

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

Case No.: _____

STATE OF FLORIDA, Department of
Revenue/Child Support Enforcement;

_____,
Petitioner,

vs.

_____,
Respondent.

_____ /

MOTION TO CONTEST DRIVERS LICENSE SUSPENSION/REVOCAION

1. On or about _____, I received a letter from the ___ Department of Revenue (DOR)/ ___ 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.

Signature of Party
Printed name: _____
Address: _____
City/State/Zip _____
Telephone : _____
Email: _____

I HEREBY CERTIFY that a copy has been furnished by mail/hand delivery to the person listed below this _____ day of _____, 20____.

Other Party(s) or their Attorney and DOR:

Name: _____
Address _____
City/State/Zip: _____
Telephone: _____

Department of Revenue
595 N. Lecanto Hwy.
Lecanto, FL 34461