

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT,  
IN AND FOR LAKE COUNTY, FLORIDA

\_\_\_\_\_  
Petitioner

vs.

CASE NO. \_\_\_\_\_

\_\_\_\_\_  
Respondent

**MEMORANDUM TO THE CLERK**

The following information is provided pursuant to Chapter 61.13, Florida Statutes.

Payor: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Other Sources of Income: \_\_\_\_\_

Attorney for Payor: \_\_\_\_\_

Payment for: ☐ Child Support ☐ Alimony Payment Amount: \_\_\_\_\_

Payable: ☐ Monthly ☐ Weekly ☐ Semi-Monthly ☐ Bi-Weekly

First Payment Due on (month/day/year): \_\_\_\_\_

Payee: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Attorney for Payee: \_\_\_\_\_

**Minor Children:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

\_\_\_\_\_  
Attorney or Petitioner

A COPY OF THIS MEMORANDUM MUST BE FORWARDED TO THE CENTRAL DEPOSITORY  
IMMEDIATELY UPON ENTRY OF THE ASSOCIATED ORDER