IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT
IN AND FOR INDIAN RIVER _ COUNTY, FLORIDA

_____, CASE NO. _____
Petitioner,

v.

_____,
Respondent.
_____/

PETITION TO REINSTATE DRIVER'S LICENSE AND/OR VEHICLE REGISTRATION

Comes now the obligor _____ *(name)* and hereby petitions this court to reinstate his/her driver's license and/or vehicle registration and as grounds states:

Section 1. Because I failed to pay child support, my driver's license and/or vehicle registration have been suspended.

Section 2. I know that my driver's license and/or vehicle registration have been suspended for failure to pay child support (*check all that apply*):

1. ☐ Because I received a written notice of delinquency and intent to suspend driver's license and/or vehicle registration and I did not pay the amount of the delinquency in full or enter into a written agreement for payment of the delinquency or file a petition contesting the notice of delinquency within 20 days of the mailing date that appears on the notice. **A copy of the notice of delinquency is attached to this petition** and the mailing date that appears on the notice is _____ (*date*).

2. ☐ Other:
_____
_____

Section 3. I request that my driver's license and/or vehicle registration be reinstated because: **(Check all that apply.)**

☐ I have paid the delinquency in full.
☐ There is a mistake, and I am not the person who owes support.
☐ There is a mistake, and the amount of the delinquency is more than I owe.
☐ I have reached a written agreement for the payment of the delinquency.
☐ I am delinquent in the amount stated however I cannot afford to pay the whole amount of the delinquency at one time.

Wherefore , I request that the court order that my driver's license and/or vehicle registration be reinstated.

Dated

Signature of Petitioner

Printed Name

Email Address

Mailing Address

City/State/Zip

( )

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; ☐ Emailed and mailed; ☐ hand delivered to the persons or entity listed below on this ___ day of _____, 20___.

Other Party Name

Email

Mailing Address

City/State/Zip

Florida Department of Revenue Child Enforcement

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.