Important → READ

FILING REQUIREMENTS ADMINISTRATIVE SUPPORT LITIGANT CHECKLIST

1. I understand that, unless I am filing an appeal, I must have a case number in Miami-Dade County.

My Case Number is:

2. I have 30 days from the date of the Final Administrative Support Order to appeal that order.

3. I understand if I want to request a modification from the Department of Revenue, I must have a substantial change in circumstances and that the Department of Revenue will do a review to determine if a modification is warranted for an administrative hearing.

4. I understand that if I want a Court in Miami-Dade to hear my case and enter a superseding support order that the Court can only prospectively change my support obligation and cannot modify any retroactive support contained in the Administrative Order.

5. I understand that I must serve the Department of Revenue and the Custodial Parent.

6. I understand that I must attach a copy of my Final Administrative Support Order to my Petition and a current Financial Affidavit.

7. I understand that to get my documents notarized at Self Help I must bring my driver license, state ID, or American passport.

8. I understand that all documents must be completed in English and in black ink.

9. I understand that I am acting as my own attorney and the Self Help Program will only be able to provide me with procedural information. The Self Help Program will not provide legal advice or write on my forms. I might want to consult an attorney before proceeding.

10. I understand that I must have my documents reviewed by making an appointment.

I understand that I am being sold a packet because I believe I meet the filing requirements. I understand that the packet IS NOT refundable.

_____ _____

Print Name Signature

Date: _____Appointment: _____ Packet#: AS _____

Importante → LEER

FILING REQUIREMENTS ADMINISTRATIVE SUPPORT LITIGANT CHECKLIST

1. Yo entiendo que, a menos que estoy presentando un apelacion, debo tener un caso existente en el condado de Miami-Dade.

Mi numero de caso es:

2. Yo entiendo que tengo 30 días de la fecha de la orden se llama "Administrative Support Order" para apelar esta orden.

3. Yo entiendo que si que quiero solicitar una modificación del Department of Revenue, debo tener un cambio substancial en cirumstancias y que el Department of Revenue va a cumplir con un repaso para determinar si una modificación es necesaria para una audiencia administrativo.

4. Yo entiendo que si quiero que una Corte en Miami-Dade me de una audiencia para mi caso y entre una orden para replazar el mantenimiento, que la Corte puede solomente cambiar mi obligación para mantenimiento para el futuro y no puede modificar mi obligación para mantenimiento retroactivo en la Orden Administrativa.

5. Yo entiendo que yo debo notificar con la oficina del aguacil al Department of Revenue y al padre con custodia.

6. Yo entiendo que yo debo adjuntar una copia de mi orden se llama "Final Administrative Support Order" a mi petición y un "Financial Affidavit" actual.

7. Yo entiendo de que antes que mis papeles puedan ser notarizados por el Programa de Ayuda Propia debo de tener una licensia o identificación de la Florida o un pasaporte Americano.

8. Yo entiendo que todos los documentos deben de estar llenos en tita de color azul o negra y en Ingles.

9. Yo entiendo que estoy actuando como mi propio abogado y que el Programa de Ayuda Propia solamente puede proveerme con información de procedimiento. El Programa de Ayuda Propia no me va ha proveer consejo legal ni llenara mis formularios.

10. Yo entiendo que para que mis formularios sean revisado debo de primero hacer una cita.

Yo entiendo que estoy comprando un paquete porque yo creo que cumplo con los requisitos.Yo entiendo que este paquete NO TIENE devolucion.

_____ _____

Nombre en letra de modle Firma

Date: _____ Appointment: _____Packet#: AS _____

ADMINISTRATIVE SUPPORT PACKET

I. To Appeal a Final Administrative Support Order

Any party who is adversely affected by a Final Administrative Support Order and/or an Income Deduction Order may ask for judicial review through the following procedure.

1. Complete the *Notice of Appeal* and make 3 copies.

   The Notice of Appeal must be filed within **30 days** of the filing date on the Final Administrative Support Order or the Income Deduction Order or your request will be denied.

2. File the original *Notice of Appeal* at the following address:

   Department of Revenue
   Child Support Enforcement Program
   Attn: Deputy Agency Clerk
   P.O. Box 8030
   Tallahassee, FL 32314-8030

   **Filing is effective when the *Notice of Appeal* is received, not when it was mailed.

3. File a copy and pay the required filing fee to the Clerk of the District Court of Appeal for the district where you live:

   3rd District Court of Appeal
   2001 S.W. 117 Ave.
   Miami, FL 33175-1716
   (305) 229-3200

**Filing is effective when the *Notice of Appeal* is received, not when it was mailed.

4. Mail a copy to the other person in the case.

5. Keep a copy for your records

6. You will receive further instructions by mail.

II. To Request the Circuit Court Enter a Support Order that Supersedes the Administrative Support Order

The following is the procedure is to request that the court located in the circuit where the depository number/account was created enter a support order that supersedes the Administrative Order. There would be a hearing before a General Magistrate or Hearing Officer. Note that the court is only permitted to prospectively change a support obligation and cannot modify any retroactive support pursuant to the Administrative Order.

**You may only file in Miami-Dade County if you have a case number in Miami-Dade County.

1. Complete the following documents: **(please type or print legibly!)**
   a. Petition to Enter a Superseding Support Order
   Summons for: Department of Revenue
   Shumard Oak Blvd. Bldg 1, Suite 2400
   Tallahassee, FL 32399

   b. Summons for each party
   c. Financial Affidavit
   d. UCCJEA
   e. Related Cases
   f. Acknowledgment of Receipt
   g. Notice of Related Cases
   h. Designation of Email
   i. Index of Forms (top portion only)

2. Make your appointment online https://www.jud11.flcourts.org/Family-Court-Self-Help-Program to review and notarize your documents. Please read the Self-Help Appointment Types sheet before scheduling your appointment.

