



THE HONORABLE
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CIVIL ADMINISTRATION DIVISION

Child Support Audit Request

Date of Request: _____

Court Case Number: _____
Ex: 2000 DR 004321

Audit for whom: _____

Email or Address: _____

Daytime Phone: _____

Charges Per FS 28.24:
Papers Written \$7.00

BELOW THIS LINE FOR CLERK STAFF ONLY

Staff Filing Request: _____ Date Request Filled: _____

Check if audit cannot be performed (*if transfer case with no Leon County Order*)

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PHONE: 850.606.4150 • (FAMILY LAW) EXT: 4170 (CIRCUIT CIVIL);
EXT: 4110 (COUNTY CIVIL, SMALL CLAIMS, LANDLORD TENANT)
301 SOUTH MONROE STREET, #100 • TALLAHASSEE, FLORIDA 32301