



TARA S. GREEN, CLAY COUNTY CLERK OF COURT AND COMPTROLLER

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PLEASE RETURN THIS FORM TO:
CENTRAL GOVERNMENTAL DEPOSITORY
P.O. BOX 698, GREEN COVE SPRINGS, FL 32043-0698
OR (904) 278-3610

Date: _____

Case No.: _____

DATES OF BIRTH AND SOCIAL SECURITY NUMBERS ARE REQUIRED PER FL STATUTE § 61.052(7)(8)

Petitioner Information (person receiving payment):

Name

Social Security Number Date of Birth

Mailing Address

City State Zip Code

Home Telephone Work Telephone

Driver's License Number

Email Address

Respondent Information (person making payment):

Name

Social Security Number Date of Birth

Mailing Address

City State Zip Code

Home Telephone Work Telephone

Driver's License Number

Email Address

Children Information

Name

Social Security Number Date of Birth

Name

Social Security Number Date of Birth

Name

Social Security Number Date of Birth

Name

Social Security Number Date of Birth

Name

Social Security Number Date of Birth