

IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT  
IN AND FOR           OKEECHOBEE           COUNTY, FLORIDA

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

CASE NO. \_\_\_\_\_

v.

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

\_\_\_\_\_ /

**PETITION TO CONTEST NOTICE OF DELINQUENCY AND INTENT TO SUSPEND  
DRIVER'S LICENSE AND/OR VEHICLE REGISTRATION**

Comes now the obligor \_\_\_\_\_ (*name*) and hereby contests the notice of delinquency and intent to suspend driver's license and/or vehicle registration, and as grounds states:

Section 1. A notice of delinquency and intent to suspend driver's license and/or vehicle registration was mailed to me on \_\_\_\_\_ (*date*). I have attached a copy of the notice to this petition.

Section 2. I contest the notice of delinquency and intent to suspend driver's license and/or vehicle registration because: (Check all that apply.)

- There is a mistake and I am not delinquent.
- There is a mistake and the amount of the delinquency is more than I owe.
- There is a mistake and I am not the person who owes support.
- I agree that I am delinquent in the amount stated in the Notice but I cannot afford to pay the whole amount of the delinquency at one time.

Wherefore, I request that the court decline to suspend my driver's license and/or vehicle registration, correct the mistake, and/or allow me to make payments until the delinquency is paid in full.

Dated \_\_\_\_\_

\_\_\_\_\_  
Signature of Petitioner  
Printed Name \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone Number (\_\_\_\_) \_\_\_\_\_

**CERTIFICATE OF SERVICE**

Section 3. I HEREBY CERTIFY that a copy of this petition along with the attachment was (check only one of the following) ( ) mailed; ( ) faxed and mailed; ( ) hand delivered to the persons or entity listed below on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ .

Other Party  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City/State/Zip

Florida Department of Revenue Child Enforcement  
Address: 337 North US Highway 1, Suite C  
Ft. Pierce, FL 34950  
\_\_\_\_\_  
City/State/Zip

Dated \_\_\_\_\_

\_\_\_\_\_  
Signature of Petitioner  
Printed name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City/State/Zip  
Telephone Number (\_\_\_\_) \_\_\_\_\_

Section 4. If someone who is a nonlawyer helped you to complete this petition, he/she must provide the information below:

I, \_\_\_\_\_ (full legal name or trade name of nonlawyer who helped complete this form), located at \_\_\_\_\_ (street) in \_\_\_\_\_ (City), \_\_\_\_\_ (State and Zip) and having the telephone number of (\_\_\_\_) \_\_\_\_\_, helped \_\_\_\_\_ (name of obligor) who is the obligor, complete this form.