



**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 \_\_\_\_\_