

IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT
IN AND FOR PINELLAS COUNTY, FLORIDA
FAMILY LAW DIVISION

UCN: 52200_DR_____XXFDFD Reference No.: _____

Petitioner,

and

Respondent.

_____/

MOTION FOR CIVIL CONTEMPT/ENFORCEMENT OF FINAL JUDGMENT OF
INJUNCTION FOR PROTECTION- CHILD SUPPORT AND/OR VISITATION

COMES NOW _____ (your name), and moves that
the Court grant the relief sought herein and enter an Order adjudging _____
(the other party's name) to be in willful contempt of court for failure to obey the court order(s) in
this case entered on (date) _____, as follows: *(Write the specific failure),*

I request that the Court order the following:

- _____ Enforcement of the prior Order.
 - _____ Require proof of employment and/or proof of a diligent job search
 - _____ Payment of child support arrears.
 - _____ Make-up visitation
 - _____ Other _____
- _____

together with such additional relief as the Court deems necessary to enforce the order.

If this is a motion for contempt for failure to pay child support and you are the person ordered to pay child support, FAILURE TO APPEAR AT THE HEARING MAY RESULT IN THE COURT ISSUING A WRIT OF BODILY ATTACHMENT FOR YOUR ARREST. IF YOU ARE ARRESTED, YOU MAY BE HELD IN JAIL UP TO 48 HOURS BEFORE A HEARING IS HELD.

The Clerk of the Court will mail the Notice of Hearing to the other party. I certify the following is the correct address for the other party:

Other party or his/her attorney:

Name: _____

Address: _____

City, State, Zip Code: _____

I understand that I am swearing or affirming under oath to the truthfulness of the claims made above and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: _____

Signature of Party _____

Printed Name: _____
(If your address is confidential please write "Confidential" and be sure to keep your address updated with the Clerk so you will receive your paperwork.)

Address: _____

City, State, Zip: _____

Telephone Number = _____

Fax Number: _____

STATE OF FLORIDA
COUNTY OF PINELLAS

Sworn to or affirmed and signed before me on _____ by _____

NOTARY PUBLIC or DEPUTY CLERK

[Print, type, or stamp commissioned name of notary or clerk.]

_____ Personally known

_____ Produced identification

_____ Type of identification produced _____

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [fill in all blanks]

I, {full legal name and trade name of nonlawyer} , _____
a nonlawyer, located at {street} , _____ {city} , _____
{state} , {phone} , helped {name} , _____
who is the [I one only] ___petitioner or ___respondent, fill out this form.