



**MICHELLE R. MILLER**  
CLERK OF THE CIRCUIT COURT & COMPTROLLER  
ST. LUCIE COUNTY, FLORIDA

FAMILY RELATIONS DEPARTMENT  
201 S. Indian River Dr., 2nd Floor, Fort Pierce, FL 34950  
772-462-6910

Mailing Address:  
P.O. Box 700  
Fort Pierce, FL 34954

## **INSTRUCTIONS FOR MOTION TO CONTEST DELINQUENCY ACTION**

1. This form is to be used **ONLY** if you have received a Notice of Delinquency from the Clerk & Comptroller. If you have received a letter from Department of Revenue/Child Support Enforcement, you must contact them or go to their office to resolve that issue.
2. Fill out "Motion to Contest Delinquency Action" Form.
3. Mail or bring the completed form and the \$25 filing fee to addresses above. The filing fee must be in cash, money order or bank check. **No personal checks are accepted. Do not mail cash.**

If you have any questions please contact our office at 772-462-6910.



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**In the Circuit Court,  
Nineteenth Judicial Circuit,  
in and for County of St. Lucie,  
State of Florida**

\_\_\_\_\_  
Obligee  
  
Vs.  
  
\_\_\_\_\_  
Obligor

Case No. \_\_\_\_\_  
  
Date of Birth: \_\_\_\_\_  
  
Social Security #: \_\_\_\_\_  
  
Driver's License #: \_\_\_\_\_

**MOTION TO CONTEST DELINQUENCY ACTION**

I, \_\_\_\_\_, the obligor in the above referenced case, contest the delinquency action pursuant to Chapter 61.14, Florida Statutes, on the ground of (check the reason(s) that apply)

- mistake of fact regarding the existence of a delinquency
- mistake of fact regarding the amount of the delinquency
- mistake of fact regarding the identity of the obligor

The facts, which support my motion, are: (list the reason(s) why you contest the delinquency action) \_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Obligor's Signature

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

\_\_\_\_\_  
Telephone \_\_\_\_\_

**THIS SECTION MUST BE COMPLETED AND A COPY OF THIS MOTION MUST BE FURNISHED TO THE OPPOSING PARTY:**

I certify that a copy of this document was [ **one** only] ( ) mailed ( ) faxed and mailed ( ) hand delivered to the person(s) listed below on {*date*}\_\_\_\_\_.

**Other party or his/her attorney:**

Name:\_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_