Clear

ASSIGNMENT OF RIGHTS TO SUPPORT

I, _____, currently residing at

_____
Street Address City, State, Zip Code

County of _____, State of Florida,

Having applied to the State of Florida for benefits pursuant to Title XIX of the Social Security Act and subsection 409.904(3), Florida Statutes, and in consideration of the receipt of such benefits, **do understand that by accepting said benefits I:**

1. Assign to the State of Florida any and all right, claim, title, and interest which I have to any support obligation owed, due and owing from my spouse,

_____ of
Name

_____
Street Address City, State, Zip Code

2. Assign to the State of Florida the right to maintain or prosecute any and all legal causes of action to establish, determine or enforce judicial orders for my support.

I further understand that:

1. This assignment shall remain in full force and effect so long as I shall receive any benefits from the State of Florida pursuant to Title XIX of the Social Security Act and subsection 409.904(3), Florida Statutes, and shall further remain in full force and effect until the State of Florida is reimbursed, to the extent of my herein assigned rights, for any and all payments made to me from October 1, 1989 and henceforth, or until my right, claim, title and interest in said support is otherwise terminated by law.

2. This assignment shall be limited to the total dollar amount provided to me by the State of Florida pursuant to the aforesaid federal law.

WITNESS, this my hand, this _____ day of _____.

Medicaid Number:_____ _____
Signature of Client/Legal Guardian

County: _____ _____
Witness

Circuit/Region:_____