Fee Schedule		
Self-Help Fee	$105.00	*credit card or money order*
Filing Fee	$50.00	*cash, credit card or money order*
Clerk Issue Summons	*(2) $10.00 each party*	*cash, credit card or money order*
Service Fee	(2) $40.00 each party	*cash, credit card or money order*
Certified Copies	$1.00 + $1.50 per page	*cash or credit card*

SELF-HELP ONLINE APPOINTMENT TYPES

The Eleventh Judicial Circuit's Self-Help Program (SHP) now provides Self-Represented Litigants (SRL) the ability to schedule their Self-Help appointment online. Please read the different appointment types carefully below before clicking on the link to schedule your appointment. https://www.jud11.flcourts.org/Family-Court-Self-Help-Program

Please note that scheduling the incorrect appointment type can subject you to being rescheduled for another date. All SHP appointments are scheduled for specific dates and times depending on appointment type. After you schedule your appointment online, you will be receiving a confirmation via email and text with appointment details.

FIRST-TIME VISIT: Your packet is fully completed and is ready for Self-Help Paralegal review prior to filing. The Self-Help service fee includes Paralegal review, notarization of court documents, initial procedural information, follow-up procedural information, and procedural information to obtain a hearing.

Example.: To make an appointment for a Post Judgment Modification packet, you will select **First-Time Visit Administrative Support**

PACKET COMPLETION ASSISTANCE: Need assistance completing your packet prior to filing? The Self-Help Program offers workshops with a Self-Help Paralegal at a nominal fee (see fee schedule online) to help you complete your documents.

Example.: To make a Workshop appointment for a Paternity Agreement packet, you will select **Packet Completion Assistance-Administrative Support**

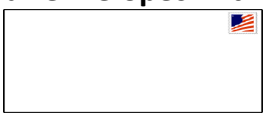
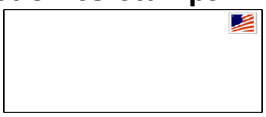
Important Information Regarding Your Self-Help Appointment

Need help completing your packet?

A Packet Completion Assistance is offered at the Self-Help Program to help you complete your forms and notarize them. If you would like to participate in this service, Make your appointment online: https://www.jud11.flcourts.org/Family-Court-Self-Help-Program (Packet Completion Fee $125.00)

Please have the following information below with your packet.

- **Copy of Final Judgment or Order you are requesting to supersede.**
- **Copy of Petitioner and Respondents Driver's (copies must be enlarged and clear)**
- **Affidavit of Corroborating Witness Form (*if applicable*) Affidavit form must be accompanied by a copy of your witness Florida Driver's License or Florida Identification**
- **2 regular envelopes with 2 post office stamps**

SELF-HELP PACKET REVIEW VIA MAIL

The Family Self-Help Program provides you with the option to either drop off or mail your completed packet at either Self-Help location for paralegal review without having to make an appointment. This service also includes the Self-Help Program filing your approved packet with the Clerk of Court. Please carefully read the instructions in your packet regarding packet completion and the instructions below to mail or drop off your packet for paralegal review

Mail or drop off your completed packet at one of the following locations:

Self-Help Program
Lawson E. Thomas Courthouse Center
175 NW 1st Ave Suite 2441
Miami, FL 33128

Self-Help Program
South Dade Government Center
10710 SW 211th St Room 1400
Miami, FL 33189

- Make sure all forms are completed in full, that they are legible, and have each form that requires notarization to be notarized.
- You will only provide for review the original completed and notarized packet accompanied with money orders for all the fees associated with the type of packet you are submitting. See below for applicable fees for your case. Please note that there are different agencies to whom the money orders need to be made out to.
- Make sure to include a clear copy of the driver's license or valid ID along with any of the required supporting documents. (Packet Instructions include the required supporting documents needed)
- IMPORTANT: A Self-Help Paralegal will contact you either via phone or email to confirm THAT YOUR PACKET HAS BEEN received and THAT PROCESSING IS UNDERWAY. (Please allow about two weeks FROM THE MAILING DATE of your packet to receive notification from the Self-Help Paralegal.)

SELF HELP SERVICE FEE
• $105.00 Administrative Support • MAKE MONEY ORDER PAYABLE TO: **MIAMI DADE COUNTY** ***Processing Fee includes Copies, Postage and any additional documents required for your remote hearing with the Judge or receive Administrative Final Judgement without a hearing.**

Not in agreement serving other party via Personal Service (Summons)

FEES DUE IF NO AGREEMENT VIA PERSONAL SERVICE (SUMMONS)
• Self-Help Service Fee **(see Self-Help service fee section)** • Clerk of Court Filing Fee **$50.00** MAKE MONEY ORDER PAYABLE TO: **Clerk of Court and Comptroller** • Summons Issue Fee **$20.00 ($10.00 for each summons issued)** MAKE MONEY ORDER PAYABLE TO: **Clerk of Court and Comptroller** (You may pay with one money for the **$419.00** combined total) **Select one of the options below to serve the other party:** • **Option 1:** Miami-Dade Sheriff Process Serving Fee **$80.00 ($40.00 for each party being served)** MAKE MONEY ORDER PAYABLE TO: **Office of the Sherrif for Miami Dade County** • **Option 2:** Use a certified process server. You may use a certified process server and pay the processing fee directly to the process server. Certified Process Server list: https://www.jud11.flcourts.org/Process-Servers (you will need to provide one of the filed copies to the process server)

STATE OF FLORIDA
DEPARTMENT OF REVENUE
CHILD SUPPORT ENFORCEMENT PROGRAM
CASE NO.:_____

_____)
Appellant,)
)
vs.)
)
_____)
Appellee.)

NOTICE OF APPEAL

NOTICE IS GIVEN that *{name}*_____, Appellant, appeals to the Third District Court of Appeal the order of {*name of agency that issued order}*_____ rendered {*date on order}*_____. The nature of the order is {*name of order*} _____.

