

IN THE CIRCUIT COURT OF THE FIRST JUDICIAL CIRCUIT,
IN AND FOR SANTA ROSA COUNTY, FLORIDA

Petitioner

Vs

Case Number: _____

Division: _____

Respondent

**MOTION TO DIRECT THAT CHILD SUPPORT PAYMENTS NOT BE DISBURSED PENDING
DETERMINATION ON THE PETITION TO DISESTABLISH PATERNITY AND/OR TERMINATE
CHILD SUPPORT OBLIGATION**

I, (full legal name) _____, certify that the following information is true:

This action affects the following child(ren):

Name	Date of Birth	Place of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. Child Support

My child support obligation for the child(ren) was established by: {check on only}

_____ A final judgment of dissolution of marriage, entered by {court} _____
on {date} _____

_____ An administrative proceeding to establish child support in {location} _____
on {date} _____

_____ A paternity proceeding in {court} _____ on {date} _____

_____ Other: {specify} _____

A copy of any judgment is attached to the Petition.

2. Scientific Tests

_____ The results of scientific tests that are generally acceptable within the scientific community to show a probability of paternity, administered with 90 days prior to the filing of this petition, indicate that I cannot be the father of the child(ren) for whom support is required. A copy of the test results is attached to the Petition. There is a strong likelihood that the Petitioner will prevail on the merits in his Petition for Disestablishment of Paternity and/or Termination of Child Support Obligation and it would be unjust to further enrich the Respondent pending the outcome of this case.

3. Fulfillment of child support obligations

_____ I am current on all child support payments for the child(ren) for who relief is sought.

_____ I have substantially complied with my child support obligation for the child(ren) and any delinquency in my child support obligation for the child(ren) arose from my inability for just cause to pay the delinquent child support when the delinquent child support become due, however, there is currently an arrearage in the amount of \$ _____.

A copy of my child support payments from the Child Support Office is attached to the Petition.

I ask the court to enter an order to: {check all that apply}

_____ Direct that all future child support payments not be disbursed prior to the determination by the Court of the merits of my Petition for Disestablishment of Paternity and/or Termination of Child Support Obligation.

_____ Other: _____

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.

Dated: _____

Signature of Petitioner
Printed Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____

STATE OF FLORIDA
COUNTY OF SANTA ROSA

Sworn to or affirmed and signed before me on _____ by _____

Notary Public or Deputy Clerk

[Print, type, or stamp commissioned name of notary
or deputy clerk]

_____ Personally known
_____ Produced Identification
Type of Identification produced _____

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: {fill in
all blanks]

I, {full legal name and trade name of nonlawyer} _____,
A nonlawyer, located at {street} _____, {city} _____,
{state} _____, {phone} _____, helped {name}
_____, who is the petitioner, fill out this form.