DISESTABLISH PATERNITY
AND/OR
TERMINATE CHILD SUPPORT

Important → READ

FILING REQUIREMENTS: LITIGANT CHECKLIST DISESTABLISH PATERNITY/TERMINATE CHILD SUPPORT:

1. I understand that I must be a male to file this action.

2. I understand that I must have newly discovered evidence relating to the paternity of the child that has come to my knowledge since the initial paternity determination or establishment of child support

3. I understand that I must get a paternity test performed on me and the child(ren); the date of the results must be no more than 90 days old before I file a petition.

4. I understand that I must meet ALL the requirements listed below to file a Petition to Disestablish Paternity and Terminate Child Support:

( ) I must be current or in substantial compliance with my child support obligation.
( ) I have not adopted the child(ren).
( ) The child was not conceived by artificial insemination while I was married to the mother.
( ) I did not act to prevent the biological father from asserting his paternal rights.
( ) The child(ren) are under the age of 18.
( ) I have not married the mother while I knew I was not the child's father and voluntarily assumed the parental obligation and duty to pay child support.
( ) I have never received and disregarded written notice from a state agency or court directing me to submit to a scientific test.

I understand that I must have newly discovered evidence that I am not the biological father if:

( ) I acknowledged my paternity of the child(ren) in a sworn statement.
( ) I consented to be named as the biological father on the child(ren)'s birth certificate(s).
( ) I signed a voluntary Acknowledgment of Paternity.
( ) I voluntarily promised in writing to support the child.

5. I understand that I must have the mother's or other legal guardian's address to serve her/them.

6. Was my paternity established by an *Administrative Order*? □ NO □ YES If I checked YES, I understand that:
I must file my case in the Florida county where the mother resides.
I must serve the Department of Revenue in addition to the mother or other legal guardian.

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

8. 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 with an attorney before filing my case.

9. I understand that effective July 1, 2008, there is a fee of $301 to file my case with the Clerk's Office.

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#: DE_____*1/31/06*

INSTRUCTIONS FOR FILING TO DISESTABLISH PATERNITY AND/OR TERMINATE CHILD SUPPORT

- You need this packet if you have been established to be the father of a child(ren) but have discovered new evidence that you are not the biological father since the initial determination of paternity or establishment of child support.
- You must have the address of the mother or legal guardian/custodian of the child(ren).
- If your paternity was established by Administrative Order, you must serve the Department of Revenue with the Petition.
- You must have a scientific paternity test conducted on you and the child, the date of the results must be less than 90 days old from the date of filing your Petition.
- You must be current on your child support or be able to show that any delinquency arose from an inability to pay for just cause.
- The child must be younger than 18 years of age at the time of filing the Petition.
- If at any time before or after you file your case you decide that you no longer want to represent yourself, you may hire a lawyer.
- **If there is already an EXISTING Child Support Case Number, please use that existing case number for your Petition to Disestablish Paternity.**

Table of Contents

The Day of Your Self-Help Appointment

***You are considered "LATE" 15 minutes after your scheduled time and will be rescheduled for another date.*

Bring the following:

Completed forms in English & black ink **(please type or print legibly)**
Driver's License, State ID, or Passport
Applicable Fees
Keep in mind the Clerk's Office hours are from 9:00a.m. to 4:00p.m.

The Day of Your Final Hearing

1. Get to the Courthouse early and check in with the Bailiff or Clerk.
2. You will need $15.00 for the court reporter. CASH ONLY
3. Your case will be called by your last names. Approach the bench.
4. After your hearing, wait outside the courtroom. The Clerk will walk you down to the Clerk's Office to get certified copies of your Final Judgment. The cost is $1.00 for the certification and $1.50 per page.

I. If You and the Other Party are in Agreement

1. Make an appointment for you and the child(ren) at one of the paternity testing locations and have the test conducted on you and the child(ren).