Dated: _____

Signature of Party:_____
Printed Name: _____
Street Address: _____
City, State, Zip: _____
Telephone No.: _____
Fax Number: _____

CERTIFICATE OF SERVICE

I hereby certify that a copy hereof has been furnished by U.S. Mail to *{custodial parent's name and address}* _____ _____ on *{date}* _____

_____
Signature

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

FAMILY DIVISION

IN RE:
STATE OF FLORIDA
DEPARTMENT OF REVENUE,
CHILD SUPPORT ENFORCEMENT
PROGRAM, on behalf of:

_____,
Petitioner,

CASE NO.: **FC 46**

and

_____,
Respondent.
_____/

PETITION FOR THE CIRCUIT COURT TO ENTER A SUPERSEDING SUPPORT ORDER

Respondent files this Petition for the Circuit Court to Enter a Superseding Support Order and, being sworn, certifies that the following information is true:

1. This is an action for the circuit court to enter a superseding support order pursuant to §409.2563(10)(c), Florida Statutes.

2. A Final Administrative Support Order was entered on *{date}* _____ establishing Respondent's child support obligation in the amount of $_____.

3. Respondent is the ( ) mother ( ) father of the following minor children:

Name	Date of Birth	Sex
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. The circuit court should enter a support order superseding the Administrative Support Order because: _____
_____
_____
_____
_____
_____
_____
_____
_____
_____

5. A completed Family Law Financial Affidavit is being filed with this petition.

6. A copy of the Final Administrative Support Order is attached to this petition.

7. Other relief: _____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

CASE NO.:

WHEREFORE, the Respondent requests the following relief from the Court:

A. That the circuit court enter a superseding support order.

B. That the Court grant any other relief as specified in paragraph 8 or deemed necessary.

C. Other: _____
_____

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

Dated: _____

Signature of Party: _____
Printed Name: _____
Street Address: _____
City, State, Zip: _____
Telephone No.: _____
Fax Number: _____

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)
Sworn to or affirmed and signed before me on _____ by _____.

_____
NOTARY PUBLIC or DEPUTY CLERK

_____ Personally known
_____ Produced identification: _____

Form G

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

IN RE: **FAMILY DIVISION**

_____, **CASE NO.:**
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: (other party's full legal name)

Name: _____

Street Address: _____

City, State, Zip: _____

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 petition with the Clerk of the Court, located at *175 N.W. 1st Avenue, 12th Floor, Miami, Florida 33128*. A phone call will not protect you. Your written response, including the case number 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 mail or take a copy of your written response to the party serving this summons at:

Petitioner Name: _____

Street Address: _____

City, State, Zip: _____

Form G

Copies of all court documents in this case, including orders, are available at the Clerk of the Court's office. You may review these documents upon request. You must keep the Clerk of the Court's office notified of your current address. Future papers in this lawsuit will be mailed to the address on record at the clerk's office.

WARNING: Rule 12.285, Florida Family 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 **20 dias**, contados a partir del recibo de esta notificacion, para contestar la demanda adjunta, pro escrito, y presentarla ante este tribunal. Localizado en *175 N.W. 1st Avenue, 12th Floor, Miami, Florida 33128*. Una llamada telefonica no lo protegera. 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 podria 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 guia telefonica.

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 comparencencia a:

Nombre: _____

Direccion: _____

Ciudad, Estado, Zip: _____

Copias de todos los documentos judiciales de este caso, incluyendo las ordenes, estan disponibles en la oficina del Clerk of the Court. Estos documentos pueden ser revisados a su solicitud.

Usted debe de manener informada a la oficina del Clerk of the Court de su direccion actual. Los papelos que se presenten en el futuro en esta demanda judicial seran envados por correo a la direccion que este registrada en la oficina del Clerk.

ADVERTENCIA: Regla 12.285 del Florida Family Law Rules of Procedure, requiere cierta revelacion automatica de documentos e informacion. El incumplimient, puede resultar en sanciones, includyendo la desestimacion o anulacion de los alegatos.

IMPORTANT

Des poursuites judiciaries ont ete enterprises contre vous. Vous avez **20 jours** consecutifs a partir de la date de l'assignation de cette citation pour deposer une reponse ecrite a la plainte ci-jointe aupres de ce tribunal. Qui se trouve a: *Clerk of the Court, 175 N.W. 1st Avenue, 12th Floor, Miami, Florida 33128*. Un simple coup de telephone est insuffisant pour vous proteger; vous etes obliges de deposer votre reponse ecrite, avec mention du numero de dossier ci-dessus et du nom des parties nommees ici, si vous souhaitez que le tribunal entende votre cause. Si vous ne deposez pas votre reponse ecrite dans le delai requis, vous risquez de perdre la cause ainsi que votre salaire, votre argent, et vos biens peuvent etre saisis par la suite, sans aucun preavis ulterieur de tribunal. Il y a d'autres obligations juridiques et vous pouvez requerir les services immediats d'un avocat. Si vous ne connaissez pas d'avocat, vous pourriez telephoner a un service de reference d'avocats ou a un bureau d'assistance juridique (figurant a l'annuaire de telephones).

Si vous choisissez de deposer vous-meme une reponse ecrite, il vous faudra egalement, en meme temps que cette formalite, faire parvenir ou expedier une copie au carbone ou une photocopie de votre reponse ecrite a la partie qui vous depose cette citation.

