IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT IN AND FOR MIAMI-DADE COUNTY, FLORIDA

CASE NO: <u>2013-004135-FC-04</u> SECTION: <u>FC18</u> JUDGE: <u>Abby Cynamon (FC18)</u>

Jackson, Wiltrice

Petitioner(s)

vs.

Brown, Antonio

Respondent(s)

WRIT OF BODILY ATTACHMENT ISSUED (CHILD SUPPORT)

TO ALL AND SINGULAR SHERIFFS AND OTHER AUTHORIZED LAW ENFORCEMENT PERSONNEL OF THE STATE OF FLORIDA

YOU ARE ORDERED to take into custody _ANTONIO BROWN

{see attached Description Sheet} and confine him/her in the county jail. The individual failed to appear before the court as ordered, failed to appear at a properly noticed hearing, and/or failed to comply with the previous order of the court which is attached and incorporated herein.

Service of this writ may be made on any day of the week and any time of the night or day,

including Sunday and holidays.

YOU ARE FURTHER DIRECTED to bring this person before the court within 48 hours of execution of the writ for a hearing to determine the individual's present ability to pay support and, if so, whether the failure to pay such support is willful, pursuant to Rule 12.615(c)(2)(B), Florida Family Law Rules of Procedure.

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NOTICE OF EXECUTION OF THIS WRIT SHALL IMMEDIATELY BE GIVEN TO THE FOLLOWING:

{Indicate all that apply}

The Office of the Judge/General Magistrate/Child Support Hearing Officer:

—

Abby Cynamon

__Counsel for the Department of Revenue:

___ Department of Revenue:

____ Other:

IT IS FURTHER ORDERED that the individual may purge this contempt and be immediately released from custody at any time by the payment of the sum of \$ 15,000.00 , which includes (if applicable):

\$ _15.000.00_____, to be applied to unpaid support,

\$_____, Sheriff's fee,

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\$_____, Department of Revenue costs.

\$ <u>5.000.00</u>, other (Attorney fees)

The court previously found in this proceeding that the individual had the ability to pay said sum. The Sheriff, or other authorized law enforcement personnel, executing this writ or having custody of the individual is authorized to assess and collect the actual costs associated with service of this writ and transportation of the individual pursuant to Section 61.11(2)(a), Florida Statutes.

PAYMENT SHALL BE MADE to the Police Department of <u>Miami-Dade</u> County, Florida and shall be in the form of cash, cashier's check, certified funds, or money order. The purge payment, clearly marked with the individual's name and case number, and denoted as a purge payment shall be remitted to:

{Indicate which are applicable}:

_ The Office of the Clerk of Circuit Court for _____, County,

X_ Other Law Office of Pascal Michel. 14 N.E. 1st Ave. Miami, FL 33132 Phone 305.834-8432

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The Sheriff's office, or other authorized law enforcement personnel's office, receiving payment shall provide the individual with a written receipt acknowledging payment. The receipt must be carried by the individual for a period of at least 30 days as proof of payment.

If the individual pays the purge and secures his/her release, the Sheriff shall immediately notify:

Pascal Michel Esq. 14 NE 1st Ave, Suite 600. Miami, FL 33132

THIS ORDER SUPERSEDES ALL PRIOR CONFLICTING ORDERS.

DONE and ORDERED in Chambers at Miami-Dade County, Florida on this ______

AUG 0 9 2023 **CIRCUIT JUDGE**

No Further Judicial Action Required on THIS MOTION

CLERK TO **RECLOSE** CASE IF POST JUDGMENT

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DESCRIPTION SHEET

NAME: Antonio Tavaris Brown	DATE OF BIRTH: <u>July 10, 1988</u>
OTHER NAMES THE INDIVIDUAL GOES BY (ALIASES OR NICKNAMES): A.B., Tony	
ADDRESS: <u>3600 Estate Oak Cir. Fort Lauderdale, FL 3</u>	<u>3312</u>
ALTERNATE ADDRESS:	
TELEPHONE: <u>786-651-8427</u> ALTERN	
SOCIAL SECURITY NUMBER: UNK	_ GENDER: <u>M</u> RACE: <u>Black</u>
HEIGHT: <u>5"11</u> WEIGHT: <u>200</u> EYE COL	OR: <u>Brown</u>
HAIR COLOR, LENGTH, STYLE: Dreadlocks/ Twisties	
DISTINGUISHING MARKS, SCARS, TATTOOS:	unk
OTHER CHARACTERISTICS:	
EMPLOYER: NFL	EMPLOYER PHONE:unk
EMPLOYER ADDRESS: unk	
VEHICLE (MAKE/MODEL): unk	
FLORIDA DRIVER'S LICENSE NUMBER: unk	
Please use the space below for any additional inform	ation you would like to provide.

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