

Mail to: Clerk of the Circuit Court, Child Support Division  
1769 East Moody Blvd., Building #1, Bunnell, FL 32110  
Telephone: (386) 313-4480

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

**REQUEST FOR CHILD SUPPORT PAYMENTS TO BE MADE  
THROUGH THE STATE DISBURSEMENT UNIT AND  
AFFIDAVIT OF DELINQUENT CHILD SUPPORT**

Dear Clerk of Court:

In regards to the above referenced case, I am requesting that the child support payments be sent to the State Disbursement Unit for collection on my behalf. The non-custodial parent \_\_\_\_\_ owes \$ \_\_\_\_\_ in child support as of the date of this affidavit.

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

Printed Name 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.

Notary Public: \_\_\_\_\_  
Commission #: \_\_\_\_\_

Printed Name: \_\_\_\_\_  
Seal: \_\_\_\_\_