

**IN THE CIRCUIT COURT FOR THE SEVENTEENTH JUDICIAL  
CIRCUIT IN AND FOR BROWARD COUNTY, FLORIDA**

IN RE:

FAMILY DIVISION  
CASE NO. \_\_\_\_\_

\_\_\_\_\_,  
PETITIONER

AND

\_\_\_\_\_,  
RESPONDENT

\_\_\_\_\_ /

**MEMORANDUM TO DEPOSITORY**

The court has ordered the payment of child support and/or alimony to your office. Please make disbursement of this money to the proper obligee.

**OBLIGOR INFORMATION**

NAME: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SSN: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

SEX: M \_\_\_\_\_ F \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

ATTORNEY OF OBLIGOR: \_\_\_\_\_

**OBLIGEE INFORMATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ WORK NUMBER: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SSN: \_\_\_\_\_

ATTORNEY FOR OBLIGEE: \_\_\_\_\_

CHILDREN:

NAME

DATE OF BIRTH

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OTHER:

Please attach a copy of all orders of support.

DATE OF THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF ATTORNEY FOR OBLIGOR/OBLIGEE

**OR**

\_\_\_\_\_  
SIGNATURE OF OBLIGOR/OBLIGEE

**\*\*\* I acknowledge that by signing this form I understand that enforcement action will not be taken by the Support Depository on my child support case.**