APPENDIX

IN THE CIRCUIT COURT OF THE	JUDICIAL CIRCUIT,
IN AND FOR	COUNTY, FLORIDA
	Coco No.
	Case No: Division:
	Division.
Petitioner,	
and	
Respondent.	
	LY ATTACHMENT Support)
TO ALL AND SINGULAR SHERIFFS AND OTHER A THE STATE OF FLORIDA	UTHORIZED LAW ENFORCEMENT PERSONNEL OF
appear before the court as ordered, failed to apfailed to comply with the previous order of the herein.	•
Service of this writ may be made on any day o including Sunday and holidays.	f the week and any time of the night or day,
	on before the court within 48 hours of execution idual's present ability to pay support and, if so, ul, pursuant to Rule 12.615(c)(2)(B), Florida
NOTICE OF EXECUTION OF THIS WRIT SHALL IM [choose all that apply]	IMEDIATELY BE GIVEN TO THE FOLLOWING:
The Office of the Judge/General	Magistrate/Child Support Hearing Officer:
Counsel for the Department of F	Revenue:
Department of Revenue:	

Other:	
The Sheriff, or other authorized law enforce custody of the individual is authorized to as	ing that the individual had the ability to pay said sum. ement personnel, executing this writ or having ssess and collect the actual costs associated with he individual pursuant to Section 61.11(2)(a), Florida
and shall be in the form of cash, cashier's c payment, clearly marked with the individual payment shall be remitted to: [choose all that apply]:	County, Florida heck, certified funds, or money order. The purge al's name and case number, and denoted as a purge rouit Court for, County,
Other	•
shall provide the individual with a written r carried by the individual for a period of at l	v enforcement personnel's office, receiving payment receipt acknowledging payment. The receipt must be east 30 days as proof of payment. s his/her release, the Sheriff shall immediately notify:
THIS ORDER SUPERSEDES	S ALL PRIOR CONFLICTING ORDERS.
DONE AND ORDERED in 20	County, Florida this day of
	CIRCUIT JUDGE

ies furnished to:			
	,		
		•	

DESCRIPTION SHEET

NAME:		DATE OF BIRTH:				
OTHER NAMES THE INDIVIDUA	AL GOES BY (ALIA	ASES OR NICKNAMES):				
ADDRESS:						
ALTERNATE ADDRESS:						
TELEPHONE:	A	LTERNATE PHONE:				
SOCIAL SECURITY NUMBER:		GENDER:	RACE:			
HEIGHT: WEIG	GHT:	EYE COLOR:	The second secon			
HAIR COLOR, LENGTH, STYLE:						
DISTINGUISHING MARKS, SCAF	RS, TATTOOS: _					
OTHER CHARACTERISTICS:						
EMPLOYER:	EMPLOYER PHONE:					
EMPLOYER ADDRESS:						
VEHICLE (MAKE/MODEL):						
FLORIDA DRIVER'S LICENSE NU	IMBER:					
Please use the space below fo	r any additiona	l information you wou	ld like to provide.			