

**INSTRUCTIONS TO SET UP AN ACCOUNT WITH THE CLERK OF COURT, SUPPORT  
DEPOSITORY, BROWARD COUNTY**

A case is not automatically set up with the Clerk of Court, Support Depository. One of the parties must take the steps set forth below in order to do so. If the Department of Revenue (DOR) has established or is enforcing support, DOR will set up the depository account.

Whether support is to be paid through the Florida State Disbursement Unit (FLSDU) or through the Clerk of Court, an account **must** be set up with the Clerk of Court.

Steps to follow:

1. Complete the Memorandum To Support Depository Form attached hereto.
2. Obtain a copy of the Order that establishes the support obligation.
3. Obtain a copy of the most recent Order, if any, that establishes support arrears.
4. Deliver the "Memorandum To Support Depository" Form and the Orders referred to in paragraphs 2 & 3 above to the Clerk of Court, Support Depository. (You **must** submit copies of the Orders or your account can not be established.)

In Person: 540 SE 3<sup>rd</sup> Avenue, 1<sup>st</sup> Floor, Fort Lauderdale, FL 33301.

By mail: Clerk of Court, Support Depository, PO Box 14248, Fort Lauderdale, FL 33302.

By Facsimile to: (954) 765-5110 or (954) 765-5026.

5. You may obtain information from the Clerk of Court, Support Depository:

By telephone: (954) 357-8800 (follow voice prompts)

(954) 831-0688 (leave message for return telephone call)

By internet: [www.clerk-17th-flcourts.org](http://www.clerk-17th-flcourts.org)

In Person: 540 SE 3<sup>rd</sup> Avenue, 1<sup>st</sup> Floor, Fort Lauderdale, FL 33301

## **General Instructions – Clerk of Court, Support Depository Broward County**

**1. An Order requiring support to be paid through the Clerk of Court – Support Depository should provide as follows:**

- Payment shall be made payable to the “Clerk of Court”
- Name and case number must be noted on check, money order or bank check
- Address: Clerk of Court, Support Depository  
PO Box 14248  
Ft. Lauderdale, FL 33302

**2. An Order requiring support to be paid through the State of Florida, State Disbursement Unit should provide as follows:**

- Payment shall be made payable to the “State of Florida Disbursement Unit” (FLSDU)
- Name, case number and the words “Broward County” must be noted on check, money order or bank check.
- Address: State of Florida Disbursement Unit  
PO Box 8500  
Tallahassee, FL 32314

**3. All payments to the Clerk of Court and the State of Florida Disbursement Unit must include the processing fee of \$5.25 per payment (4% fee with a minimum of \$1.00 and maximum of \$5.25 per payment).**

**4. A certified payment history may only be obtained from the Clerk of Court, Support Depository. A certified payment history may be necessary for court proceedings. The payment history may be obtained:**

In person: 540 SE 3<sup>rd</sup> Avenue, 1<sup>st</sup> floor  
Ft. Lauderdale, FL 33301

Via phone request: 954-357-8800 (follow voice prompts)  
954-831-0688 (leave message)

IN THE CIRCUIT COURT OF THE SEVENTEENTH JUDICIAL CIRCUIT IN  
AND FOR BROWARD COUNTY, FLORIDA

CASE NO. FMCE

IN RE:

\_\_\_\_\_  
Petitioner,  
and  
\_\_\_\_\_  
Respondent.  
\_\_\_\_\_

**MEMORANDUM TO SUPPORT DEPOSITORY**

Clerk of Court, Broward County, Support Depository, 540 SE 3<sup>rd</sup> Ave., Fort Lauderdale, FL 33301

THIS FORM MUST BE COMPLETED AND PROVIDED TO THE DEPOSITORY.

There is a support order that requires payments to be made through the FLSDU/Support Depository.  
The date of the Order is: \_\_\_\_\_ A copy of the Order is attached.

**Obligor's (Person who pays support) Information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: Home: \_\_\_\_\_ Cellular: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Sex: M \_\_\_\_\_ F \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Employer Telephone Number: \_\_\_\_\_  
Attorney of Obligor: \_\_\_\_\_

**Obligee's (Person who receives support) Information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: Home: \_\_\_\_\_ Cellular: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Sex: M \_\_\_\_\_ F \_\_\_\_\_  
Attorney of Obligee: \_\_\_\_\_

**Children:**

Name:	Date of Birth:
_____	_____
_____	_____
_____	_____
_____	_____

Date: \_\_\_\_\_ day of \_\_\_\_\_ month, 20\_\_\_\_

Signature: \_\_\_\_\_

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

YOU MUST ADVISE THE DEPOSITORY OF ANY CHANGES TO THE FOREGOING INFORMATION TO ASSURE  
PROPER CREDIT FOR PAYMENTS MADE AND FOR RECEIPT OF SUPPORT PAYMENTS PAID

