

PACKET 11

Forms for Filing a
Petition for Name Change (Minor Child)



EIGHTH JUDICIAL CIRCUIT

Revised October 28, 2014

*** FEES MAY APPLY ***

NAME CHANGE FOR MINOR CHILD(REN) PACKET INFORMATION

This packet is divided into three sections. Section "A" is used when the parties are in agreement. The petitioner will fill out and file section "A." If you are serving the other party through the Sheriff's office you will need the forms in sections "A" and "B." If you do not know the location of the other party then you will need the forms in sections "A," and "C" and the default forms in section "B."

SECTION "A"

Section "A" includes forms for the petitioner and forms for the respondent:

PETITIONER'S FORMS

- Notice of Limited Service
- Civil Cover Sheet
- Fingerprint card (stapled to the front of the packet)
- Petition for Change of Name (Minor Children(ren))
- Supplemental Form for Petition for Change of Name (Minor Child(ren))
- A written affidavit from the child stating that this is what the child wants if the child is twelve years of age or older
- Notice of Related Cases
- Final Judgment of Change of Name (Minor Child(ren)) (the judge will sign this form at the final hearing)

After you fill out the forms and have them notarized, make two copies, one for yourself and one for the other person who is required to file a consent. File the originals with the Clerk's office and provide a copy to the other person. Include the filing fee and mail or deliver to the Clerk of Court,

Fill out the final judgment form, but do not sign it. If the petition is granted, this will be signed by the judge. This will be the document that officially changes the name of the child(ren).

If the parties cannot reach agreement on some issues, mediation will be required. Mediation can be ordered by the Court or the parties can make the arrangements themselves by contacting the program mediation office at (352) 491-4417.

The parties from whom you need a consent will have to file:

- Consent for Change of Name (Minor Child(ren))

Once all the parties have filed their required forms you can proceed to schedule a hearing. To do so fill in the "Notice That Action is at Issue and Motion for Hearing / Non-Jury Trial" and follow the instructions provided. **Do not file the request for a hearing until all the above has been completed.** If consents are filed by the necessary parties, the forms in section "B" and "C" will not be needed.



**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

CHECKLIST NAME CHANGE

ADULT:

- CIVIL COVER SHEET
- NOTICE OF LIMITED SERVICE/ DISCLAIMER
- PETITION
- CRIMINAL HISTORY RECORD (NOT NEEDED IF CHANGING BACK TO MAIDEN NAME)

MINOR CHILD:

- CIVIL COVER SHEET
- NOTICE OF LIMITED SERVICES/DISCLAIMER
- PETITION/JOINT PETITION
- SUPPLEMENTAL FORM FOR PETITION (IF MORE THAN ONE CHILD)
- CONSENT (OTHER PARTY). Power of attorney is not a consent.
- CRIMINAL HISTORY RECORD

OR (IF NO CONSENT)

- PROOF OF SERVICE (PERSONAL)
- AFFIDAVIT OF PERSONAL SERVICE OUT OF STATE
- PROOF OF SERVICE (CONSTRUCTIVE)
 - NOTICE OF ACTION
 - AFFIDAVIT OF DILIGENT SEARCH
 - PROOF OF PUBLICATION or
 - PROOF OF POSTING
 - NONMILITARY AFFIDAVIT
 - MEMO FOR CERTIFICATE OF MILITARY SERVICE
- MOTION FOR DEFAULT

*** This checklist is not intended as legal advice, it is a list of what the court still needs in order to go forward with your case. You must provide the information that is listed above before your next court hearing.

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 with you
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 THIS 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

Petitioner	
and	Case No.: _____
Respondent	

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(c)
PETITION FOR CHANGE OF NAME (MINOR CHILD(REN))
(02/18)**

When should this form be used?

This form should be used when parents want the court to change the name of their minor child(ren). For the purposes of this proceeding, a person under the age of 18 is a minor. This form is not to be used in connection with an adoption, dissolution of marriage, or **paternity action**. If you want a change of name for your child(ren) because of an adoption or paternity action 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. The **Petition** should only be completed by one Petitioner for one child. If you wish to change the name of more than one child or if there is more than one Petitioner, you should complete and file a Supplemental Form for Petition for Change of Name (Minor Child) for each child and/or a Supplemental Form for Petition for Change of Name. The supplemental form(s) is an attachment to the petition. **Be sure that the bottom of each page of each supplemental form is initialed by the petitioner(s).**

What should I do next?

Unless you are seeking to restore a former name, each adult petitioner(s)'s fingerprints must be submitted for a state and national criminal history records check. The fingerprints must be taken in a manner approved by the Department of Law Enforcement. The fingerprints must be submitted to the Department of Law Enforcement for a state and national criminal history records check. **The Petitioner(s) may not request a hearing on the Petition until the copy of the fingerprints are filed and the clerk of court has received the results of the 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 the parent or guardian of the minor must pay the cost of processing the fingerprints and conducting the state and national history records check. **Please note that the state and national criminal records check must indicate whether you have registered as either 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, Florida Statutes.**

If **both** parents agree to the change of name and live in the county where the change of name is

sought, you may both file as **petitioners**. In this situation, **service** is not necessary, and you need only to set a **hearing**. You should ask the clerk of court, **family law intake staff**, or **judicial assistant** about the local procedure for setting a hearing.

If only one parent is a resident of the county where the change of name(s) is sought or only one parent asks for the child(ren)'s name(s) to be changed, the other parent must be notified and his or her consent obtained, if possible. If the other parent consents to the change of name, a **Consent for Change of Name (Minor Child(ren))**, Florida Supreme Court Approved Family Law Form 12.982(d), should be filed.

