

IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT  
IN AND FOR ST. LUCIE COUNTY, STATE OF FLORIDA

Petitioner,

v.

CASE NO. Respondent.

\_\_\_\_\_ /

**WRIT OF BODILY ATTACHMENT**

TO ALL THE SHERIFFS OF THE STATE OF FLORIDA:

YOU ARE HEREBY COMMANDED to take into custody, \_\_\_\_\_, and to bring him/her before the Court immediately and at least within 48 hours after his/her arrest, for a hearing to determine the Respondent's ability to pay or purge at the time he/she appears before the Court. **Service and execution of this Writ may be made on any day of the week and at any time of the day or night.**

The Sheriff executing this Writ or having custody of the Respondent may assess and collect from the Respondent the actual cost associated with this Writ and the transportation of the Respondent to the Court as ordered herein, pursuant to Section 61.11(2)(a), Florida Statutes.

However, this Writ may be canceled and the above named person immediately released from custody if the total sum of \$ \_\_\_\_\_, together with any and all fees associated therewith, are paid to the Sheriff executing this Writ or having custody of the Respondent. The Court previously found in this proceeding that the Respondent had the ability to pay said sums.

Upon receipt of the purge payment, the Sheriff's office receiving payment must provide the Respondent with written receipt acknowledging payment, which must be carried on the person of the Respondent for a period of at least 30 days from the date of payment as proof of payment. A Sheriff receiving such payment shall forward the funds to the Sheriff who entered the information about this Writ into the Florida Crime Information Center system and who shall forward the funds to the appropriate Clerk of Court or as otherwise directed in the contempt order.

DONE AND ORDERED at St. Lucie County, Florida, this \_\_\_\_\_ day of \_\_\_\_\_, 2005.

\_\_\_\_\_  
CYNTHIA L. COX  
Circuit Judge

Physical Description:

Date of Birth \_\_\_\_\_  
Race \_\_\_\_\_  
Sex \_\_\_\_\_  
Hair Color \_\_\_\_\_

Eye Color \_\_\_\_\_  
Height \_\_\_\_\_  
Weight \_\_\_\_\_  
Social Security # \_\_\_\_\_

Last Known Address: \_\_\_\_\_