IN THE CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT, IN AND FOR HILLSBOROUGH COUNTY, STATE OF FLORIDA

Petitioner,	Case No.
AND	Division
Respondent.	
MOTION FOR PAYN	MENT CREDIT
I, [state your name]	, the
[circle one] Petitioner / Respondent in this case am i	
Credit be granted and as grounds therefore would sh	now:
I am requesting that a credit for payment of _	
(child support, alimony, other) in the amount of \$	
following reasons:	
WHEREFORE, I request that the court grant	t this motion.
WHEREFORE, I request that the court grant I certify that a copy of this document was () hand delivered to the person(s) listed below on {) mailed () faxed and mailed () e-mailed
I certify that a copy of this document was () () hand delivered to the person(s) listed below on {) mailed () faxed and mailed () e-mailed
I certify that a copy of this document was () () hand delivered to the person(s) listed below on / Other Party or his/her attorney:) mailed () faxed and mailed () e-mailed () date}
I certify that a copy of this document was () () hand delivered to the person(s) listed below on { Other Party or his/her attorney: Name:) mailed () faxed and mailed () e-mailed () and mailed () e-mailed
I certify that a copy of this document was () () hand delivered to the person(s) listed below on { Other Party or his/her attorney: Name: Address:) mailed () faxed and mailed () e-mailed date}
I certify that a copy of this document was () mailed () faxed and mailed () e-mailed date}

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 \square physical presence or \square online notarization, this _____, ____(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

{name of individual}

{address}_______, {state} ______, {zip code} ______, {telephone number} ______

{name of business}

assistance of: