

PACKET 10

Forms for Filing a

Petition for Name Change of an Adult



EIGHTH JUDICIAL CIRCUIT

Revised January 15, 2015

For Forms Revised 1/15/15

***** FEES MAY APPLY*****

26 15



**EIGHTH JUDICIAL CIRCUIT
FAMILY COURT CASE MANAGEMENT PROGRAM**

NOTICE OF LIMITATION OF SERVICES PROVIDED/DISCLAIMER

The personnel in the office of the Clerk of the Court are not acting as your lawyer or providing legal advice to you.

Clerk of Court personnel are not acting on behalf of the court or any judge. The presiding judge in your case may require amendment of a form or substitution of a different form. The judge is not required to grant the relief requested in a form.

The personnel in the office of the Clerk of the Court cannot tell you what your legal rights or remedies are, represent you in court, give legal advice or instructions on completing forms or tell you how to testify in court.

In all cases, it is best to consult with your own attorney, especially if your case presents significant issues regarding children, child support, alimony, retirement or pension benefits, assets, or liabilities.

_____ I can read English. - (Go to signature line)

_____ I cannot read English, but this notice was read to me by

_____ in _____
(Name) (Language)

YOUR SIGNATURE

IN THE CIRCUIT COURT OF THE EIGHTH JUDICIAL CIRCUIT
IN AND FOR LEVY COUNTY, FLORIDA

CASE NO: _____

DIVISION: _____

Plaintiff/ Petitioner/State

v.

Defendant/ Respondent

PERMISSION TO USE E-MAIL

Provide your email address below to receive a copy of your Orders, Judgments Notice of Hearings or other written communications from the court or clerk of court and by electronic mail.*

By completing this form I am authorizing the Court and the Clerk, of Circuit Court to send copies of orders/judgments, notices or other written communications to me by e-mail.

I will ensure the software filters have been removed from my computer, so it does not interfere with my ability to receive any of the above documents.

I will file a written notice with the Clerk, if my current email address changes.

Plaintiff/ Petitioner Name (print)

Plaintiff/ Petitioner Name (signature)

* email address (print *clearly*)

Date

***You will not need to provide a stamped self-envelope, if you provide your email address.**

FINGERPRINT INFORMATION
FOR NAME CHANGE PETITIONERS

before the court hears a name change petition, each adult petitioner (unless a former name is being restored) must have fingerprints submitted for a state and national criminal history records check, F.S. 68.07, which must be submitted electronically. The cost must be borne by the name change petitioner.

To get your fingerprints submitted electronically:

- 1.

2. Bring this information sheet or proof that you have submitted to fingerprint and background check
3. Bring your picture ID—a Florida driver's license is preferred. You will not be able to submit your fingerprints without a picture ID.

See Next page

-
-
-
-
4. The agencies conducting the fingerprint checks will send the results directly to the Levy County Clerk of Court. **DO NOT FILE YOUR FINGERPRINT CARD.**
 5. If you have questions about the electronic fingerprint submission, you may contact FDLE's E-Government Criminal History Services Section at (850) 410-8161.

**RETURN PAYMENT CONFIRMATION WITH YOUR
PETITION TO CLERK WITHIN 48 HOURS**



Livescan Fingerprinting

519 S. Pine Ave

Ocala, FL 34471

Ph. 352-291-1155

Hours: Monday through Friday

8:00AM to 4:45PM

We are located across the street from the Pine Plaza next to City of Ocala Police Department.

Please have your State Issued ID or Driver's License available and the agency ORI number.

We accept Visa, MasterCard, Check, and Cash
\$5.00 transaction fee for the use of a card
ATM Located in Lobby

Cover Sheet for Family Court Cases

I. Case Style

IN THE CIRCUIT COURT OF THE EIGHTH JUDICIAL CIRCUIT
IN AND FOR LEVY COUNTY, FLORIDA

<p align="center">Petitioner</p>	
and	Case No.: _____
<p align="center">Respondent</p>	

II. Type of Action/Proceeding. Place a check beside the proceeding you are initiating. If you are simultaneously filing more than one type of proceeding against the same opposing party, such as a modification and an enforcement proceeding, complete a separate cover sheet for each action being filed. **If you are reopening a case, choose one of the three options below it.**

