name:		]	Date of Birth:	
Social Security	#:	Race:		
Sex:	Height:	Weight	Eye Color:	
Hair	Last Kno	own Address:		

\*\*\*\*Please be advised that there is a \$90.00 fee. Payment must be in the form of a money order, payable to the Sheriff's Office of the county in which the party to be incarcerated lives. Please attach payment with this affidavit.

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

	Signature		
	Address:		
	Telephone:		
STATE OF FLORIDA			
COUNTY OF LAKE			
The instrument was acknowledged before me	e on this day of	, 20, by	
·			
Personally Known Produced Identification Drivers License No.	•	NOTARY PUBLIC/DEPUTY CLERK	
	Print, type, or stamp con name of notary or dep		
A COURTESY COPY MUST BE PROVIDED TO THE GENERAL MAGISTRATE OR THE JUDGE WHO HEARD YOUR CASE:			

## THE ORIGINAL OF THIS DOCUMENT MUST BE FILED WITH:

Gary J. Cooney, Clerk of the Circuit Court and Comptroller Lake County Courthouse 550 W. Main Street Tavares, FL. 32778