

**FAMILY COURT SERVICES - ROOM 2150
501 WEST ADAMS STREET, JACKSONVILLE, FL 32202
(904) 255-1060**

**CHECKLIST FOR:
MOTION TO CONTEST SUSPENSION OF PROFESSIONAL LICENSE**

Use this form if you have received a notice from the Department of Revenue/Child Support Enforcement (DOR/CSE) informing you that they are going to suspend your professional license.

You may obtain the following forms at:

www.flcourts.gov - (select) – Self Help, Family Law Forms

ALL FORMS MUST BE COMPLETED TO START YOUR CASE

- Form 12.928
 - Cover Sheet for Family Court Cases

- Local Form (attached)
 - Motion to Contest Suspension of Professional License

- Form 12.900(h) (Must be Filed)
 - Notice of Related Cases

FOLLOW INSTRUCTIONS:

1. **Fully complete** the above forms.
2. Make **four (4) copies** of each form.
3. File your **original documents** with the **Family Law Clerk of Courts Room 1191 – 1st floor.**
NEXT the (4) copies you made...
 - (1) COPY - YOU KEEP FOR YOURSELF

 - (1) COPY – OTHER PARTY

 - (1) COPY - PHYSICALLY TAKE to: **Dept. of Revenue/Child Support Enforcement**

AND

- (1) COPY - CERTIFIED MAIL WITH A RETURN RECEIPT to:
 - *Instructions on next page**
 - **DEPARTMENT OF REVENUE/CHILD SUPPORT ENFORCEMENT UNIT**
Bldg. A – Room 150
921 N. Davis Street,
Jacksonville, FL 32209

HOW TO NOTIFY BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Make sure you obtain the following with your form and follow instructions:

- (1) Envelope
- (1) 'Green Card' for certified mail
- (1) 'White Receipt' for return receipt requested
- Local Form
 - *Notice of Service to Department of Revenue/Child Support Enforcement (DOR/CSE)**

INSTRUCTIONS:

1. Go to the nearest U.S. Post Office with your envelope with attached green card and receipt.
2. After the copy of your motion has been delivered to DOR/CSE, the Post Office will send you back the 'Green Card' to inform you that it was received.
3. Attach this green card along with the local form and file it with the Clerk of the Courts, Family Law, Room 1191.

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

CASE NO.: _____

DIVISION: _____

Petitioner,

And

Respondent,

MOTION TO CONTEST SUSPENSION OF PROFESSIONAL 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 Professional License because of
failure to make Court ordered child support payments. In support of this motion, I state the
following as grounds:

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.

CERTIFICATE OF SERVICE

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

Other party or his/her attorney:

Name: _____

Address: _____

City, State, Zip: _____

E-mail: _____

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.

Date: _____

Signature of Party

Printed Name: _____

Address: _____

Tel. No.: _____

E-Mail: _____

**IN THE CIRCUIT COURT OF THE FOURTH JUDICIAL CIRCUIT
IN AND FOR DUVAL COUNTY FLORIDA**

CASE NO.: 16- _____ -DR- _____ -FM
DIVISION: FM- _____

Petitioner

And

Respondent

**NOTICE OF SERVICE TO
DEPARTMENT OF REVENUE/CHILD SUPPORT ENFORCEMENT (DOR/CSE)
BY CERTIFIED MAIL RETURN RECEIPT REQUESTED**

I **HERE BY CERTIFY** that the Dept. of Revenue/Child Support Enforcement Unit was served with a copy of:

_____ Motion _____
(full name of pleading)

_____ Other Documents/Forms _____

By Certified Mail, Return Receipt Requested, Receipt No _____,
at Department of Revenue/Child Support Enforcement, Attn: Service Center Manager, Bldg. A – Room 150, 921 N.
Davis Street, Jacksonville, FL 32209, on *(month and day)* _____, 20____ as shown by the
signed certified mail card (attached to this notice).

Signature

Address: _____

Telephone: _____

ATTACH CERTIFIED MAIL CARD HERE