

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT
IN AND FOR _____ COUNTY, FLORIDA

CASE NUMBER: _____

**STATE OF FLORIDA, Department of
Revenue/Child Support on behalf of:**

_____,
Petitioner,
and

_____,
Respondent.

MOTION TO CONTEST DRIVERS LICENSE SUSPENSION/REVOICATION

1. On or about _____, I received a letter from the [one only]
____ Department of Revenue (DOR) or ____ Clerk of Court stating that my license and
registration would be/has been suspended or revoked.

2. I do not want my license and registration suspended or revoked because:

*(State why you could not pay support, why you need your license, and any other reason
your license should not be suspended or revoked)*

WHEREFORE, I request an order preventing the suspension of my license and
registration or reinstating my license and registration.

CERTIFICATE OF SERVICE

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

Other party or his/her attorney:

Printed Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____

Department of Revenue
Child Support Enforcement

Fax Number: _____
Designated E-mail Address(es): _____

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

Dated: _____

Signature of Party or his/her attorney
Printed Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____
Designated E-mail Address(es): _____

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:

[fill in all blanks] This form was prepared for the: *{choose only one}* () Petitioner () Respondent
This form was completed with the assistance of: {name of individual} _____,
{name of business} _____,
{address} _____,
{city} _____, {state} _____, {zip code} _____, {telephone number} _____