IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT,
IN AND FOR _____COUNTY, FLORIDA

Case No:_____
Division: _____

_____,
Petitioner,
and
_____,
Respondent.

WRIT OF BODILY ATTACHMENT
(Child Support)

TO ALL AND SINGULAR SHERIFFS AND OTHER AUTHORIZED LAW ENFORCEMENT PERSONNEL OF THE STATE OF FLORIDA

YOU ARE ORDERED to take into custody _____ *{see attached Description Sheet}* and confine him/her in the county jail. The individual failed to appear before the court as ordered, failed to appear at a properly noticed hearing, and/or failed to comply with the previous order of the court which is attached and incorporated herein.

Service of this writ may be made on any day of the week and any time of the night or day, including Sunday and holidays.

YOU ARE FURTHER DIRECTED to bring this person before the court within 48 hours of execution of the writ for a hearing to determine the individual's present ability to pay support and, if so, whether the failure to pay such support is willful, pursuant to Rule 12.615(c)(2)(B), Florida Family Law Rules of Procedure.

NOTICE OF EXECUTION OF THIS WRIT SHALL IMMEDIATELY BE GIVEN TO THE FOLLOWING:
{Indicate all that apply}

_____ The Office of the Judge/General Magistrate/Child Support Hearing Officer:
_____
_____

_____ Counsel for the Department of Revenue:
_____

_____ Department of Revenue:
_____

_____ Other:
_____

IT IS FURTHER ORDERED that the individual may purge this contempt and be immediately released from custody at any time by the payment of the sum of $_____, which includes (if applicable):

$ _____, to be applied to unpaid support,
$ _____, Sheriff's fee,
$_____, Department of Revenue costs.
$ _____, other

The court previously found in this proceeding that the individual had the ability to pay said sum. The Sheriff, or other authorized law enforcement personnel, executing this writ or having custody of the individual is authorized to assess and collect the actual costs associated with service of this writ and transportation of the individual pursuant to Section 61.11(2)(a), Florida Statutes.

PAYMENT SHALL BE MADE to the Sheriff of _____ County, Florida and shall be in the form of cash, cashier's check, certified funds, or money order. The purge payment, clearly marked with the individual's name and case number, and denoted as a purge payment shall be remitted to:
{Indicate which are applicable}:

_____ The Office of the Clerk of Circuit Court for _____, County,
_____

_____ Other _____.

The Sheriff's office, or other authorized law enforcement personnel's office, receiving payment shall provide the individual with a written receipt acknowledging payment. The receipt must be carried by the individual for a period of at least 30 days as proof of payment.

If the individual pays the purge and secures his/her release, the Sheriff shall immediately notify:
_____.

THIS ORDER SUPERSEDES ALL PRIOR CONFLICTING ORDERS.

DONE AND ORDERED in _____ County, Florida this _____day of _____, 20____.

_____
CIRCUIT JUDGE

I certify that a copy of this *{name of document}*_____
was (☐) mailed (☐) faxed and mailed (☐) e-mailed (☐) hand-delivered to the parties or entities listed below on *{date}*_____.

by_____
{clerk of court or designee}

Petitioner (or his/her attorney)
Respondent (or his/her attorney)
Department of Revenue
Sheriff of _____County
Other:_____

DESCRIPTION SHEET

NAME: _____ DATE OF BIRTH: _____

OTHER NAMES THE INDIVIDUAL GOES BY (ALIASES OR NICKNAMES): _____

_____

ADDRESS: _____

ALTERNATE ADDRESS: _____

TELEPHONE: _____ ALTERNATE PHONE: _____

SOCIAL SECURITY NUMBER: _____ GENDER: _____ RACE: _____

HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____

HAIR COLOR, LENGTH, STYLE: _____

DISTINGUISHING MARKS, SCARS, TATTOOS: _____

OTHER CHARACTERISTICS: _____

EMPLOYER: _____ EMPLOYER PHONE: _____

EMPLOYER ADDRESS: _____

VEHICLE (MAKE/MODEL): _____

FLORIDA DRIVER'S LICENSE NUMBER: _____

Please use the space below for any additional information you would like to provide.

_____

_____

_____

_____

_____

_____

_____