- (A) Initial Action/Petition
- (B) Reopening Case
 - 1. Modification/Supplemental Petition
 - 2. Motion for Civil Contempt/Enforcement
 - 3. Other

III. Type of Case. If the case fits more than one type of case, select the most definitive.

- | | |
|---|--|
| <ul style="list-style-type: none"> (A) <input type="checkbox"/> Simplified Dissolution of Marriage (B) <input type="checkbox"/> Dissolution of Marriage (C) <input type="checkbox"/> Domestic Violence (D) <input type="checkbox"/> Dating Violence (E) <input type="checkbox"/> Repeat Violence (F) <input type="checkbox"/> Sexual Violence (G) <input type="checkbox"/> Stalking (H) <input type="checkbox"/> Support IV-D (Department of Revenue, Child Support Enforcement) (I) <input type="checkbox"/> Support Non-IV-D (not Department of Revenue, Child Support Enforcement) (J) <input type="checkbox"/> UIFSA IV-D (Department of Revenue, Child Support Enforcement) | <ul style="list-style-type: none"> (K) <input type="checkbox"/> UIFSA Non-IV-D (not Department of Revenue, Child Support Enforcement) (L) <input type="checkbox"/> Other Family Court (M) <input type="checkbox"/> Adoption Arising Out of Chapter 63 (N) <input checked="" type="checkbox"/> Name Change (O) <input type="checkbox"/> Paternity/Disestablishment of Paternity (P) <input type="checkbox"/> Juvenile Delinquency (Q) <input type="checkbox"/> Petition for Dependency (R) <input type="checkbox"/> Shelter Petition (S) <input type="checkbox"/> Termination of Parental Rights Arising Out of Chapter 39 (T) <input type="checkbox"/> Adoption Arising Out of Chapter 39 (U) <input type="checkbox"/> CINS/FINS |
|---|--|

IV. Rule of Judicial Administration 2.545(d) requires that a Notice of Related Cases Form, Family Law Form 12.900(h), be filed with the initial pleading/petition by the filing attorney or self-represented litigant in order to notify the court of related cases. Is Form 12.900(h) being filed with this Cover Sheet for Family Court Cases and initial pleading/petition?

- No, to the best of my knowledge, no related cases exist.
- Yes, all related cases are listed on Family Law Form 12.900(h).

ATTORNEY OR PARTY SIGNATURE

I CERTIFY that the information I have provided in this cover sheet is accurate to the best of my knowledge and belief.

Signature _____ FL Bar No.: _____
 Attorney or party (Bar number, if attorney)

 (Type or print name) Date

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:

[fill in all blanks]

This form was prepared for the: {choose only one} () Petitioner () Respondent

This form was completed with the assistance of:

{name of individual} _____

{name of business} _____

{address} _____

{city} _____, {state} _____, {telephone number} _____

**INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW
FORM 12.982(a)
PETITION FOR CHANGE OF NAME (ADULT)
(02/18)**

When should this form be used?

This form should be used when an adult wants the court to change his or her name. This form is **not** to be used in connection with a dissolution of marriage or for adoption of child(ren). If you want a change of name because of a **dissolution of marriage** or adoption of child(ren) that is not yet final, the change of name should be requested as part of that case.

This form should be typed or printed in black ink and must be signed before a **notary public** or **deputy clerk**. You should **file** the original with the **clerk of the circuit court** in the county where you live and keep a copy for your records.

What should I do next?

Unless you are seeking to restore a former name, you must have fingerprints submitted for a state and national criminal records check. The fingerprints must be taken in a manner approved by the Department of Law Enforcement and must be submitted to the Department for a state and national criminal records check. **You may not request a hearing on the petition until the clerk of court has received the results of your criminal history records check.** The clerk of court can instruct you on the process for having the fingerprints taken and submitted, including information on law enforcement agencies or service providers authorized to submit fingerprints electronically to the Department of Law Enforcement. The process may take several weeks and you will have to pay for the cost of processing the fingerprints and conducting the state and national criminal history records check. **Please note that the state and national criminal records check must indicate whether you have registered as a sexual predator or a sexual offender and you must also indicate on this petition whether you have ever been required to register as a sexual predator under section 775.21, Florida Statutes, or as a sexual offender under section 943.0435, F.S.**