If the other parent does not consent to the change of name, you may still have a hearing on the petition if you have properly notified the other parent about your petition and the hearing. If you know where he or she lives, you must use **personal service**. If you absolutely do not know where he or she lives, you may use **constructive service**. For more information about personal and constructive service, you should refer [to] the **"General Instructions for Self-Represented Litigants"** found at the beginning of these forms and the instructions to Florida Family Law Rules of Procedure Forms 12.910(a) and 12.913(b) and Florida Supreme Court Approved Family Law Form 12.913(a). However, the law regarding constructive service is very complex and you may wish to consult an attorney regarding that issue.

Next, you must obtain a **final 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 hearing. Included in these forms is a **Final Judgment of Change of Name (Minor Child(ren))**, Florida Supreme Court Approved Family Law Form 12.982(e), which may be used when a judge grants a change of name for a minor child(ren). If you attend the hearing, you should take the final judgment with you. You should complete the top part of the form, including the circuit, county, case number, division, and the name(s) of the petitioner(s) and leave the rest blank for the judge to complete. It should be typed or printed in black ink.

If the judge grants your petition, he or she will sign this **order**. This officially changes your child(ren)'s name(s). 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(s) of the petitioner(s). This means the parent(s) who is (are) requesting the change of their child(ren)'s name(s). 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 places that will need a copy of the final

Instructions for Florida Supreme Court Approved Family Law Form 12.982(c), Petition for Change of Name (Minor Child(ren)) (02/18)

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

Case No.: _____
Division: _____

IN RE: THE NAME CHANGE OF

Petitioner,

Petitioner.

PETITION FOR CHANGE OF NAME (MINOR CHILD(REN))

I/We, {full legal name(s)} _____, being sworn, certify that the following information is true:

I am/We are the birth or legal parent(s) or guardian of the minor child(ren) named in this petition.

[Choose only one]

There is only one minor child named in this petition.

There are {enter number of children} _____ children named in this petition. The information on the first child is entered below. I/We have attached the completed supplemental forms for each other child.

The adult petitioner(s)'s fingerprints have been taken in a manner approved by the Department of Law Enforcement and submitted for a state and national criminal history records check. **I /We understand that I/we cannot request a hearing on my/our Petition until the clerk of court receives the results of the criminal history records check. I/we also understand that the state and national records check must indicate whether I/we have registered as either a sexual predator or a sexual offender.**

A. THE FOLLOWING INFORMATION IS TRUE ABOUT CHILD # 1 :

1. The minor child's complete present name is:

I/We request that this minor child's name be changed to:

2. The minor child lives in _____ County, Florida, at {street address} _____

3. The minor child was born on {date} _____, in {city, county, state, country} _____

4. The minor child's parents' full legal names are:

a. _____ and

b. _____

c. *{If applicable}* The minor child's parents' maiden name(s) is/are: _____
and _____

5. The minor child has 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. *[Choose one only]*

The minor child is not married.

The minor child is married to: *{full legal name}* _____

7. *[Choose one only]*

The minor child has no children.

The minor child is the parent of the following child(ren):

Name <i>{last, first, middle initial}</i>	Date of Birth
_____	_____
_____	_____

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

8. **Former names.**

[Indicate all that apply]

The minor child's name has never been changed by a court.

The minor child's name previously was changed by court order from _____
to _____ on *{date}* _____
by *{court, city, and state}* _____

A copy of the court order is attached.

The minor child's name previously was changed by marriage from _____
to _____ on {date} _____
in {city, county, and state} _____.

A copy of the marriage certificate is attached.

The minor child has never been known or called by any other name.

The minor child has been known or called by the following other name(s): {list name(s) and explain where child was known or called by such name(s)} _____

9. The minor child is not employed in an occupation or profession, does not own and operate a business, and has received no educational degrees. If the minor child has a job, explain:

10. Criminal History

[Indicate all that apply]

The minor child has 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.

The minor child has a criminal history. In the past, the minor child was 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 the 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.)

The minor child has has not ever been required to register as a sexual predator under section 775.21, Florida Statutes.

The minor child has has not ever been required as a sexual offender under section 943.0435, Florida Statutes.

11. Money Judgments.

[Choose one only]

The minor child has never been adjudicated bankrupt, and no money judgment has ever been entered against him or her.

The following money judgment(s) has been entered against him or her:

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

B. THE FOLLOWING INFORMATION IS TRUE ABOUT PETITIONER(S):

PARENT GUARDIAN

A Supplemental Form has been attached for the other parent or petitioner.

1. My complete present name is: _____

2. I live in _____ County, Florida, at {street address} _____

3. 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.

4. Creditor(s)' Judgments

{Choose one only}

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

The following creditor(s)' money judgments 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.)

5. 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 these facts are continued 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.

6. 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.
7. My civil rights have never been suspended, or, if ever 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 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 Petitioner.

This form was completed with the assistance of:

{name of individual} _____

{name of business} _____

{address} _____

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

ADULT SUPPLEMENTAL FORM FOR PETITION FOR CHANGE OF NAME (MINOR CHILD(REN))

Case No.: _____

THE FOLLOWING INFORMATION IS TRUE ABOUT PETITIONER(S):

PARENT GUARDIAN

1. My complete present name is: _____

2. I live in _____ County, Florida, at {street address} _____

3. 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.)

4. Creditor(s)' Judgments

{Choose one only}

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

The following creditor(s)' money judgments 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.)

5. 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 these facts are continued 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.

6. 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.

7. My civil rights have never been suspended, or, if ever 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 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 completed for the Petitioner(s).

This form was completed with the assistance of:

{name of individual} _____

{name of business} _____

{address} _____

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

MINOR CHILD # _____, continued

SUPPLEMENTAL FORM FOR PETITION FOR CHANGE OF NAME (MINOR CHILD(REN))

Case No.: _____

THE FOLLOWING INFORMATION IS TRUE ABOUT CHILD # _____:

1. Minor child's complete present name is:

I/We request that minor child's name be changed to:

2. The minor child lives in _____ County, Florida, at {street address} _____

3. The minor child was born on {date} _____, in {city, county, state, country} _____

4.

