

# Form B: Request for Hearing of Pleading/Motion in Open Department of Revenue/Child Support Enforcement Case

Use this form only when your case has already been filed and you are requesting a hearing date and time. It is only to be used for open child support cases involving the **Department of Revenue/Child Support Enforcement**. If your case does not involve the Department of Revenue/Child Support Enforcement, you must use **Form A** for assistance.

Due to increases in caseloads and the Court's improved responsiveness and accountability, most business will be conducted by mail. **You must submit a separate Form B each time you request assistance.** You should receive a response within approximately 20 business days. Neither the Case Management personnel, Hearing Officers' assistant, nor the Clerk's Office are allowed to fill out your forms or provide legal advice.

This document is not a pleading/motion. In addition to this form, you must also file a pleading/motion and/or other required papers prior to submitting this form – all documents should be submitted to the Clerk of Court.

**Please answer the following before proceeding:**

1. Are you a party in an open child support case? If YES, go to question 2.  
**If NO, you cannot use this form.**
2. Is this a Florida Department of Revenue or Child Support Enforcement case?  
**If YES, you may use this form. (If NO, you cannot use this form. Use Form A.)**

**Please complete the following sections:**

**Date this form submitted:** \_\_\_\_\_

**County of Case:** Check appropriate box

Indian River       Martin       Okeechobee       Saint Lucie

**Court Case Number:** (required) \_\_\_\_\_ **Hearing Officer:** \_\_\_\_\_

**Your Name:** \_\_\_\_\_ **Other Party:** \_\_\_\_\_

**Name and Address of Other Party (required)**

Name:
Address:
City/State/Zip:

**Type of Pleading/Motion you have filed:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Modify Child Support  | <input type="checkbox"/> Abate/Suspend Child Support | <input type="checkbox"/> Contest Drivers License Suspension |
| <input type="checkbox"/> Telephonic Appearance | <input type="checkbox"/> Rehearing                   | <input type="checkbox"/> Contest Delinquency Judgment       |
| <input type="checkbox"/> Contempt              | <input type="checkbox"/> Other _____                 |   |

**You will be notified of your hearing date/time by mail.**

**Name and Address of Person Requesting Hearing**

Check Here If This Is a New Address since the Initial Filing

Name:
Address:
City/State/Zip:
Daytime Phone:
Other:

**RETURN THIS FORM TO THE CLERK OF COURT**

***Use of this form is limited to obtaining hearing date/time.  
No case management services will be provided at this time.***