

IN THE CIRCUIT COURT OF THE EIGHTH JUDICIAL CIRCUIT
IN AND FOR _____ COUNTY, FLORIDA

CASE NO.:
DIVISION:

Petitioner,

and

Respondent.

_____/

JOINT MOTION TO MODIFY METHOD OF SUPPORT PAYMENT

THE PARTIES to this action file this Motion to Modify Method of Support Payment and stipulate to the following:

1. The (*check one*) ___ Petitioner, ___ Respondent was ordered to pay \$_____ as (*check as applies*) ___ child support, ___ alimony in this action on _____, _____ (*enter date of support order*). The Court ordered that the payments were to be paid through the Alachua County, Clerk of the Court, Domestic Relations Division.
2. Since the entry of the support order, the parties to this action have agreed that the method of support payment should be modified as follows: (*describe how support should be paid*)

3. Modification of the method of support payment is in the best interests of the minor child(ren)/parties because: (*describe why changing the method of payment benefits child(ren)/parties*)

4. The parties affirm that they are not currently receiving benefits form the State of Florida or any other State of the United States and that no money is currently due and owing to the State of Florida or any other State.
5. The parties acknowledge and accept the responsibility of keeping accurate and complete records of all support payments paid and received and that failure to keep such records may adversely impact their respective abilities to enforce/verify payments in the future.

- 6. Past support payments have been made in a timely and satisfactory manner.
- 7. Based upon this joint motion and mutual consent, the parties request that the Court enter a summary order modifying the method of support payments as requested herein.

WHEREFORE, the parties request that the Court enter a summary order granting their joint request to modify method of support payments.

DATED this _____ day of _____, _____.

(petitioners signature)

(respondents signature)

(printed name)

(printed name)

(mailing address)

(mailing address)

(city, state, zip code)

(city, state, zip code)

STATE OF _____ COUNTY
OF

SWORN AND SUBSCRIBED before me on this date of _____, _____ by _____, who is _____ personally known to me or produced the following identification _____, and who ___ did, ___ did not take an oath.

Notary signature

Notary Seal

Printed Name of Notary

STATE OF
COUNTY OF

SWORN AND SUBSCRIBED before me on this date of _____, _____ by _____, who is ___ personally known to me or produced the following identification _____, and who ___ did, ___ did not take an oath.

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Printed Name of Notary