

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

_____,
Petitioner,
v.
_____,
Respondent.
_____ /

CASE NO. _____

**PETITION TO CONTEST NOTICE OF DELINQUENCY AND INTENT TO SUSPEND
DRIVER'S LICENSE AND/OR VEHICLE REGISTRATION**

Comes now the obligor _____ (*name*) and hereby contests the notice of delinquency and intent to suspend driver's license and/or vehicle registration, and as grounds states:

Section 1. A notice of delinquency and intent to suspend driver's license and/or vehicle registration was mailed to me on _____ (*date*). **I have attached a copy of the notice to this petition.**

- Section 2. I contest the notice of delinquency and intent to suspend driver's license and/or vehicle registration because: **(Check all that apply.)**
- ☐ There is a mistake, and I am not delinquent.
 - ☐ There is a mistake, and the amount of delinquency is more than I owe.
 - ☐ There is a mistake, and I am not the person who owes support.
 - ☐ I agree that I am delinquent in the amount stated in the Notice, but I cannot afford to pay the whole amount of the delinquency at one time.

Wherefore, I request that the court decline to suspend my driver's license and/or vehicle registration, correct the mistake, and/or allow me to make payments until the delinquency is paid in full.

Dated

Signature of Petitioner

Printed Name

Email Address

Mailing Address

()

Telephone Number

CERTIFICATE OF SERVICE

Section 3. I HEREBY CERTIFY that a copy of this petition along with the attachment was **(check only one of the following)** ☐ mailed; ☐ e m a i l and mailed; ☐ hand delivered to the persons or entity listed below on this ____ day of _____, 20__.

Florida Department of Revenue Child Enforcement

Other Party Name

Email Address

Mailing Address

City/State/Zip

Mailing Address

City/State/Zip

Dated

Signature of Petitioner

Printed Name

Email Address

Mailing Address

City/State/Zip

()

Telephone Number

Section 4. If someone who is a nonlawyer helped you to complete this petition, he/she **must** provide the information below:

I, _____ (*full legal name or trade name of nonlawyer who helped complete this form*), located at _____ (street) in _____ (City), _____ (State and Zip) and having the telephone number of (____) - _____, helped _____ (name of obligor) who is the obligor, complete this form.