Next, you must obtain a **hearing** date for the court to consider your request. If you are seeking to restore a former name, a hearing on the petition MAY be held immediately after the petition is filed. The final hearing on any other petition for a name change may be held immediately after the clerk of court receives the results of your criminal history records check. You should ask the clerk of court, **family law intake staff**, or **judicial assistant** about the local procedure for setting a hearing. You may be required to attend the **final hearing**. Included in these forms is a **Final Judgment of Change of Name (Adult)**, Florida Supreme Court Approved Family Law Form 12.982(b), which the **judge** may use. You should contact the clerk, family law intake staff, or judicial assistant, to see if you need to bring a **final judgment** form with you. If so, you should type or print the heading, including the circuit, county, case number, division, and the parties' names, and leave the rest blank for the judge to complete at your hearing or trial.

If the judge grants your **petition**, he or she will sign this **order**. This officially changes your name. The clerk can provide you with **certified copies** of the signed order. There will be charges for the certified

copies, and the clerk can tell you the amount of the charges.

Where can I look for more information?

Before proceeding, you should read General Information for Self-Represented Litigants found at the beginning of these forms. For further information, see Section 68.07, Florida Statutes.

IMPORTANT INFORMATION REGARDING E-FILING

The Florida Rules of Judicial Administration now require that all petitions, pleadings, and documents be filed electronically except in certain circumstances. **Self-represented litigants may file petitions or other pleadings or documents electronically; however, they are not required to do so.** If you choose to file your pleadings or other documents electronically, you must do so in accordance with Florida Rule of Judicial Administration 2.525, and you must follow the procedures of the judicial circuit in which you file. **The rules and procedures should be carefully read and followed.**

IMPORTANT INFORMATION REGARDING E-SERVICE ELECTION

After the initial service of process of the petition or supplemental petition by the Sheriff or certified process server, the Florida Rules of Judicial Administration now require that all documents required or permitted to be served on the other party must be served by electronic mail (e-mail) except in certain circumstances. **You must strictly comply with the format requirements set forth in the Rules of Judicial Administration.** If you elect to participate in electronic service, which means serving or receiving pleadings by electronic mail (e-mail), or through the Florida Courts E-Filing Portal, you **must** review Florida Rule of Judicial Administration 2.516. You may find this rule at www.flcourts.org through the link to the Rules of Judicial Administration provided under either Family Law Forms: Getting Started, or Rules of Court in the A-Z Topical Index.

SELF-REPRESENTED LITIGANTS MAY SERVE DOCUMENTS BY E-MAIL; HOWEVER, THEY ARE NOT REQUIRED TO DO SO. If a self-represented litigant elects to serve and receive documents by e-mail, the procedures must always be followed once the initial election is made.

To serve and receive documents by e-mail, you must designate your e-mail addresses by using the **Designation of Current Mailing and E-mail Address**, Florida Supreme Court Approved Family Law Form 12.915, and you must provide your e-mail address on each form on which your signature appears. Please **CAREFULLY** read the rules and instructions for: **Certificate of Service (General)**, Florida Supreme Court Approved Family Law Form 12.914; **Designation of Current Mailing and E-mail Address**, Florida Supreme Court Approved Family Law Form 12.915; and Florida Rule of Judicial Administration 2.516.

Special notes...

The heading of the form calls for the name of the petitioner. Your current name should go there, as you are the one who is asking the court for something. The judicial circuit, case number, and division may be obtained from the clerk of court's office when you file the petition.

It may be helpful to compile a list of all of the people and/or places that will need a copy of your final judgment. This list may include the driver's license office, social security office, banks, schools, etc. A list will help you know how many copies of your order you should get from the clerk of court after your hearing.

Remember, a person who is NOT an attorney is called a nonlawyer. If a nonlawyer helps you fill out these forms, that person must give you a copy of a **Disclosure from Nonlawyer**, Florida Family Law Rules of Procedure Form 12.900 (a), before he or she helps you. A nonlawyer helping you fill out these forms also **must** put his or her name, address, and telephone number on the bottom of the last page of every form he or she helps you complete.

