

_____,
Petitioner,
AND
_____.
Respondent.

Case No. _____
Division _____

I, [state your name] _____, the
[circle one] Petitioner / Respondent in this case am requesting that this Motion for Payment
Credit be granted and as grounds therefore would show:

[illegible]

I certify that a copy of this document was () mailed () faxed and mailed () e-mailed () hand delivered to the person(s) listed below on {date}_____

Name: _____

Address: _____

City, State, Zip: _____

Fax Number: _____

Designated E-mail Address(es): _____

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this answer and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: _____

Signature of Party _____

Printed Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Fax Number: _____

Designated E-mail Address(es): _____

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

Sworn to (or affirmed) and subscribed before me, by means of ☐ physical presence or ☐ online notarization, this _____ day of _____, _____ (year), by _____.

NOTARY PUBLIC or DEPUTY CLERK

_____ [Print, type, or stamp commissioned name of notary or deputy clerk.]

____ Personally known

____ Produced identification / Type of identification produced: _____

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:

[fill in **all** blanks] This form was prepared for the Respondent. This form was completed with the assistance of:

{name of individual} _____

{name of business} _____

{address} _____

{city} _____, *{state}* _____, *{zip code}* _____, *{telephone number}* _____