The minor child's parents' full legal name(s):

a. _____ and

b. _____

c. {if applicable} The minor child's parent's' maiden name(s): _____
and _____

5. The minor child has 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. [Choose **one** only]

The minor child is not married.

The minor child is married to: {full legal name} _____

7. [Choose **one** only]

The minor child has no children.

MINOR CHILD # _____, continued

The minor child is the parent of the following child(ren):

Name {last, first, middle initial}	Date of Birth
_____	_____
_____	_____
_____	_____

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

8. Former names

[Indicate all that apply]

The minor child's name has never been changed by a court.

The minor child's name previously was changed by court order from _____
to _____ on {date} _____
by {court, city, and state} _____.
A copy of the court order is attached.

The minor child's name previously was changed by marriage from _____
to _____ on {date} _____
in {city, county, and state} _____.
A copy of the marriage certificate is attached.

The minor child has never been known or called by any other name.

The minor child has been known or called by the following other name(s): {list name(s) and
explain where child was known or called by such name(s)} _____

9. The minor child is not employed in an occupation or profession, does not own and operate a business, and has received no educational degrees. If the minor child has a job, explain:

10. Criminal History

[Indicate all that apply]

The minor child has 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.

The minor child has a criminal history. In the past, the minor child was arrested for or charged with, pled guilty or nolo contendere to, or been found to have committed a criminal

MINOR CHILD # _____, continued

offense, regardless of adjudication. The details of the 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.)

_____ The minor child has has not ever been required to register as a sexual predator under section 775.21, Florida Statutes.

_____ The minor child has has not ever been required to register as a sexual offender under section 943.0435, Florida Statutes.

11. Money Judgments

[Choose one only]

The minor child has never been adjudicated bankrupt, and no money judgment has ever been entered against him or her.

The following money judgment(s) has (have) been entered against him or her:

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

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
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. 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 |

- Termination of Parental Rights
- Domestic/Sexual/Dating/Repeat Violence or Stalking Injunctions
- Criminal
- Mental Health
- 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: _____

2. [check one only]

- I do not request coordination of litigation in any of the cases listed above.
- I do request coordination of the following cases:

3. [check all that apply]

- Assignment to one judge
- Coordination of existing cases will conserve judicial resources and promote an efficient determination of these cases because: _____

4. The Petitioner acknowledges a continuing duty to inform the court of any cases in this or any other state that could affect the current proceeding.

Dated: _____

Petitioner's Signature

Printed Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Fax Number: _____

E-mail Address(es): _____

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 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 _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA

Case No.: _____

Division: _____

Petitioner,

and

Respondent.

**UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT
(UCCJEA) AFFIDAVIT**

I, {full legal name} _____, being sworn, certify that the following statements are true:

1. The number of minor child(ren) subject to this proceeding is _____. The name, place of birth, birth date, and sex of each child; the present address, periods of residence, and places where each child has lived **within the past five (5) years**; and the name, present address, and relationship to the child of each person with whom the child has lived during that time are:

THE FOLLOWING INFORMATION IS TRUE ABOUT CHILD # 1 :

Child's Full Legal Name: _____

Place of Birth: _____ Date of Birth: _____ Sex: _____

Child's Residence for the past 5 years:

Dates (From/To)	Address (including city and state) where child lived	Name and present address of person child lived with	Relationship to child
_____/present*			
____/____			
____/____			
____/____			

___/___			
___/___			

*** If you are the petitioner in an injunction for protection against domestic violence case and you have filed a Request for Confidential Filing of Address, Florida Supreme Court Approved Family Law Form 12.980(h), you should write confidential in any space on this form that would require you to enter the address where you are currently living.**

THE FOLLOWING INFORMATION IS TRUE ABOUT CHILD # ___:

Child's Full Legal Name: _____
 Place of Birth: _____ Date of Birth: _____ Sex: _____

Child's Residence for the past 5 years:

Dates (From/To)	Address (including city and state) where child lived	Name and present address of person child lived with	Relationship to child
___/present			
___/___			
___/___			
___/___			
___/___			
___/___			

THE FOLLOWING INFORMATION IS TRUE ABOUT CHILD # ___:

Child's Full Legal Name: _____
 Place of Birth: _____ Date of Birth: _____ Sex: _____

Child's Residence for the past 5 years:

Dates (From/To)	Address (including city and state) where child lived	Name and present address of person child lived with	Relationship to child
___/present			

<u> / </u>			
<u> / </u>			
<u> / </u>			
<u> / </u>			
<u> / </u>			

2. Participation in custody or time-sharing proceeding(s):

[Choose only one]

I HAVE NOT participated as a party, witness, or in any capacity in any other litigation or custody proceeding in this or any other state, jurisdiction, or country, concerning parental responsibility for, custody of, or time-sharing or visitation with a child subject to this proceeding.

I HAVE participated as a party, witness, or in any capacity in any other litigation or custody proceeding in this or another state, jurisdiction, or country, concerning parental responsibility for, custody of, or time-sharing or visitation with a child subject to this proceeding.

Explain:

- a. Name of each child: _____
- b. Type of proceeding: _____
- c. Court and state: _____
- d. Date of court order or judgment (if any): _____

3. Information about custody or time-sharing proceeding(s):

[Choose only one]

I HAVE NO INFORMATION of any parental responsibility, custody, time-sharing, or visitation proceeding pending in a court of this or any other state, jurisdiction, or country concerning a child subject to this proceeding.