Nom: _____

Adresse: _____

_____

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

Il faut aviser le greffier de votre adresse actuelle. Les documents de l'avenir de ce proces seront envoyer a l'adresse que vous donnez au bureau du greffier.

ATTENTION: La regle 12.285 des regles de procedure 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 procedure.

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

DATED: _____

CLERK OF THE CIRUIT COURT

By: _____
Deputy Clerk

Dade County Courthouse
73 West Flagler Street, Room 138
Miami, Florida 33130

Coral Gables District Court
3100 Ponce de Leon Blvd., Ste. 100
Coral Gables, Florida 33134

Joseph Caleb Center
5400 N.W. 22 Avenue, Ste. 205
Miami, Florida 33142

Hialeah District Court
11 East 6th Street
Hialeah, Florida 33010

Cutler Ridge District Court
10710 S.W. 211 Street, Room 224
Miami, Florida 33189

Miami Beach District Court
1130 Washington Ave., Ste. 224
Miami Beach, Florida 33139

North Dade Justice Center
15555 Biscayne Blvd., Ste. 100
Miami, Florida 33160

Lawson E. Thomas Courthouse
175 N.W. 1st Avenue, 12th Floor
Miami, Florida 33128

Sweetwater Branch
500 S.W. 109 Avenue, 3rd Fl.
Sweetwater, Florida 33174

Form G

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

IN RE: **FAMILY DIVISION**

_____, **CASE NO.:**
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: Department of Revenue
2450 Shumard Oak Blvd. Bldg 1, Suite 2400
Tallahassee, FL 32399

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 petition with the Clerk of the Court, located at *175 N.W. 1st Avenue, 12th Floor, Miami, Florida 33128*. A phone call will not protect you. Your written response, including the case number 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 mail or take a copy of your written response to the party serving this summons at:

Petitioner Name: _____

Street Address: _____

City, State, Zip: _____

Copies of all court documents in this case, including orders, are available at the Clerk of the Court's office. You may review these documents upon request. You must keep the Clerk of the Court's office notified of your current address. Future papers in this lawsuit will be mailed to the address on record at the clerk's office.

WARNING: Rule 12.285, Florida Family 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 **20 dias**, contados a partir del recibo de esta notificacion, para contestar la demanda adjunta, pro escrito, y presentarla ante este tribunal. Localizado en *175 N.W. 1st Avenue, 12th Floor, Miami, Florida 33128*. Una llamada telefonica no lo protegera. 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 podria 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 guia telefonica.

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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 comparencencia a:

Nombre: _____

Direccion: _____

Ciudad, Estado, Zip: _____

Copias de todos los documentos judiciales de este caso, incluyendo las ordenes, estan disponibles en la oficina del Clerk of the Court. Estos documentos pueden ser revisados a su solicitud.

Usted debe de manener informada a la oficina del Clerk of the Court de su direccion actual. Los papelos que se presenten en el futuro en esta demanda judicial seran envados por correo a la direccion que este registrada en la oficina del Clerk.

ADVERTENCIA: Regla 12.285 del Florida Family Law Rules of Procedure, requiere cierta revelacion automatica de documentos e informacion. El incumplimient, puede resultar en sanciones, includyendo la desestimacion o anulacion de los alegatos.

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Adresse: _____

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

DATED: _____

CLERK OF THE CIRUIT COURT

By: _____
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Dade County Courthouse
73 West Flagler Street, Room 138
Miami, Florida 33130

Coral Gables District Court
3100 Ponce de Leon Blvd., Ste. 100
Coral Gables, Florida 33134

Joseph Caleb Center
5400 N.W. 22 Avenue, Ste. 205
Miami, Florida 33142

Hialeah District Court
11 East 6th Street
Hialeah, Florida 33010

Cutler Ridge District Court
10710 S.W. 211 Street, Room 224
Miami, Florida 33189

Miami Beach District Court
1130 Washington Ave., Ste. 224
Miami Beach, Florida 33139

North Dade Justice Center
15555 Biscayne Blvd., Ste. 100
Miami, Florida 33160

Lawson E. Thomas Courthouse
175 N.W. 1st Avenue, 12th Floor
Miami, Florida 33128

Sweetwater Branch
500 S.W. 109 Avenue, 3rd Fl.
Sweetwater, Florida 33174

Form I

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

FAMILY DIVISION

IN RE:

_____,
Petitioner,

and

_____,
Respondent.
_____/

CASE NO.:

FAMILY LAW FINANCIAL AFFIDAVIT (SHORT FORM)
(Under $50,000 Individual Gross Annual Income)

I, *{full legal name}* _____, being sworn, certify that the following information is true:
My Occupation: _____ Employed by: _____
Business Address: _____
Pay Rate: $_____ □ every week; □ every other week; □ twice a month; □ monthly; other _____
□ Check here if unemployed and explain on a separate sheet your efforts to find employment.