2. Complete the following documents:

Petitioner	Mother/Legal Guardian/Custodian
Civil Cover Sheet *{Form H}*	Answer & Waiver *{Form L-2}*
Petition to Disestablish Paternity *{Form A-6}*	
Notice of Final Hearing *{Form II}*	
Final Judgment *{Form YY-2)*	

****Mother's or other legal guardian/custodian's Answer & Waiver CANNOT be notarized BEFORE the Petition is notarized.**

If there is already an EXISTING Child Support Case Number, please use that existing case number for your Petition to Disestablish Paternity.

3. Attach a copy of the child(ren)'s birth certificate(s).

4. Attach a copy of the paternity test results.

5. 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.

II. If You and the Other Party are not in Agreement

1. Make an appointment for you and the child(ren) at one of the paternity testing locations and have the test conducted on you and the child(ren).
    a. If you do not have access to the child(ren), then have the tested conducted on you.

Complete the following documents:

b. Civil Cover Sheet *{Form H}*
c. Petition to Disestablish Paternity and Terminate Child Support *{Form A-6}*
d. Blank Summons *{Form G} (to serve the other party)*
e. Summons *(form G) (to serve the FL Dept of Revenue Child Support Enforcement)*

If there is already an EXISTING Child Support Case Number, please use that existing case number for your Petition to Disestablish Paternity.

2. Attach a copy of the child(ren)'s birth certificate(s).

3. Attach a copy of the paternity test results.

4. 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.

**If your paternity was established by an *Administrative Order*, the Department of Revenue must be served by the enclosed summons containing the address for the Deputy Agency Clerk for the Florida Department of Revenue.

Fee Schedule		
Filing Fee	$301.00	*cash, credit card or money order*
(if there is an existing Child Support case, a filing fee may NOT be required)		
Issue Summons	*$ 10.00 per summons*	*cash, credit card or money order*
Service Fee	$40.00 per service	*money order or cash*
Court Reporter	$15.00	*cash only*
Certified Copies	$1.00 + $1.50 per page	*cash or credit card*

If you are not sure whether the Courts are open because of a possible Hurricane, please call the 11th Judicial Circuit Hotline at 305-349-7777.

SCHEDULE YOUR SELF-HELP APPOINTMENT ONLINE

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 your appointment online you will select **First-Time Visit Disestablish Paternity**

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 No Agreement packet, you will select **Packet Completion Assistance-Disestablish Paternity**

- To cancel or reschedule your Self-Help Appointment visit: https://www.jud11.flcourts.org/Family-Court-Self-Help-Program and click on **FIND APPOINTMENT**

Important Information Regarding Your Self-Help Appointment

Need help completing your packet?

A $125.00 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 workshop, Make your appointment online https://www.jud11.flcourts.org/Family-Court-Self-Help-Program

Information you need to know for your Disestablish Paternity Packet Completion **appointment** or Self-Help appointment (First Time)

- Please have your recent pay stubs and income tax returns for the last two years
- A valid Florida Driver's License, Florida ID or U.S. Passport and also bring a valid copy for each party (copies need to be enlarged and clear)
- A valid address for you and your spouse
- DNA Test results done within 90 days of your appointment
- **Child(ren)/Adult Birth Certificate(s)** *(If the Birth Certificate(s) is/are in a foreign language, you must also submit a full English translation. The translator must sign a certification that the English language translation is complete and accurate, and that he or she is competent to translate from the foreign language into English. The certification must include the translator's signature.)*
- Mandatory Parenting Course Certificate(s) (Class may be taken on-line or in person—additional information included in packet) see form C-5
- Social Security number and date of birth for both you and your spouse
- All applicable fees (please read the fees that apply in your packet)
- A pen in blue or black ink **(please type or print legibly!)**
- Correction tape or correction fluid
- **2 regular envelopes with 2 post office stamps**

- You are considered late 15 minutes after your scheduled appointment time and will be rescheduled

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 **$301.00** (if filing a new case) 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** **Select one of the options below to serve the other party(s):** • **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)