I HAVE THE FOLLOWING INFORMATION concerning a parental responsibility, custody, time-sharing, or visitation proceeding pending in a court of this or another state concerning a child subject to this proceeding, other than set out in item 2. *Explain:*

- a. Name of each child involved in said litigation: _____
- b. Type of proceeding: _____
- c. Court and state: _____
- d. Date of court order or judgment (if any): _____
- e. Case Number: _____

4. Persons not a party to this proceeding:

[Choose only one]

I DO NOT KNOW OF ANY PERSON in this or any other state, jurisdiction, or country, who is not a party to this proceeding and who has physical custody or claims to have parental responsibility for, custody of, or time-sharing or visitation with respect to any child subject to this proceeding.

I KNOW THAT THE FOLLOWING NAMED PERSON(S), not a party to this proceeding, has (have) physical custody or claim(s) to have parental responsibility for, custody of, or time-sharing or visitation with respect to any child subject to this proceeding:

a. Name and address of person: _____

- has physical custody
 claims parental responsibility or custody rights
 claims time-sharing or visitation

Name of each child: _____

Relationship to child, if any: _____

b. Name and address of person: _____

- has physical custody
 claims parental responsibility or custody rights
 claims time-sharing or visitation

Name of each child: _____

Relationship to child, if any: _____

c. Name and address of person: _____

- has physical custody
 claims parental responsibility or custody rights
 claims time-sharing or visitation

Name of each child: _____

Relationship to child, if any: _____

5. Knowledge of prior child support proceedings:

[Choose only one]

The child(ren) described in this affidavit are NOT subject to existing child support order(s) in this or any other state, jurisdiction, or country..

The child(ren) described in this affidavit are subject to the following existing child support order(s):

a. Name of each child: _____

b. Type of proceeding: _____

c. Court and address: _____

d. Date of court order/judgment (if any): _____

e. Amount of child support ordered to be paid and by whom: _____

6. I acknowledge that I have a continuing duty to advise this Court of any parental responsibility, custody, time-sharing or visitation, child support, or guardianship proceeding (including dissolution of marriage, separate maintenance, child neglect, or dependency) concerning the child(ren) in this state or any other state about which information is obtained during this proceeding.
7. A completed Notice of Confidential Information within Court Filing, Florida Rules of Judicial Administration Appendix to Rule 2.420 Form, is filed with this Affidavit.

I certify that a copy of this document was () e-served () mailed () faxed and mailed () hand delivered to the person(s) listed below on {date} _____.

Other party or his/her attorney:

Name: _____
Address: _____
City, State, Zip: _____
Fax Number: _____
Designated E-mail Address(es): _____

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this affidavit 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 _____.

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 _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA

Case No.: _____
Division: _____

IN RE: THE NAME CHANGE OF

Petitioner.

CONSENT FOR CHANGE OF NAME (MINOR CHILD(REN))

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

I am the birth or legal parent of the minor child(ren) named in this case, and I give consent for the following name changes:

Minor child(ren)'s complete present name(s):

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____
- (6) _____

Minor child(ren)'s name(s) to be changed to:

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____
- (6) _____

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

Dated: _____

Signature of Consenting Parent
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 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 one} Petitioner Consenting Parent

This form was completed with the assistance of:

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

SERVICE OF PROCESS MEMORANDUM TO SHERIFF

TO: Sheriff of _____ County, _____, Civil Division
State of _____

RE: _____, Petitioner vs.
_____, Respondent.

In the Circuit Court, County of _____, Florida
Case Number: _____

DATE: _____

Enclosed you will find a check or money order for the fee for service of process along with the summons and petition to be served on the respondent.

Respondent: _____

Residence Address: _____

Work Address: _____

SPECIAL INSTRUCTIONS for locating the Respondent:

Please use the enclosed self-addressed stamped envelope to send the Affidavit for Return of Service. Thank you for you time.

Petitioner's Signature

Printed Name: _____

Petitioner's Address: _____

Telephone No.: () _____

**AFFIDAVIT FOR PERSONAL SERVICE OUTSIDE
THE STATE OF FLORIDA**

Sections 48.193 and 48.194, Fla. Stat.

STATE OF _____
COUNTY OF _____

BEFORE ME, this day personally appeared _____, who being duly sworn, deposes and says that the following information is true and correct according to his/her best knowledge and belief:

Respondent _____ is subject to the jurisdiction of the Courts of Florida, and to personal service of process outside the state of Florida, for a cause of action arising out of the following: (check one or more)

_____ With respect to a proceeding for alimony, child support, and/or property division in connection with a dissolution of marriage while maintaining a marital domicile in Florida or if the defendant resided in Florida before the commencement of the action, whether cohabitating during that time or not.

_____ With respect to a proceeding for support for dependant(s) in an independent action while maintaining a marital domicile in Florida or if the defendant resided in Florida before commencement of the action, whether cohabitating during that time or not.

_____ With respect to paternity actions when the father had sexual intercourse in Florida from which the child could have been conceived.

Petitioner's Signature
Printed Name _____
Address _____

City State Zip

Telephone (area code and number)

Sworn to and subscribed before me on _____, 20____
by {name} _____ who is _____ Personally known OR
_____ Produced identification. Type of identification produced _____

NOTARY PUBLIC—STATE OF FLORIDA

NOTE: Service of process on persons outside Florida must be made in the same manner as service in Florida by any officer authorized to serve process in the state where the person is served. AN AFFIDAVIT OF THE OFFICER SHALL BE FILED STATING THE TIME, MANNER, AND PLACE OF THE SERVICE.

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

Case No.: _____
Division: _____

Petitioner,

and

Respondent.

