	JUDICIAL CIRCUIT,
IN AND FOR	COUNTY, FLORIDA
	Case No: Division:
,	Division.
Petitioner,	
and	
Respondent.	
	ILY ATTACHMENT Support)
TO ALL AND SINGULAR SHERIFFS AND OTHER A THE STATE OF FLORIDA	AUTHORIZED LAW ENFORCEMENT PERSONNEL OF
appear before the court as ordered, failed to a failed to comply with the previous order of the herein.  Service of this writ may be made on any day of including Sunday and holidays.	e court which is attached and incorporated
= :	son before the court within 48 hours of execution vidual's present ability to pay support and, if so, ful, pursuant to Rule 12.615(c)(2)(B), Florida
NOTICE OF EXECUTION OF THIS WRIT SHALL IN {Indicate all that apply}	MMEDIATELY BE GIVEN TO THE FOLLOWING:
	l Magistrate/Child Support Hearing Officer:
Counsel for the Department of	Revenue:
Department of Revenue:	
Other:	

Florida Supreme Court Approved Family Law Form 12.962, Writ of Bodily Attachment (Child Support) (03/15)

	CIRCUIT JUDGE
DONE AND ORDERED in County, Flo	
THIS ORDER SUPERSEDES ALL PR	IOD CONELICTING OPDERS
If the individual pays the purge and secures his/he	release, the Sheriff shall immediately notify
The Sheriff's office, or other authorized law enforces shall provide the individual with a written receipt a carried by the individual for a period of at least 30	cknowledging payment. The receipt must be
Other	<del>-</del>
payment shall be remitted to: {Indicate which are applicable}: The Office of the Clerk of Circuit Cou	ırt for, County,
payment, clearly marked with the individual's nam	, ,
PAYMENT SHALL BE MADE to the Sheriff ofand shall be in the form of cash, cashier's check, ce	
The court previously found in this proceeding that The Sheriff, or other authorized law enforcement processed to assess an service of this writ and transportation of the individual Statutes.	ersonnel, executing this writ or having d collect the actual costs associated with
\$, Department of Revenue \$, other	costs.
\$, to be applied to unpaid \$, Sheriff's fee,	
which includes (if applicable):	
IT IS FURTHER ORDERED that the individual may pureleased from custody at any time by the payment	

I certify that a copy of this {name o	f document}	
was ( ) mailed ( ) faxed and ma	ailed ( ) 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	<b>/</b> )	
Department of Revenue		
Sheriff of	County	
Other:		

## **DESCRIPTION SHEET**

NAME:		DATE OF BIRTH:			
OTHER NAMES TH	E INDIVIDUAL GOES BY (	ALIASES OR NICKNAMES): _			
ADDRESS:					
ALTERNATE ADDRI	ESS:				
TELEPHONE:		ALTERNATE PHONE:			
SOCIAL SECURITY I	NUMBER:	GENDER:	RACE:		
HEIGHT:	WEIGHT:	EYE COLOR:			
HAIR COLOR, LENG	STH, STYLE:				
DISTINGUISHING N	MARKS, SCARS, TATTOOS	S:			
OTHER CHARACTE	RISTICS:				
EMPLOYER:		EMPLOYER P	HONE:		
EMPLOYER ADDRE	SS:				
VEHICLE (MAKE/M	IODEL):				
FLORIDA DRIVER'S	LICENSE NUMBER:				
Please use the spa	nce below for any additi	onal information you would	d like to provide.		