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IN THE CIRCUIT COURT OF THE <<judicial circuit number>> JUDICIAL
CIRCUIT IN AND FOR <<county name>> COUNTY, FLORIDA

State of Florida Department of Revenue
Child Support Program and
<<CP NAME>>
Petitioners,

<<Date>>
Depository Number: <<Dep#>>
Circuit Court Case Number: <<Court Case #>>

vs.

<<NCP NAME>>
Respondent.

**Notice to Clerk of the Circuit Court Depository
Determination of Noncovered Medical Expenses**

1. Pursuant to section 409.25635, Florida Statutes, the Department of Revenue has determined the amount owed by the obligor as arrears for noncovered medical expenses.
2. Please find enclosed for filing with this notice:

<<OPTION 1>>

3. The depository is required by section 409.25635(6), Florida Statutes, to record the final order or uncontested notice in the same manner as a final judgment, and to maintain the necessary accounts to reflect obligations and payments for noncovered medical expenses.
4. Accordingly, please create and/or update the necessary accounts based on the attached administrative order or uncontested notice.

Child Support Program
<<SvsSiteAddr1>>
<<SvsSiteAddr2>>

Copies sent to:
Option 2
Option 3

Option 1 (select option 1A if ZNME activity status history indicates NCP contested, else select option 1B)

- A. A certified copy of a final order issued by the Department to determine noncovered medical expenses owed by the Respondent.
- B. A certified copy of the uncontested notice mailed by the Department to the Respondent concerning his/her obligation to pay noncovered medical expenses.

Option 2 (select option 2A unless the system indicates that the NCP is being represented by private counsel, then select option 2B)

- A. <<NCP>>
- B. <<NCP Private Counsel Name>>

Option 3 (select option 3A unless the system indicates that the CP is being represented by private counsel, then select option 3B)

- A. <<CP>>
- B. <<CP Private Counsel Name >>

Note: judicial circuit and county is based on depository number not service site assignment.