SECTION I. PRESENT MONTHLY GROSS INCOME

1.	Monthly gross salary or wage	1. $_____
2.	Monthly bonuses, commissions, allowances, overtime, tips, and similar payments	2. _____
3.	Monthly business income from sources such as self-employment, partnerships, close corporations, and/or independent contracts (gross receipts minus ordinary and necessary expenses required to produce income) (□ Attach sheet itemizing such income and expenses.)	3. _____
4.	Monthly disability benefits / SSI	4. _____
5.	Monthly Worker's Compensation	5. _____
6.	Monthly Unemployment Compensation	6. _____
7.	Monthly pension retirement or annuity payments	7. _____
8.	Monthly Social Security benefits	8. _____
9.	Monthly alimony actually received 9a. From this case $ _____ 9b. From other case(s) $ _____	9. _____
10.	Monthly interest and dividends	10. _____
11.	Monthly rental income (gross receipts minus ordinary and necessary expenses required to produce income) (□ Attach sheet itemizing such income and expenses.)	11. _____
12.	Monthly income from royalties, trusts, or estates	12. _____
13.	Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses	13. _____
14.	Monthly gains derived from dealing in property (not including nonrecurring gains)	14. _____
15.	Any other income of a recurring nature (list source) _____	15. _____
16.	_____	16. _____
17.	**PRESENT MONTHLY GROSS INCOME** (Add lines 1-16) **TOTAL:**	**17. $_____**

PRESENT MONTHLY DEDUCTIONS:

18. Monthly federal, state, and local income tax (corrected for filing status and allowable dependents and income tax liabilities)
    a. Filing Status _____
    b. Number of dependents claimed _____ 18. _____
19. Monthly FICA or self-employment taxes 19. _____
20. Monthly Medicare payments 20. _____
21. Monthly mandatory union dues 21. _____
22. Monthly mandatory retirement payments 22. _____
23. Monthly health insurance payments (including dental insurance), excluding portion paid for any minor children of this relationship. 23. _____
24. Monthly court-ordered child support actually paid for children from another relationship 24. _____
25. Monthly court-ordered alimony actually paid:
    a. From this case: $_____
    b. From other case(s): $_____ Add 25a and b 25. _____
26. **TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30 FLORIDA STATUTES** (Add lines 18-25) **TOTAL** **26. $_____**
27. **PRESENT NET MONTHLY INCOME** (Subtract line 26 from line 17) **27. $_____**

SECTION II. AVERAGE MONTHLY EXPENSES

A. HOUSEHOLD:

Mortgage or rent	$_____
Property taxes	_____
Utilities	_____
Telephone	_____
Food	_____
Meals outside home	_____
Maintenance/Repairs	_____
Other: _____	_____

B. AUTOMOBILE

Gasoline	$_____
Repairs	_____
Insurance	_____

C. CHILD(REN)'S EXPENSES

Day Care	$_____
Lunch money	_____
Clothing	_____
Grooming	_____
Gifts for holidays	_____
Medical/dental (uninsured)	_____
Other: _____	_____

D. INSURANCE

Medical/dental	$_____
Child(ren)'s medical/dental	_____
Life	_____
Other: _____	_____

E. OTHER EXPENSES NOT LISTED

Clothing	$_____
Medical/dental (uninsured)	_____
Grooming	_____
Entertainment	_____
Gifts	_____
Religious organizations	_____
Miscellaneous	_____
Other:_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

F. PAYMENTS TO CREDITORS

MONTHLY CREDITOR:	PAYMENT:
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____

28. TOTAL MONTHLY EXPENSES (add **ALL** monthly amounts in A through F above) **28. $_____**

SUMMARY

29. TOTAL PRESENT MONTHLY NET INCOME
(from line 27 of SECTION I. INCOME) **29. $**_____

30. TOTAL MONTHLY EXPENSES (from line 28) **30. $**_____

31. SURPLUS (If line 29 is more than line 30, subtract line 30 from line 29. This is the amount of your surplus. Enter that amount here.) **31. $**_____

32. (DEFICIT) (If line 30 is more than line 29, subtract line 29 from line 30. This is the amount of your deficit. Enter that amount here.) **32. ($**_____)

SECTION III. ASSETS AND LIABILITIES

Use the nonmarital column only if this is a petition for dissolution of marriage and you believe an item in "nonmarital," meaning it belongs to only one of you and should not be divided. You should indicate to whom you believe the item(s) or debt belongs. (Typically, you will only use this column if property/debt was owned/owed by one spouse before the marriage.)

A. ASSETS:

DESCRIPTION OF ITEM(S). List a description of each separate item owned by you (and/or your spouse, if this is a petition for dissolution of marriage). DO NOT LIST ACCOUNT NUMBERS. √ the box next to any asset(s) which you are requesting the judge award you.	**Current Fair Market Value**	**Nonmarital (√ correct column)**	
		husband	**wife**
☐ Cash (on hand)	$		
☐ Cash (in banks or credit unions)			
☐ Stocks, Bonds, and Notes			
☐ Real Estate: (Home)			
☐ (Other)			
☐ Automobiles			
☐ Other Personal Property			
☐ Retirement Plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)			
☐ Other			
☐			
☐			
☐			
☐			
☐			
☐			
☐ √ here if additional pages are attached.			
Total Assets (add Current Fair Market Value Column)	**$**		

B. LIABILITIES:

DESCRIPTION OF ITEM(S). List a description of each separate debt owed by you (and/or your spouse, if this is a petition for dissolution of marriage). DO NOT LIST ACCOUNT NUMBERS. √ the box next to any asset(s) which you are requesting the judge award you.	**Current Amount Owed**	**Nonmarital (√ correct column)**	
		husband	**wife**
☐ Mortgages on real estate: First mortgage on home	$		
☐ Second mortgage on home			
☐ Other mortgages			
☐			
☐ Auto loans			
☐			
☐ Charge/credit card accounts			
☐			
☐			
☐			
☐ Other			
☐			
☐			
☐ √ here if additional pages are attached.			
Total Debts (add Current Amount Owed Column)	**$**		

C. CONTINGENT ASSETS AND LIABILITIES:

INSTRUCTIONS: If you have any POSSIBLE assets (income potential, accrued vacation or sick leave, bonus, inheritance, etc.) or POSSIBLE liabilities (possible lawsuits, future unpaid taxes, contingent tax liabilities, debts assumed by another, you must list them here.

