

**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 [/ **one** only] _____ petitioner **or** _____ respondent, fill out this form.