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

IN RE: THE NAME CHANGE OF

Case No.: _____

Division: _____

Petitioner.

PETITION FOR CHANGE OF NAME (ADULT)

I, *{full legal name}* _____, being sworn, certify that the following information is true:

1. My complete present name is: _____
I request that my name be changed to: _____
2. I live in _____ County, Florida, at *{street address}* _____

3. I was born on *{date}* _____, in *{city}* _____, *{county}* _____,
{state} _____, *{country}* _____.
4. My parents' full legal names are :
 - a. _____
 - b. _____
 - c. *{If applicable }*My parents' maiden name(s) is/are: _____
and _____

5. I have lived in the following places since birth:

Dates (to/from)	Address
_____/_____ _____/_____ _____/_____ _____/_____	_____ _____ _____ _____

Please indicate here if you are continuing these facts on an attached page.)

6. **Family**

[Indicate all that apply]

a. I am not married.

b. I am married. My spouse's full legal name is: _____

c. I do not have child(ren).

d. The name(s), age(s), and address(es) of my child(ren) are as follows (all children, including those over 18, must be listed):

Name {last, first, middle initial}	Age	Address, City, State
------------------------------------	-----	----------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____

(Please indicate here if you are continuing these facts on an attached page.)

7. Former names

[Indicate **all** that apply]

a. My name has never been changed by a court.

b. My name previously was changed by court order from _____
to _____ on {date} _____,
by {court, city, and state} _____.
A copy of the court order is attached.

c. My name previously was changed by marriage from _____
to _____ on {date} _____,
in {city, county, and state} _____.
A copy of the marriage certificate is attached.

d. I have never been known or called by any other name.

e. I have been known or called by the following other name(s): {list name(s) and explain where you were known or called by such name(s)} _____

8. Occupation

My occupation is: _____

I am employed at: {company and address} _____

During the past 5 years, I have had the following jobs:

Dates (to/from)

Employer and employer's address

_____/_____
_____/_____

(Please indicate here if you are continuing these facts on an attached page.)

9. **Business** [Choose *one* only]

I do not own and operate a business.

I own and operate a business. The name of the business is: _____

The street address is: _____

My position with the business is: _____

I have been involved with the business since: {date} _____

10. **Profession**

[Choose *one* only]

I am not in a profession.

I am in a profession. My profession is: _____

I have practiced this profession:

Dates (to/from)

Place and address

_____ _____	_____ _____
_____ _____	_____ _____
_____ _____	_____ _____
_____ _____	_____ _____

(Please indicate here if you are continuing these facts on an attached page.)

11. **Education**

I have graduated from the following school(s):

Degree
Received

Date of
Graduation

School

_____ _____	_____ _____	_____ _____
_____ _____	_____ _____	_____ _____

(Please indicate here if you are continuing these facts on an attached page.)

12. **Criminal History**

Indicate all that apply

I have never been arrested for or charged with, pled guilty or nolo contendere to, or been found to have committed a criminal offense, regardless of adjudication.

I have a criminal history. In the past I have been arrested for or charged with, pled guilty or nolo contendere to, or been found to have committed a criminal offense, regardless of adjudication. The details of my criminal history are:

Date	City/State	Event (arrest, charge, plea, or adjudication)
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Please indicate here if you are continuing these facts on an attached page.)

I have have not ever been required to register as a sexual predator under section 775.21, Florida Statutes.

I have have not ever been required to register as a sexual offender under section 943.0435, Florida Statutes.

13. Bankruptcy

[Choose **one** only]

I have never been adjudicated bankrupt.

I was adjudicated bankrupt on {date} _____, in {city} _____, {county} _____, {state} _____.

(Please indicate here if you have filed additional bankruptcies, and explain on an attached page.)

14. Creditor(s)' Judgments

[Choose **one** only]

I have never had a money judgment entered against me by a creditor.

The following creditor(s)' money judgment(s) have been entered against me:

Date	Amount	Creditor	Court entering judgment and case number	if Paid {date}
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(Please indicate here if these facts are continued on an attached page.)

