

IN THE CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT,  
IN AND FOR HILLSBOROUGH COUNTY, FLORIDA  
FAMILY LAW DIVISION



IN RE:

Case No.: \_\_\_\_\_

\_\_\_\_\_,  
Petitioner

Division: \_\_\_\_\_

And

\_\_\_\_\_,  
Respondent.

**MOTION TO CONTEST IMPENDING JUDGMENT**

**COMES NOW**, {full legal name} \_\_\_\_\_,

And files this Motion To Contest Impending Judgment, and as grounds supporting said motion, would show that the following information is true:

1. I understand that pursuant to Florida Statutes, Section 61.14(6)(c), I may contest the impending judgment in this action **ONLY** on the ground of a mistake of fact regarding an error in whether a delinquency exists, in the amount of the delinquency, or in the identity of the obligor.
2. I do not think that a judgment should be entered against me in this action because:
  - a) \_\_\_\_ I do not believe there is a delinquency. (*Explain:*) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - b) \_\_\_\_ I believe the delinquency amount is incorrect. (*Explain:*) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - c) \_\_\_\_ I am not the party that owes support in this action. (*Explain:*) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. I have **attached** a copy of the **Notice of Delinquency** issued by the Central Governmental Depository to this motion.

**WHEREFORE**, the undersigned party respectfully requests that this Court decline to enter a judgment by operation of law in this action against the undersigned party.

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

Clerk of the Circuit Court  
Central Governmental Depository  
P.O. Box 3450  
Tampa, FL 33601

Other party or his/her attorney:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_

**I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this motion 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: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

Sworn to or affirmed and signed before me on \_\_\_\_\_

By \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC – STATE OF FLORIDA

\_\_\_\_\_  
[Printed, type, or stamp commissioned name of notary]

\_\_\_\_\_ Personally known  
\_\_\_\_\_ Produced Identification  
Type of identification produced \_\_\_\_\_