**SUMMONS: PERSONAL SERVICE ON AN INDIVIDUAL
ORDEN DE COMPARECENCIA: SERVICIO PERSONAL EN UN INDIVIDUO
CITATION: L'ASSIGNATION PERSONAL SUR UN INDIVIDUEL**

TO/PARA/A: {enter other party's full legal name} _____
{address (including city and state)/location for service} _____

IMPORTANT

A lawsuit has been filed against you. You have **20 calendar days** after this summons is served on you to file a written response to the attached complaint/petition with the clerk of this circuit court, located at: {street address} 355 South Court St. Bronson, Fl. 32621

A phone call will not protect you. Your written response, including the case number given above and the names of the parties, must be filed if you want the Court to hear your side of the case.

If you do not file your written response on time, you may lose the case, and your wages, money, and property may be taken thereafter without further warning from the Court. There are other legal requirements. You may want to call an attorney right away. If you do not know an attorney, you may call an attorney referral service or a legal aid office (listed in the phone book).

If you choose to file a written response yourself, at the same time you file your written response to the Court, you must also serve a copy of your written response on the party serving this summons at:

{Name and address of party serving summons} _____

If the party serving summons has designated e-mail address(es) for service or is represented by an attorney, you may designate e-mail address(es) for service by or on you. Service must be in accordance with Florida Rule of Judicial Administration 2.516.

Copies of all court documents in this case, including orders, are available at the Clerk of the Circuit Court's office. You may review these documents, upon request.

You must keep the Clerk of the Circuit Court’s office notified of your current address. (You may file Designation of Current Mailing and E-mail Address, Florida Supreme Court Approved Family Law Form 12.915.) Future papers in this lawsuit will be served at the address on record at the clerk’s office.

WARNING: Rule 12.285, Florida Family Law Rules of Procedure, requires certain automatic disclosure of documents and information. Failure to comply can result in sanctions, including dismissal or striking of pleadings.

IMPORTANTE

Usted ha sido demandado legalmente. Tiene veinte (20) días, contados a partir del recibo de esta notificación, para contestar la demanda adjunta, por escrito, y presentarla ante este tribunal. Localizado en: _____. Una llamada telefónica no lo protegerá. Si usted desea que el tribunal considere su defensa, debe presentar su respuesta por escrito, incluyendo el numero del caso y los nombres de las partes interesadas. Si usted no contesta la demanda a tiempo, pudiese perder el caso y podría ser despojado de sus ingresos y propiedades, o privado de sus derechos, sin previo aviso del tribunal. Existen otros requisitos legales. Si lo desea, usted puede consultar a un abogado inmediatamente. Si no conoce a un abogado, puede llamar a una de las oficinas de asistencia legal que aparecen en la guía telefónica.

Si desea responder a la demanda por su cuenta, al mismo tiempo en que presente su respuesta ante el tribunal, usted debe enviar por correo o entregar una copia de su respuesta a la persona denominada abajo.

Si usted elige presentar personalmente una respuesta por escrito, en el mismo momento que usted presente su respuesta por escrito al Tribunal, usted debe enviar por correo o llevar una copia de su respuesta por escrito a la parte entregando esta orden de comparecencia a:

Nombre y dirección de la parte que entrega la orden de comparecencia: _____

Copias de todos los documentos judiciales de este caso, incluyendo las ordenes, están disponibles en la oficina del Secretario de Juzgado del Circuito [Clerk of the Circuit Court’s office]. Estos documentos pueden ser revisados a su solicitud.

Usted debe de mantener informada a la oficina del Secretario de Juzgado del Circuito de su dirección actual. (Usted puede presentar _____ el Formulario: Ley de Familia de la Florida 12.915, Florida Supreme Court Approved Family Law Form 12.915, Designation of Current Mailing and E-mail Address.) Los pápelos que se presenten en el futuro en esta demanda judicial serán en vados por correo a la dirección que este registrada en la oficina del Secretario.

ADVERTENCIA: Regla 12.285 (Rule 12.285), de las Reglas de Procedimiento de Ley de Familia de la Florida [Florida Family Law Rules of Procedure], requiere cierta revelación automática de documentos e información. El incumplimiento, puede resultar en sanciones, incluyendo la desestimación o anulación de los alegatos.

IMPORTANT

Des poursuites judiciaires ont été entreprises contre vous. Vous avez 20 jours consécutifs a partir de la date de l’assignation de cette citation pour déposer une réponse écrite a la plainte ci-jointe auprès de ce tribunal. Qui se trouve a: {L’Adresse} _____. Un simple coup de téléphone est insuffisant pour vous protéger; vous êtes obliges de déposer votre réponse écrite, avec

mention du numéro de dossier ci-dessus et du nom des parties nommées ici, si vous souhaitez que le tribunal entende votre cause. Si vous ne déposez pas votre réponse écrite dans le délai requis, vous risquez de perdre la cause ainsi que votre salaire, votre argent, et vos biens peuvent être saisis par la suite, sans aucun préavis ultérieur du tribunal. Il y a d'autres obligations juridiques et vous pouvez requérir les services immédiats d'un avocat. Si vous ne connaissez pas d'avocat, vous pourriez téléphoner a un service de référence d'avocats ou a un bureau d'assistance juridique (figurant a l'annuaire de téléphones).

Si vous choisissez de déposer vous-même une réponse écrite, il vous faudra également, en même temps que cette formalité, faire parvenir ou expédier une copie au carbone ou une photocopie de votre réponse écrite a la partie qui vous dépose cette citation.

Nom et adresse de la partie qui dépose cette citation:

Les photocopies de tous les documents tribunaux de cette cause, y compris des arrêts, sont disponible au bureau du greffier. Vous pouvez revue ces documents, sur demande.

Il faut aviser le greffier de votre adresse actuelle. (Vous pouvez déposer Florida Supreme Court Approved Family Law Form 12.915, Designation of Current Mailing and E-mail Address.) Les documents de l'avenir de ce procès seront envoyer a l'adresse que vous donnez au bureau du greffier.