Contingent Assets √ the box next to any contingent assets which you are requesting the judge award you.	**Possible Value**	**Nonmarital (√ correct column)**	
		husband	**wife**
☐	$		
☐			
Total Contingent Assets	**$**		

Contingent Liabilities √ the box next to any contingent debts which you believe you should be responsible.	**Possible Amount Owed**	**Nonmarital (√ correct column)**	
		husband	**wife**
☐	$		
☐			
Total Contingent Debts	**$**		

SECTION IV. CHILD SUPPORT GUIDELINES WORKSHEET
(Florida Family Law Rules of Procedure Form 12.902(e), Child Support Guidelines Worksheet, MUST be filed with the court at or prior to a hearing to establish or modify child support. This requirement cannot be waived by the parties.)

_____ **A Child Support Guidelines Worksheet IS or WILL BE filed in this case.** This case involves the establishment or modification of child support.

_____ **A Child Support Guidelines Worksheet IS NOT being filed in this case.** The establishment or modification of child support is not an issue in this case.

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

Dated: _____

Signature of Party: _____
Printed Name: _____
Street Address: _____
City, State, Zip: _____
Telephone No.: _____
Fax Number: _____

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

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

_____
NOTARY PUBLIC or DEPUTY CLERK

_____ Personally known
_____ Produced identification: _____

Form J

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

FAMILY DIVISION

_____, Petitioner,

and

_____, Respondent. _____/

CASE NO.:

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 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:

Date (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 Petitioner's Request for Confidential Filing of Address. Florida Family Law Form 12.980(i), 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 #2:

Child's Full Legal Name:_____
Place of Birth: _____Date of Birth: _____Sex: _____
Child's Residence for the past 5 years:

Date (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 # 3:

Child's Full Legal Name:_____
Place of Birth: _____Date of Birth: _____Sex: _____
Child's Residence for the past 5 years:

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

2. Participation in custody proceeding(s):[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 concerning custody of 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, concerning custody of 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 proceeding(s): [one only]

_____ I HAVE NO INFORMATION of any custody proceeding pending in a court of this or any other state concerning a child subject to this proceeding.

_____ I HAVE THE FOLLOWING INFORMATION concerning a custody 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: _____

b Type of proceeding: _____

c. Court and State:_____

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

4. Person not a party to this proceeding:[one only]

_____ I DO NOT KNOW OF ANY PERSON not a party to this proceeding who has physical custody or claims to have custody or visitation rights with respect to any child subject to this proceeding.

_____ I KNOW THAT THE FOLLOWING NAMED PERSON(S) not a party to this proceedings has (have) physical custody or claim (s) to have custody or visitation rights with respect to any child subject to this proceedings:

a. Name and address of person:_____

_____

( ) has physical custody ( ) claims custody rights ( ) claims visitation rights.

Name of each child:_____

b. Name and address of person:_____

_____

( ) has physical custody ( ) claims custody rights ( ) claims visitation rights.

Name of each child:_____

c. Name and address of person:_____

_____

( ) has physical custody ( ) claims custody rights ( ) claims visitation rights.

Name of each child:_____

5. Knowledge of prior child support proceeding(s): [one only]
_____ The child(ren) described in this affidavit are NOT subject to existing child support order(s) in this or any state or territory.

_____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 or judgment (if any):_____
e. Amount of child support paid and by whom: _____

1. I acknowledge that I have a continuing duty to advise this Court of any custody, visitation, child support, or guardianship proceeding (including dissolution of marriage, separate maintenance, child neglect, or dependency) concerning the child(ren) in this state of any other state about which information is obtained during this proceeding.

I certify that a copy of this document was [one only] ( ) 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: _____

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 included fines and/or imprisonment.

Dated: _____ Signature of Party:_____
Printed Name:_____
Address:_____
City, State, Zip:_____
Phone Number:_____

STATE OF FLORIDA
COUNTY OF MIAMI-DADE
Sworn to or affirmed and signed before me on_____by_____.

_____
NOTARY PUBLIC-STATE OF FLORIDA
_____[Print, type or stamp commissioned name of notary.]
_____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}_____nonlawyer, located at {street}_____, {city}_____{state},(phone}_____, helped {name} who is the [one only] ___Petitioner or ___Respondent, fill out this form.

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

FAMILY DIVISION

IN RE:

_____,
Petitioner,

CASE NO.:

and

_____,
Respondent.
_____/

INDEX OF FORMS

□ Form	Notice Of Appeal
□ Form	**PETITION FOR THE CIRCUIT COURT TO ENTER A SUPERSEDING SUPPORT ORDER**
□ Form G	Summons: Personal Service on an Individual (serve Respondent)
□ Form G	Summons: Personal Service on an Individual (serveDepartment of Revenue)
□ Form I	Family Law Financial Affidavit (Short Form)(Petitioner)
□ Form J	UCCJEA
□ Form L-4	Answer and Waiver (if other party is in agreement)
□ Form	Notice of Related Cases
□ Form	Acknowledgment of Receipt
□ Form	Designation of Current Mailing and E-mail Address

Form L-4

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

FAMILY DIVISION

IN RE:

_____,
Petitioner,

CASE NO.: **FC**

and

_____,
Respondent.
_____/

ANSWER AND WAIVER

( ) Petitioner ( ) Respondent files this Answer and Waiver and states as follows:

1. That ( ) Petitioner ( ) Respondent has received a copy of the Petition and admits all the allegations contained therein. By admitting all of the allegations in the petition, all relief requested is agreed to including all requests regarding child custody, visitation and child support.

