

EXHIBIT A

ALL ORDERS FOR PAYMENT OF SUPPORT OR ALIMONY THROUGH THE CLERK'S OFFICE SHALL INCLUDE THE FOLLOWING:

The (payor's name) shall pay (payee) child support/alimony the sum of \$ _____ dollars (monthly, semi-monthly, bi-weekly, or weekly) with the first payment becoming due on (month/day/year). Said payments shall be made payable to the State of Florida Disbursement Unit, P.O. Box 8500, Tallahassee, FL 32314-8500, together with the statutory Clerk's service charge of 4% of the payment or \$5.25, whichever is less, except that no fee shall be less than \$1.00. Payments must include the case number, name of payor and name of payee for proper identification.

Both parties are required to immediately inform the Clerk of the Circuit Court at P. O. BOX 7800, TAVARES, FL. 32778-7800 of any change of name or address. In addition, the payor shall also inform the Clerk in writing of any change of employment or other source of income, supplying the name of the employer, income source and mailing address.