ATTENTION: La règle 12.285 des règles de procédure du droit de la famille de la Floride exige que l'on remette certains renseignements et certains documents a la partie adverse. Tout refus de les fournir pourra donner lieu a des sanctions, y compris le rejet ou la suppression d'un ou de plusieurs actes de procédure.

THE STATE OF FLORIDA

TO EACH SHERIFF OF THE STATE: You are commanded to serve this summons and a copy of the complaint in this lawsuit on the above-named person.

DATED: _____

DANNY J. SHIPP
CLERK OF THE CIRCUIT COURT

(SEAL)

By: _____
Deputy Clerk

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

Petitioner,

CASE NO: _____

DIVISION: _____

vs.

Respondent.

MOTION/REQUEST TO ENTER DEFAULT

TO THE CLERK OF COURT: Please enter a default against the Respondent who has failed to respond to the petition.

DATED: _____

Signature

Name _____

Address _____

DEFAULT

A default is entered in this action against the Respondent for failure to serve or file a response or any paper as is required by law.

DATED: _____

DANNY J. SHIPP
CLERK OF CIRCUIT COURT

By: _____
Deputy Clerk

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

Case No.: _____

Division: _____

Petitioner,

and

Respondent.

AFFIDAVIT OF DILIGENT SEARCH AND INQUIRY

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

- 1. I have made diligent search and inquiry to discover the name and current residence of Respondent: {Specify details of search} Refer to checklist below and identify all actions taken (any additional information included such as the date the action was taken and the person with whom you spoke is helpful) (attach additional sheet if necessary):

[Check all that apply]

- _____ United States Post Office inquiry through Freedom of Information Act for current address or any relocations.
- _____ Last known employment of Respondent, including name and address of employer. You should also ask for any addresses to which W-2 Forms were mailed, and, if a pension or profit-sharing plan exists, then for any addresses to which any pension or plan payment is and/or has been mailed.
- _____ Unions from which Respondent may have worked or that governed his or her particular trade or craft.
- _____ Regulatory agencies, including professional or occupational licensing.
- _____ Names and addresses of relatives and contacts with those relatives, and inquiry as to Respondent's last known address. You are to follow up any leads of any addresses where Respondent may have moved. Relatives include, but are not limited to: parents, brothers, sisters, aunts, uncles, cousins, nieces, nephews, grandparents, great-grandparents, former in-laws, stepparents, stepchildren.
- _____ Information about the Respondent's possible death and, if dead, the date and location of the death.
- _____ Telephone listings in the last known locations of Respondent's residence.
- _____ Internet at <http://www.switchboard.com> or other Internet databank locator service. Please indicate if a public library assisted you in your search.
- _____ Law enforcement arrest and/or criminal records in the last known residential area of Respondent.
- _____ Highway Patrol records in the state of Respondent's last known address.
- _____ Department of Motor Vehicle records in the state of Respondent's last known address.
- _____ Department of Corrections records in the state of Respondent's last known address.
- _____ Title IV-D (child support enforcement) agency records in the state of Respondent's last known address.
- _____ Hospitals in the last known area of Respondent's residence.

- ___ Utility companies, which include water, sewer, cable TV, and electric, in the last known area of Respondent's residence.
- ___ Letters to the Armed Forces of the U.S. and their response as to whether or not there is any information about Respondent. (See Memorandum for Certificate of Military Service, Florida Supreme Court Approved Family Law Form 12.912(a).)
- ___ Tax Assessor's and Tax Collector's Office in the area where Respondent last resided.
- ___ Other: {explain} _____

2. The age of Respondent is [Choose only one] () known {enter age} _____ or () unknown.

3. Respondent's current residence

[Choose only one]

- a. ___ Respondent's current residence is unknown to me.
- b. ___ Respondent's current residence is in some state or country other than Florida.

c. ___ The Respondent, having residence in Florida, has been absent from Florida for more than 60 days prior to the date of this affidavit, or conceals him/her self so that process cannot be served personally upon him or her, and I believe there is no person in the state upon whom service of process would bind this absent or concealed Respondent.

4. Respondent's last known address as of {date} _____, was:

Address _____ City _____ State _____ Zip _____

Telephone No. _____ Fax No. _____.

Respondent's last known employment, as of {date} _____, was

Name of Employer _____

Address _____ City _____ State _____ Zip _____

Telephone No. _____ Fax No. _____.

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this affidavit 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: _____

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 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: {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 12.912(a), MEMORANDUM FOR CERTIFICATE OF MILITARY SERVICE
(12/10)**

When should this form be used?

This form should be used if you **KNOW OR DO NOT KNOW** whether the other party in your case is on active duty in a branch of the military service of the United States. "Active duty" includes reserve personnel of the Army, Navy, Air Force, Marine Corps, and Coast Guard, and members of the Florida National Guard who have been called to active duty for more than thirty (30) days. Even if you believe that the other party has never or would never join the military, you must show the court proof that he or she is not a member of the military. Therefore, you may need to use this form to provide the court with such proof. See the instructions for an **Affidavit of Military Service**, Florida Supreme Court Approved Family Law Form 12.912(b), for additional information.

Servicemembers Civil Relief Act (SCRA) Certificates

To obtain certificates of service or non-service under the Servicemembers Civil Relief Act (formerly known as Soldiers' and Sailors' Civil Relief Act of 1940) you may use the public website: <https://www.dmdc.osd.mil/scra/owa/home>. This website will provide you with the current active military status of an individual enlisted in the Army, Navy, Air Force, and Marines.

You can also receive certificates from the individual services by sending your correspondence to the appropriate military office listed below. Fill out this form and **mail one copy to each of the military offices at the addresses on the form**. You may be charged a service fee by each military service branch for their response. To assist you in determining the amount of each military branch's fee, phone numbers are listed below. You will need to call each number to find out their fee for this search.

