



JODY PHILLIPS
DUVAL COUNTY CLERK OF THE CIRCUIT COURT
DOMESTIC RELATIONS DEPOSITORY
STOP IDO REQUEST FORM
501 West Adams Street
Jacksonville, FL 32202
Fax: 904-255-2392

Please complete this form and mail or fax it back. Please print.

Your Name: _____

Your SSN: _____ Your Case #: _____

Daytime Telephone Number: _____

Your Current Address: _____

City, State: _____

Zip Code: _____

Employer Payroll Information

This section must be completed in full in order to process your request.

Name of Employer: _____

Address: _____

City, State, Zip: _____

Phone #: _____

Fax #: _____

Contact Person: _____

Email Address: _____

Signed: _____ Date _____