

IN THE CIRCUIT COURT OF THE  
EIGHTEENTH JUDICIAL CIRCUIT  
IN AND FOR BREVARD COUNTY,  
FLORIDA

**ADMINISTRATIVE ORDER NO.:**  
98-33-B

**IN RE: CLERK OF COURT - ADMINISTRATIVE PRACTICES AND PROCEDURES - DEPOSITORY RECORDS**

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Whereas, the Federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act) requires that states develop a State Case Registry and a State Disbursement Unit; and

Whereas, Chapter 98-397, Laws of Florida requires each depository to perform duties related to the operation and maintenance of the State Disbursement Unit and the non Title IV-D components of the State Case Registry; it is thereupon

Ordered as follows:

1. At the time a proposed order affecting Child Support or Alimony is presented to the Court in a Title IV-D proceeding, the Department of Revenue shall also submit a completed Child Support/Alimony Worksheet, a copy of which is attached to this administrative order.
2. At the time a proposed order affecting Child Support or Alimony is presented to the Court in a non Title IV-D proceeding, the obligee shall also submit a completed Child Support/Alimony Worksheet, a copy of which is attached to this administrative order.

This Order shall take effect upon entry of same.

Done and Ordered this 20TH day of NOVEMBER, 1998.

JOHN DEAN MOXLEY, JR.  
JOHN DEAN MOXLEY, JR.  
CHIEF JUDGE

DISTRIBUTION:

All Circuit and County Judges (Brevard County)  
Court Administration (Brevard and Seminole Counties)  
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**CHILD SUPPORT/ALIMONY INFORMATION WORKSHEET**

Required by Administrative Order No. \_\_\_\_\_

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

**PARTY INFORMATION**

|                         | OBLIGEE | OBLIGOR |
|-------------------------|---------|---------|
| NAME                    |         |         |
| ADDRESS                 |         |         |
| CITY                    |         |         |
| STATE                   |         |         |
| ZIP CODE                |         |         |
| SOCIAL SECURITY NO      |         |         |
| HOME PHONE              |         |         |
| EMPLOYER                |         |         |
| WORK PHONE              |         |         |
| NEXT PAY DATE (OBLIGOR) |         |         |
| DRIVER'S LICENSE #      |         |         |
| DRIVER'S LICENSE STATE  |         |         |
| DL ISSUE DATE           |         |         |
| DL EXPIRATION DATE      |         |         |
| DATE OF BIRTH           |         |         |
| HAIR                    |         |         |
| EYES                    |         |         |
| HEIGHT                  |         |         |
| WEIGHT                  |         |         |
| RACE                    |         |         |
| IDENTIFYING MARKS       |         |         |

**DEPENDENT INFORMATION**

|         | NAME | SOCIAL SECURITY NO | DATE OF BIRTH |
|---------|------|--------------------|---------------|
| CHILD 1 |      |                    |               |
| CHILD 2 |      |                    |               |
| CHILD 3 |      |                    |               |
| CHILD 4 |      |                    |               |
| CHILD 5 |      |                    |               |