COAST GUARD: USCG Commander, Personnel Service Center, Attn: PSD-MR, 4200 Wilson Blvd., Suite 1100, Arlington VA 22203, Phone (202) 493-1200
Arlington Va. 22203, Phone: (202) 493-1200, NOTE: All requests must be in writing.
www.uscg.mil/hq/cgpc/home/locator/html.

AIR FORCE: HQ AFPC/DPDXIDL, Attn: World Wide Locator, 550 C Street, West, Suite 50, Randolph AFB, TX 78150-4752, Phone: (210) 565-2660, NOTE: Requests will be taken by phone.
www.afpc.randolph.af.mil/library/airforcelocator.asp

NAVY: Bureau of Naval Personnel, PERS-312E, 5720 Integrity Drive, Millington, TN 38055-3120, Phone: (901) 874-3388 NOTE: Requests will be taken by phone.

MARINE CORPS: CMC HQ (MMSB17), 2008 Elliot Road, Room 201, Quantico, VA 22134, Phone (703)784-3941 NOTE: All requests must be in writing.

PUBLIC HEALTH SERVICE: Attn: Director, Division of Commissioned Corps Officer Support, http://dcp.psc.gov/ad_search.asp NOTE: Please direct all inquiries to the website.

ARMY: Army World Wide Locator Service, Enlisted Records and Evaluation Center, 8899 East 56th Street, Indianapolis, IN 46249-5301, Phone: (1-866) 771-6357, fax (317) 510-3685

NOTE: All requests must be in writing

This form should be typed or printed in black ink. You should complete this form for each branch of the

United States' military listed above, and mail the form to each branch with a **check for the appropriate amount and a stamped, self-addressed envelope**. You should keep a copy of the form for your records. After you have received a verification of military status from each branch, you will need to attach those verifications to an **Affidavit of Military Service**, Florida Supreme Court Approved Family Law Form 12.912(b), for filing with the clerk.

Special notes...

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 **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 EIGHTH JUDICIAL CIRCUIT,
IN AND FOR LEVY COUNTY, FLORIDA

Case No.: _____

Division: _____

Petitioner,
and

Respondent.

MEMORANDUM FOR CERTIFICATE OF MILITARY SERVICE

- TO: () USCG Commander, Personnel Service Center, Attn: PSD-MR, 4200 Wilson Blvd, Suite 1100, Arlington, VA 22203
- () HQ AFPC/DPDXIDL, Attn: World Wide Locator, 550 C. Street West, Suite 50, Randolph AFB, TX 78150-4752
- () Bureau of Naval Personnel, PERS-312E, 5720 Integrity Drive, Millington, TN 38055-3120
- () CMC, HQ, (MMSB17), 2008 Elliot Road, Room 201, Quantico, VA 22134
- () Public Health Service: Attn: Director, Division of Commissioned Corps Officer Support http://dcp.psc.gov/ad_search.asp
- () Army World Wide Locator Service, Enlisted Records and Evaluation Center, 8899 East 56th Street, Indianapolis, IN 46249-5301

RE: _____
{Name of Respondent}

_____ {Respondent's Social Security Number}

This case involves a family matter. It is imperative that a determination be made whether the above-named individual, who has an interest in these proceedings, is presently in the military service of the United States, and the dates of induction and discharge, if any. This information is requested under the Servicemembers Civil Relief Act (formerly known as Soldiers' and Sailors' Civil Relief Act of 1940). Please supply verification as soon as possible. My check for \$_____ for your search fee and a self-addressed, stamped envelope are enclosed.

Dated: _____
Signature of Petitioner

Printed Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Fax Number: _____

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [fill in all blanks]

I, {full legal name and trade name of nonlawyer} _____

a nonlawyer, whose address is {street} _____

{city} _____, {state} _____

{phone} _____, helped {name} _____

who is the petitioner, fill out this form.

**INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW FORM
12.912(b), AFFIDAVIT OF MILITARY SERVICE (12/10)**

When should this form be used?

An Affidavit of Military Service is required in every case where the Respondent has not filed an answer or appearance. The purpose is to protect the men and women serving in the U.S. military from having a court judgment entered against them without first receiving notice of the lawsuit and a chance to defend the case.

You should use this form when ALL of the following statements are true:

- The other person in your case has been served, whether by personal service or constructive service.
- The other person in your case has not responded to your petition.
- You are requesting that the court enter a default judgment against the other person.

This form should be typed or printed in black ink. After completing this form, you should sign the form before a notary public or deputy clerk. You must file the original of this form with the clerk of the circuit court when you file your **Motion for Default**, Florida Supreme Court Approved Family Law Form 12.922(a). You must also attach copies of all verifications of nonmilitary service that you received from each branch of the United States' military service. You should keep a copy for your records.

Special notes...

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 **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 EIGHTH JUDICIAL CIRCUIT,
IN AND FOR LEVY COUNTY, FLORIDA

Case No.: _____
Division: _____

Petitioner,

and

Respondent.

AFFIDAVIT OF MILITARY SERVICE

I, {full legal name} _____, am the
Petitioner in this case. To support my application for a default judgment and to comply with the
Servicemembers Civil Relief Act (formerly known as Soldiers' and Sailors' Civil Relief Act of 1940), I swear
or affirm that the following information is true:
[please choose only one]

1. ___ I know of my own personal knowledge that the Respondent IS on active duty in the military service of the United States.
2. ___ I know of my own personal knowledge that Respondent IS NOT now on active duty in the military service of the United States, nor has the Respondent been on active military service of the United States within a period of thirty (30) days immediately before this date. "Active Service" includes reserve members of the Army, Navy, Air Force, Coast Guard, and Marines who have been ordered to report for active duty and members of the Florida National Guard who have been ordered to report to active duty for a period of more than thirty (30) days.
3. ___ I have contacted the military services of the United States and the U.S. Public Health Service and have obtained certificates showing that the Respondent is not on active duty status. These certificates are attached.
4. ___ I have attempted to determine the military status of the Respondent, but do not have sufficient information. This is what I have done to determine whether or not Respondent is on active duty in the United States military:

I have no reason to believe that s/he is on active duty at this time.