15. Fingerprints and Criminal History Records Check

Unless I am seeking to restore a former name, a copy of my fingerprints has been taken in a manner approved by the Department of Law Enforcement and submitted for a state and national criminal history records check. **I understand that I cannot request a hearing on my Petition until the Clerk of Court receives the results of the criminal history records check. I also understand that the state and national records check must indicate whether I have registered as either a sexual predator or sexual offender.**

16. I have no ulterior or illegal purpose for filing this petition, and granting it will not in any manner invade the property rights of others, whether partnership, patent, good will, privacy, trademark, or otherwise.

17. My civil rights have never been suspended, or, if my civil rights have been suspended, they have been fully restored.

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this petition and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: _____

Signature of PETITIONER
Printed Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____
Designated E-Mail Address(es): _____

STATE OF FLORIDA
COUNTY OF _____

Sworn to or affirmed and signed before me on _____ by _____.

NOTARY PUBLIC or DEPUTY CLERK

[Print, type, or stamp commissioned name of notary or deputy clerk.]

____ Personally known
____ Produced identification
____ Type of identification produced _____

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:

[fill in all blanks] This form was prepared by the Petitioner.

This form was completed with the assistance of: _____

{name of individual} _____

{name of business}: _____

{address} _____

{city} _____, {state} _____, {zip code} _____, {telephone number} _____

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

Case No.: _____

Division: _____

Petitioner,

and

Respondent.

NOTICE OF SOCIAL SECURITY NUMBER

I, {full legal name} _____, certify that my social security number is _____, as required by the applicable section of the Florida Statutes. My date of birth is _____.

[Choose one only]

- _____ 1. This notice is being filed in a dissolution of marriage case in which the parties have **no** minor or dependent child(ren) in common.
- _____ 2. This notice is being filed in a paternity or child support case, or in a dissolution of marriage in which the parties have minor or dependent children in common. The minor or dependent child(ren)'s name(s), date(s) of birth, and social security number(s) is/are:

Name	Birth date	Social Security Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

{Attach additional pages if necessary.}

Disclosure of social security numbers shall be limited to the purpose of administration of the Title IV-D program for child support enforcement.

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this notice and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: _____

Signature of Party _____
Printed Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____
Designated E-mail Address(es): _____

STATE OF FLORIDA
COUNTY OF _____

Sworn to or affirmed and signed before me on by _____

Date: _____

NOTARY PUBLIC or DEPUTY CLERK

[Print, type, or stamp commissioned name of notary or clerk]

___ Personally known
___ Produced identification
Type of identification produced

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:
[fill in all blanks] This form was prepared for the: {choose only one} _____ Petitioner _____ Respondent
This form was completed with the assistance of:
{name of individual} _____,
{name of business} _____,
{address} _____,
{city} _____, {state} _____, {zip code} _____, {telephone number} _____

IN THE CIRCUIT COURT OF THE EIGHTH JUDICIAL CIRCUIT,
IN AND FOR LEVY COUNTY, FLORIDA

Case No.: _____
Division: _____

Petitioner,
and

Respondent.

NOTICE OF RELATED CASES

- 1. Petitioner submits this Notice of Related Cases as required by Florida Rule of Judicial Administration 2.545(d). A related case may be an open or closed civil; criminal, guardianship, domestic violence, juvenile delinquency, juvenile dependency, or domestic relations case. A case is "related" to this family law case if it involves any of the same parties, children, or issues and it is pending at the time the party files a family case; if it affects the court's jurisdiction to proceed; if an order in the related case may conflict with an order on the same issues in the new case; or if an order in the new case may conflict with an order in the earlier litigation.

[check one only]

There are no related cases.

The following are the related cases (add additional pages if necessary):

Related Case No. 1

Case Name(s): _____

Petitioner : _____

Respondent : _____

Case No.: _____ Division: _____

Type of Proceeding: [check all that apply]

- | | |
|--|--|
| <input type="checkbox"/> Dissolution of Marriage | <input type="checkbox"/> Paternity |
| <input type="checkbox"/> Custody | <input type="checkbox"/> Adoption |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Modification/Enforcement/Contempt Proceedings |
| <input type="checkbox"/> Juvenile Dependency | <input type="checkbox"/> Juvenile Delinquency |
| <input type="checkbox"/> Termination of Parental Rights | <input type="checkbox"/> Criminal |
| <input type="checkbox"/> Domestic/Sexual/Dating/Repeat
Violence or Stalking Injunctions | <input type="checkbox"/> Mental Health |
| | <input type="checkbox"/> Other {specify} _____ |

State where case was decided or is pending: Florida Other: {specify} _____

Name of Court where case was decided or is pending (for example, Fifth Circuit Court, Marion County, Florida): _____

Title of last Court Order/Judgment (if any): _____

Date of Court Order/Judgment (if any): _____

Relationship of cases [check all that apply]:

pending case involves same parties, children, or issues;

- may affect court's jurisdiction;
- order in related case may conflict with an order in this case;
- order in this case may conflict with previous order in related case.

