

IN THE CIRCUIT COURT OF THE FOURTH JUDICIAL CIRCUIT,  
IN AND FOR NASSAU COUNTY, FLORIDA

CASE NO:  
DIVISION:

\_\_\_\_\_  
Petitioner  
And

\_\_\_\_\_  
Respondent

**MOTION TO CONTEST SUSPENSION OF DRIVER'S LICENSE**

Comes Now \_\_\_\_\_ the \_\_\_\_\_ Petitioner  
\_\_\_\_\_ Respondent in this matter, and requests the Court to direct the Department of  
Revenue/Child Support Enforcement (DOR/CSE) to stay any action to suspend my  
Florida Driver's License because of Failure to make Court ordered child support  
payments. In support of this motion, I state the following as grounds:

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

Wherefore, I ask the Court to grant this motion as it is in the best interest of the  
child(ren) that I have a current Florida Driver's License.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature  
Print Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_

**COPY TO:**

Other Party or his/her attorney

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Department of Revenue/Child Support Enforcement

Attention: Henry Phelps

921 N. Davis Street

Bldg. A-#350

Jacksonville, FL 32209

STATE OF FLORIDA

COUNTY OF Nassau County Clerk of Courts

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

\_\_\_\_\_  
NOTARY PUBLIC OR DEPUTY CLERK

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

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

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\_\_\_\_\_  
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**NOTICE OF CURRENT ADDRESS**

I, \_\_\_\_\_, being sworn, certify that  
my current address is: {street} \_\_\_\_\_  
{City} \_\_\_\_\_, {State} \_\_\_\_\_ {Zip} \_\_\_\_\_ {Telephone} \_\_\_\_\_  
\_\_\_\_\_ {Fax No.} \_\_\_\_\_.

**I understand that I must keep the clerk's office notified of my current address and that all future papers in this lawsuit will be mailed to the address on record at the clerk's office.**

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

**Other party or his/her attorney:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Party

**STATE OF FLORIDA  
COUNTY OF Nassau**

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

\_\_\_\_\_  
NOTARY PUBLIC or DEPUTY CLERK

\_\_\_\_\_  
[Print, type, or stamp commissioned name of  
notary or 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:**

I, {full legal name and trade name of nonlawyer} \_\_\_\_\_

A nonlawyer, located at {street} \_\_\_\_\_,

{city} \_\_\_\_\_, {state} \_\_\_\_\_ {phone} \_\_\_\_\_

Helped {name} \_\_\_\_\_ who is the

[ ✓ one only] \_\_\_\_\_ petitioner or \_\_\_\_\_ respondent, fill out this form.