2. Respondent waives service of process of the Petition for the Circuit Court to Enter a Superseding Support Order.

I certify that a copy of the foregoing was mailed to the person listed below on *{date}* _____:

Other party or his/her attorney:
Name: _____
Street Address: _____
City, State, Zip: _____
Telephone No.: _____

Dated: _____

Signature of Party: _____
Printed Name: _____
Street Address: _____
City, State, Zip: _____
Telephone No.: _____
Fax Number: _____

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

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

_____
NOTARY PUBLIC or DEPUTY CLERK

_____ Personally known
_____ Produced identification: _____

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

FAMILY DIVISION

IN RE:

CASE NO.:

_____,
Petitioner,
and

NOTICE OF RELATED CASES

_____,
Respondent.
_____/

In compliance with Florida Rule of Judicial Administration 2.545(d), the petitioner in a family case must file with the court a **Notice of Related Cases**, if related cases are known or reasonably ascertainable. A related case may be an open or closed civil, criminal, family, guardianship, domestic violence, juvenile delinquency, juvenile dependency, or domestic relations case. A case is "related" to this family case if:

(A) it involves any of the same parties, children, or issues and it is pending at the time the party files a family case; or
(B) it affects the court's jurisdiction to proceed; or
(C) an order in the related case may conflict with an order on the same issues in the new case; or
(D) an order in the new case may conflict with an order in the earlier litigation.

Have you ever had contact with the **Department of Children and Families** regarding children included in this Petition? ☐ Yes ☐ No

(**check one only**)

☐ There are no related cases.

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

Related Case No. 1

Case Type: ☐ Criminal ☐ Juvenile Dependency/Delinquency ☐ Child Support Enforcement
☐ Domestic/Sexual/Dating/Repeat Violence or Stalking Injunctions ☐ Unified Family Court
☐ Dissolution of Marriage ☐ Paternity ☐ Adoption ☐ Other _____

Case Number: _____

County/State/Court: _____

☐Pending ☐ or ☐Closed☐? If closed, date closed_____

Title of last Court Order/Judgment: _____

Date of Court Order/Judgment: _____

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 Type: ☐ Criminal ☐ Juvenile Dependency/Delinquency ☐ Child Support Enforcement
☐ Domestic/Sexual/Dating/Repeat Violence or Stalking Injunctions ☐ Unified Family Court
☐ Dissolution of Marriage ☐ Paternity ☐ Adoption ☐ Other _____
Case Number: _____
County/State/Court: _____
☐Pending ☐ or ☐Closed☐? If closed, date closed_____
Title of last Court Order/Judgment: _____
Date of Court Order/Judgment: _____

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 Type: ☐ Criminal ☐ Juvenile Dependency/Delinquency ☐ Child Support Enforcement
☐ Domestic/Sexual/Dating/Repeat Violence or Stalking Injunctions ☐ Unified Family Court
☐ Dissolution of Marriage ☐ Paternity ☐ Adoption ☐ Other _____
Case Number: _____
County/State/Court: _____
☐Pending ☐ or ☐Closed☐? If closed, date closed_____
Title of last Court Order/Judgment: _____
Date of Court Order/Judgment: _____

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:_____

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.

I attest to the truthfulness of the claims made in this affidavit.

Dated: _____

Signature of Party: _____
Printed Name: _____
Street Address: _____
City, State, Zip: _____
Telephone No.: _____

I certify that a copy of the foregoing was mailed or served to the other party listed below on Date:_____

Other party:
Name: _____
Street Address: _____
City, State, Zip: _____

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

FAMILY DIVISION

IN RE:

_____,
Petitioner,

CASE NO.:

and

_____,
Respondent.
_____/

SELF-HELP ACKNOWLEDGMENT OF RECEIPT

NOTICE OF LIMITATION OF SELF-HELP SERVICES PROVIDED

THE PERSONNEL IN THIS SELF-HELP PROGRAM ARE NOT ACTING AS YOUR LAWYER OR PROVIDING LEGAL ADVICE TO YOU.

SELF-HELP 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 THIS SELF-HELP PROGRAM CANNOT TELL YOU WHAT YOUR LEGAL RIGHTS OR REMEDIES ARE, REPRESENT YOU IN COURT, OR TELL YOU HOW TO TESTIFY IN COURT.

SELF-HELP SERVICES ARE AVAILABLE TO ALL PERSONS WHO ARE OR WILL BE PARTIES TO A FAMILY CASE.

THE INFORMATION THAT YOU GIVE TO AND RECEIVE FROM SELF-HELP PERSONNEL IS NOT CONFIDENTIAL AND MAY BE SUBJECT TO DISCLOSURE AT A LATER DATE. IF ANOTHER PERSON INVOLVED IN YOUR CASE SEEKS ASSISTANCE FROM THIS SELF-HELP PROGRAM, THAT PERSON WILL BE GIVEN THE SAME TYPE OF ASSISTANCE THAT YOU RECEIVE.

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.
_____I CANNOT READ ENGLISH. THIS NOTICE WAS READ TO ME BY _____*{NAME}* IN _____*{LANGUAGE}* .
SIGNATURE OF LITIGANT_____

SIGNATURE OF SELF HELP STAFF_____

AVISO DE LIMITACION DE SELF-HELP SERVICIOS OFRECIDOS

EL PERSONAL DE ESTE PROGRAMA DE AYUDA PROPIA NO ESTA ACTUANDO COMO SU ABOGADO NI LE ESTA DANDO CONSEJOS LEGALES.

ESTE PERSONAL NO REPRESENTA NI LA CORTE NI NINGUN JUEZ. EL JUEZ ASIGNADO A SU CASO PUEDE REQUERIR UN CAMBIO DE ESTA FORMA O UNA FORMA DIFERENTE. EL JUEZ NO ESTA OBLIGADO A CONCEDER LA REPARACION QUE USTED PIDE EN ESTA FORMA.