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this affidavit 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: _____

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 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]

I, {full legal name and trade name of nonlawyer}, _____
 a nonlawyer, whose address is {street} _____
 {city} _____, {state} _____
 {phone} _____, helped {name} _____
 who is the petitioner, fill out this form.

**INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY
LAW FORM 12.913(a)(2)
NOTICE OF ACTION FOR FAMILY CASES
WITH MINOR OR DEPENDENT CHILD(REN)
(06/18)**

When should this form be used?

This form may be used to obtain **constructive service** (also called service by publication) in an action involving a parenting plan for minor or dependent child(ren) under chapter 61, Florida Statutes; an action to determine temporary custody by extended family under chapter 751, Florida Statutes; and termination of a legal father's parental rights when another man is alleged to be the biological father. "Parenting plan" means a document created to govern the relationship between the parents relating to decisions that must be made regarding the minor or dependent child and must contain a time-sharing schedule for the parents and child. Section 61.046(14), Florida Statutes.

You may use constructive service if you do not know where the other party lives or if the other party lives outside Florida and you are unable to obtain **personal service**. Constructive notice will allow the court to grant the relief requested, but personal service is required before a court can order payment or termination of **child support**, spousal support (**alimony**), or costs. If you are asking the court to decide how real or personal property located in Florida should be divided, the **Notice of Action** must include a specific description of the property. If you use constructive service, the court can grant only limited relief because its jurisdiction is limited. This is a complicated area of the law and you should consult an attorney before using constructive service.

You should complete this form by typing or printing the appropriate information in black ink. You must insert the other party's name and last known address and then **file** this form with the **clerk of the circuit court** in the county where your petition was filed. You must also complete and file an **Affidavit of Diligent Search and Inquiry**. Use Florida Family Law Rules of Procedure Form 12.913(b) unless you are serving the legal father in a paternity case where another man is alleged to be the biological father, or the case involves parental responsibility, custody, or time-sharing, in which case, you must use Form 12.913(c). You should keep a copy for your records.

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.**

Instructions for Florida Supreme Court Approved Family Law Form 12.913(a)(2), Notice of Action For Family Cases With Minor or Dependent Child(ren) (06/18)

What should I do next?

After the **Affidavit of Diligent Search and Inquiry**, Family Law Rules of Procedure Form 12.913(c), is filed, the clerk will sign this form. You will need to publish notice once each week for four consecutive weeks in a "qualified" newspaper in the county where the case is pending. When in doubt, ask the clerk which newspapers are "qualified." The newspaper will charge you for this service. If you cannot afford to pay the cost of publishing this notice, you may ask the clerk to post the notice at a place designated for such postings. You will need to file an **Application for Determination of Civil Indigent Status**, which you can obtain from the clerk. If the clerk determines that you cannot afford these costs, the clerk will post the notice of action. If your case involves termination of a legal father's parental rights when another man is alleged to be the biological father, you need to publish the notice only in the county where the legal father was last known to have resided. You are responsible for locating a "qualified" newspaper in the county where the other party last resided and paying the cost of publication.

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 rule 12.070, Florida Family Law Rules of Procedure, rule 1.070, Florida Rules of Civil Procedure, sections 61.501–61.542, Florida Statutes and chapter 49, Florida Statutes.

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-**

Instructions for Florida Supreme Court Approved Family Law Form 12.913(a)(2), Notice of Action For Family Cases With Minor or Dependent Child(ren) (06/18)

mail Address, Florida Supreme Court Approved Family Law Form 12.915; and Florida Rule of Judicial Administration 2.516.

Special notes...

If the other party fails to respond to your **petition** within the time limit stated in the notice of action that is published or posted, you are entitled to request a **default**. (See **Motion for Default**, Florida Supreme Court Approved Family Law Form 12.922(a), and **Default**, Florida Supreme Court Approved Family Law Form 12.922(b).)

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 **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

Case No.: _____

Division: _____

_____,
Petitioner

and

_____,
Respondent.

NOTICE OF ACTION FOR

{Specify action} _____

TO: *{name of Respondent}* _____

{Respondent's last known address} _____

YOU ARE NOTIFIED that an action for *{identify the type of case}* _____
has been filed against you and that you are required to serve a copy of your written defenses, if any, to
it on *{name of Petitioner}* _____, whose address
is _____
on or before *{date}* _____, and file the original with the clerk of this Court at *{clerk's address}*

_____ before service on Petitioner or immediately thereafter. **If you fail to do so, a default may be entered against you for the relief demanded in the petition.**

{If applicable, insert the legal description of real property, a specific description of personal property, and the name of the county in Florida where the property is located} _____

Copies of all court documents in this case, including orders, are available at the Clerk of the Circuit Court's office. You may review these documents upon request.

You must keep the Clerk of the Circuit Court's office notified of your current address. (You may file Designation of Current Mailing and E-Mail Address, Florida Supreme Court Approved Family Law Form 12.915.) Future papers in this lawsuit will be mailed or e-mailed to the addresses on record at the clerk's office.

WARNING: Rule 12.285, Florida Family Law Rules of Procedure, requires certain automatic disclosure of documents and information. Failure to comply can result in sanctions, including dismissal or striking of pleadings.

Dated: _____.

CLERK OF THE CIRCUIT COURT

By: _____
{Deputy Clerk}

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 Petitioner.

This form was completed with the assistance of:

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