Statement as to the relationship of the cases: _____

Related Case No. 2

Case Name(s): _____

Petitioner : _____

Respondent : _____

Case No.: _____ Division: _____

Type of Proceeding: [check all that apply]

- | | |
|---|--|
| <input type="checkbox"/> Dissolution of Marriage | <input type="checkbox"/> Paternity |
| <input type="checkbox"/> Custody | <input type="checkbox"/> Adoption |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Modification/Enforcement/Contempt Proceedings |
| <input type="checkbox"/> Juvenile Dependency | <input type="checkbox"/> Juvenile Delinquency |
| <input type="checkbox"/> Termination of Parental Rights | <input type="checkbox"/> Criminal |
| <input type="checkbox"/> Domestic/Sexual/Dating/Repeat | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Violence or Stalking Injunctions | <input type="checkbox"/> Other {specify} _____ |

State where case was decided or is pending: Florida Other: {specify} _____

Name of Court where case was decided or is pending (for example, Fifth Circuit Court, Marion County, Florida): _____

Title of last Court Order/Judgment (if any): _____

Date of Court Order/Judgment (if any): _____

Relationship of cases [check all that apply]:

- pending case involves same parties, children, or issues;
- may affect court's jurisdiction;
- order in related case may conflict with an order in this case;
- order in this case may conflict with previous order in related case.

Statement as to the relationship of the cases: _____

Related Case No. 3

Case Name(s): _____

Petitioner : _____

Respondent : _____

Case No.: _____ Division: _____

Type of Proceeding: [check all that apply]

- | | |
|--|--|
| <input type="checkbox"/> Dissolution of Marriage | <input type="checkbox"/> Paternity |
| <input type="checkbox"/> Custody | <input type="checkbox"/> Adoption |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Modification/Enforcement/Contempt Proceedings |
| <input type="checkbox"/> Juvenile Dependency | <input type="checkbox"/> Juvenile Delinquency |

CERTIFICATE OF SERVICE

I CERTIFY that I delivered a copy of this Notice of Related Cases to the _____ County Sheriff's Department or a certified process server for service on the Respondent, and [check all used] () e-mailed, () mailed, () hand delivered, a copy to {name} _____, who is the [check all that apply] () judge assigned to new case, () chief judge or family law administrative judge, () {name} _____, a party to the related case, () {name} _____, a party to the related case on {date} _____.

Signature of Petitioner/Attorney for Petitioner
Printed Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____
E-mail Address(es): _____
Florida Bar Number: _____

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:

[fill in all blanks] This form was prepared for the: {choose only one} () Petitioner () Respondent

This form was completed with the assistance of:

{name of individual} _____
{name of business} _____
{address} _____
{city} _____, {state} _____, {telephone number} _____.

IN THE CIRCUIT COURT, EIGHTH JUDICIAL CIRCUIT,
IN AND FOR LEVY COUNTY, FLORIDA

Petitioner,

and

Respondent.

CASE NO.: _____
DIVISION: _____

NOTICE THAT ACTION IS AT ISSUE AND REQUEST FOR HEARING/NON-JURY TRIAL

COMES NOW _____, and shows that this action is at issue and ready for a hearing/non-jury trial. The hearing/trial is on the original action. It is estimated that the trial will require _____ minutes. Therefore, the undersigned requests the court schedule a hearing/non-jury trial in this action.

Dated: _____ (today's date)

YOUR SIGNATURE

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Notice of Action has been furnished by U.S. Mail or hand delivery on _____, 20____, to:
(Print the respondent's name and address below)

Dated: _____

Signature of Petitioner
Printed Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____