EL PERSONAL DE ESTE PROGRAMA DE AYUDA PROPIA NO LE PUEDE DECIR CUALES SON SUS DERECHOS NI SOLUCIONES LEGALES, NO PUEDE REPRESENTARLO EN CORTE, NI DECIRLE COMO TESTIFICAR EN CORTE.

SERVICIOS DE AYUDA PROPIA ESTAN DISPONIBLES A TODAS LAS PERSONAS QUE SON O SERAN PARTES DE UN CASO FAMILIAR.

LA INFORMACION QUE USTED DA Y RECIBE DE ESTE PERSONAL NO ES CONFIDENCIAL Y PUEDE SER DESCUBIERTA MAS ADELANTE. SI OTRA PERSONA ENVUELTA EN SU CASO PIDE AYUDA DE ESTE PROGRAMA, ELLOS RECIBIRAN EL MISMO TIPO DE ASISTENCIA QUE USTED RECIBE.
EN TODOS LOS CASOS, ES MEJOR CONSULTAR CON SU PROPIO ABOGADO, ESPECIALMENTE SI SU CASO TRATA DE TEMAS RESPECTO A NINOS, MANTENIMIENTO ECONOMICO DE NINOS, MANUTENCION MATRIMONIAL, RETIRO O BENEFICIOS DE PENSION, ACTIVOS U OBLIGA-CIONES.
_____ YO PUEDO LEER ESPANOL.
_____ YO NO PUEDO LEER ESPANOL. ESTE AVISO FUE LEIDO A MI POR _____ *{NOMBRE}* EN _____*{IDIOMA}* .

Litigant FIRMA_____

Self Help FIRMA_____

AKIZE RESEPSYON AVI SOU LIMITASYON SÈVIS YO FOUNI YO

PÈSONÈL KI TRAVAY NAN PWOGRAM *"SELF-HELP"* SA A P AP AJI ANTANKE AVOKA W OSWA BA W KONSÈY LEGAL.

PÈSONÈL *"SELF-HELP"* LA P AP AJI LAN NON TRIBINAL LA OSWA LAN NON OKENN JIJ. JIJ K AP PREZIDE NAN KA W LA KA EGZIJE YON AMANDMAN NAN YON FÒM OUBYEN KE YO RANPLASE YON FÒM PA YON LÒT FÒM. JIJ LA PA OBLIJE AKÒDE DEMANN KE OU FÈ LAN FÒM LAN.

PÈSONÈL NAN PWOGRAM *"SELF-HELP"* SA A PA KA DI W KI KALITE DWA LEGAL OUBYEN SOLISYON OU GENYEN, NI REPREZANTE W NAN TRIBINAL LA, OUBYEN DI W KIJAN POU W TEMWAYE NAN TRIBINAL LA.

SÈVIS *"SELF-HELP"* LA YO DISPONIB POU TOUT MOUN KI SE YON PATI OUBYEN KI PRAL YON PATI NAN YON KA FAMILYAL .

ENFÒMASYON KE W BAY E RESEVWA NAN MEN PÈSONÈL *"SELF-HELP"* LA PA KONFIDANSYÈL E PI DEVAN YO KAPAB METE L DEYÒ. SI YON LÒT MOUN KI ENPLIKE NAN KA W LA CHACHE ASISTANS LAN MEN PWOGRAM *"SELF-HELP"* LA, MOUN SA A VA RESEVWA MENM KALITE ASISTANS KE W RESEVWA A.

DETOUTFASON, LI PI BON SI W KONSILTE PWÒP AVOKA W, SITOU SI KA W LA GENYEN PWOBLÈM ENPÒTAN LADAN L KI GEN RAPÒ AK TIMOUN, LAJAN POU OKIPE TIMOUN, PANSYON ALIMANTÈ, BENEFIS POU RETRÈT OSWA PANSYON, BYEN OSWA DÈT.

_____MWEN KAPAB LI ANGLÈ.
_____MWEN PA KAPAB LI ANGLÈ. SE _____{NON MOUN LAN} KI TE LI AVI SA A POU MWEN AN _____{LANG} .
SIYATI PLEYAN AN_____

SIYATI ANPLWAYE *"SELF HELP"* LA_____

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

FAMILY DIVISION

IN RE:

_____,
Petitioner,

CASE NO.:

and

_____,
Respondent.
_____/

DESIGNATION OF CURRENT MAILING AND E-MAIL ADDRESS
(Petitioner)

I, *{full legal name},* _____, being sworn, certify that:

MAILING ADDRESS:

My current mailing address is:
*{Street or Post Office Box}*_____,
{City}, _____, *{State},* _____,
*{Zip}*_____.
{Telephone No.} _____

E-MAIL ADDRESS:

{Do not provide an e-mail address unless you choose to serve and receive all documents in the future only by e-mail. If you are a self-represented litigant (appearing without an attorney), you are not required to serve or receive documents by electronic mail (e-mail); however, once you designate an e-mail address, that address will be the exclusive means of serving and receiving documents. Once you choose to serve and receive documents by e-mail, you cannot change your decision.}

I wish to designate the following e-mail address(es) for the purposes of serving and receiving documents:
Email address:_____

I understand that I must keep the clerk's office and the opposing party or parties notified of my current mailing and e-mail address(es) and that all future papers in this lawsuit will be served at the address(es) on record at the clerk's office.

I certify that a copy of this document was _____ e-mailed _____ 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: _____
Designated E-mail Address(es): _____
_____

_____
Signature of Party (Petitioner)

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)
Sworn to or affirmed and signed before me on _____ by
_____.

_____
NOTARY PUBLIC or DEPUTY CLERK

☐ Personally known

☐ Produced identification: _____