

IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT,
OF FLORIDA IN AND FOR ST LUCIE COUNTY

Case No: _____

_____,
Petitioner

and

_____,
Respondent

**INCOME DEDUCTION ORDER, NOTICE TO PAYOR,
STATEMENT OF OBLIGOR'S RIGHTS, REMEDIES AND DUTIES**

TO: ALL PRESENT AND FUTURE EMPLOYERS AND PAYORS OF OBLIGOR.

- A. THIS COURT entered an order on the ____ day of _____, _____, establishing support obligations owed by _____ *{name}*, herein after referred to as **Obligor**, whose social security number is _____.
- B. In compliance with section 61.1301, Florida Statutes, you are advised that you are immediately to begin deductions, from all income due and payable to **Obligor**, in an amount equal to the obligations set forth below.
- C. This IDO shall be read in conjunction with the Final Judgment referenced above. The obligor's timely payments according to his pay schedule shall not constitute a delinquency, so long as the support payments are current on or before the last day of each and every month.

THE FIRST PAYMENT SENT UNDER THIS INCOME DEDUCTION ORDER SHALL BE ACCOMPANIED BY A WRITTEN STATEMENT INFORMING THE CLERK HOW FREQUENTLY THE OBLIGOR IS PAID (WEEKLY; BI-WEEKLY; TWICE A MONTH; OR MONTHLY). IF THE OBLIGOR'S PAY FREQUENCY WITH YOUR COMPANY CHANGES, YOU ARE ALSO REQUIRED TO IMMEDIATELY REPORT THIS INFORMATION, IN WRITING, TO THE CLERK.

- D. A Notice to **Payor** and a Statement of Rights, Remedies, and Duties of the **Obligor** are attached to and made a part of this notice.

SECTION I: SUPPORT OBLIGATIONS ORDERED. [check all that apply]

1. ____ **CURRENT CHILD SUPPORT:** [check one only] \$ _____
 __ weekly __biweekly __twice a month __monthly
2. ____ **CHILD SUPPORT ARREARAGE of \$ _____:** [check one only] \$ _____
 __ weekly __biweekly __twice a month __monthly
3. ____ **CURRENT ALIMONY:** [check one only] \$ _____
 __ weekly __biweekly __twice a month __monthly
4. ____ **ALIMONY ARREARAGE:** [check one only] \$ _____
 __ weekly __biweekly __twice a month __monthly
- TOTAL SUPPORT ORDERED** \$ _____
(Clerks fee of 4% not included. See table on page 2)

SECTION II. METHOD OF PAYMENT.

Deductions should be made according to the Obligor's payroll schedule. Each payment should include a Clerk's fee as provided in section 61.181, Florida Statutes. The amount of the Clerk's fee is 4% of the total payment, but not more than \$5.25. Please refer to the chart below to find out the proper amount to deduct from each of **Obligor's** payroll periods.

IF PAID...	Amount of support to deduct:	Plus the depository fee of:	Total amount of deduction:
EVERY WEEK <u>monthly amt X 12</u> 52			
EVERY OTHER WEEK <u>monthly amt X 12</u> 26			
TWICE PER MONTH <u>monthly amt X 12</u> 24			
ONCE PER MONTH			

TOTAL AMOUNT OF EACH PAYMENT FROM TABLE (including clerk's fee) \$

Payments should be made payable to the State of Florida Disbursement Unit, and mailed within two(2) days of **Obligor's** pay date to:

**STATE OF FLORIDA DISBURSEMENT UNIT
P.O. Box 8500
TALLAHASSEE, FL 32314-8500**

DONE and ORDERED in Fort Pierce, St. Lucie County, Florida on the _____ day of _____, _____.

CIRCUIT JUDGE