III. PATERNITY TESTING LOCATIONS

Genetica Inc. 1 (800) 433-6848 www.genetica.com	**Hours:** Varies **Fees:** $425, includes alleged father, mother and 1 child **Languages:** English, Spanish, Creole, French **Intake Procedure:** Call for appointment
Genetest Corp. 1 (877) 404-4363 www.genetestlabs.com	**Hours:** Varies **Fees:** $495, includes alleged father, mother and 1 child **Languages:** English, Spanish, Creole, French **Intake Procedure:** Call for appointment
Genetic Profile Corp. 1 (800) 551-7763 www.geneticprofiles.com	**Hours:** Varies **Fees:** $450, includes alleged father, mother and 1 child **Languages:** English, Spanish, Creole, French **Intake Procedure:** Call for appointment
LabCorp 1-800-742-3944 www.labcorp.com	**Hours:** Varies **Fees:** $210, includes alleged father, mother and 1 child **Languages:** English, Spanish, Creole, French **Intake Procedure:**
Orchid Genescreen 1 (800) 325-5465	**Hours:** Varies **Fees:** $525, includes alleged father, mother and 1 child **Languages:** English, Spanish, Creole, French **Intake Procedure:**
Paternity Testing, Corp. 1 (888) 837-8323 www.ptclabs.com	**Hours:** Varies **Fees:** $295 plus $20 collection per person plus shipping, includes alleged father, mother and 1 child **Languages:** English, Spanish, Creole, French **Intake Procedure:**

Form A-6

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

FAMILY DIVISION

IN RE:

CASE NO.:

_____,
Petitioner,
and

_____,
Respondent.
_____/

PETITION TO DISESTABLISH PATERNITY AND/OR TERMINATE A CHILD SUPPORT OBLIGATION

1. This is an action to disestablish paternity and/or terminate a child support obligation pursuant to §742.18, Florida Statutes.

2. **MILITARY / NON-MILITARY AFFIDAVIT:**
   _____ Both parties are over the age of 18 and neither has been a person in the military services of the United States as defined by the Amended Soldiers' and Sailors' Civil Relief Act of 1940 in the last 30 days.

   _____ Both parties are over the age of 18 and _____ is a member of the military services of the United States.

3. **CHILDREN** Petitioner has been established as the father of the following minor children:

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

4. **PATERNITY FACTS**
   ____ Petitioner's name appears on the above named child(ren)'s birth certificate(s), copies of which are attached.
   ____ Petitioner has been determined to be the father of the above named children and ordered to pay child support by a Court located in _____ County in the State of _____, case number _____.

5. The mother of the above named child(ren) currently resides at:
_____

6. Newly discovered evidence relating to the paternity of the above named child(ren) has come to the petitioner's knowledge since the initial paternity determination or establishment of the child support obligation, which is detailed as follows:
_____
_____
_____
_____
_____
_____
_____
_____
_____

7. **SCIENTIFIC PATERNITY TEST FACTS**

____ A scientific test was conducted on petitioner and the child(ren) named in paragraph 2 to show a probability of paternity on *{date}*_____. A copy of the results are attached. The results show there is a _____% probability of paternity, indicating that the petitioner cannot be the father of the child for whom support is required.

____ A scientific test could not be conducted prior to filing this petition because Petitioner did not have access to the child(ren) named in paragraph 2 because _____
_____
_____
_____. A *Motion to Produce Child for DNA Testing* is being filed, a copy of which is attached.

8. **CHILD SUPPORT OBLIGATION FACTS**

Petitioner states the following as to his child support obligation: *{√ all that apply)*

____ Petitioner is current on all child support payments for the child(ren) named in paragraph 2.

____ Petitioner has substantially complied with his child support obligation for the child(ren) named in paragraph 2.

____ Any delinquency in Petitioner's child support obligation for the child(ren) named in paragraph 2 arose from Petitioner's inability for just cause to pay the delinquent child support when the delinquent child support became due.

9. Petitioner states the following: *{√ all that are true}*
   ____ Petitioner has not adopted the child(ren) named in paragraph 2.
   ____ The child was not conceived by artificial insemination while Petitioner and the mother were in wedlock.
   ____ Petitioner did not act to prevent the biological father of the child(ren) named in paragraph 2 from asserting his paternal rights with respect to the child(ren).
   ____ The child(ren) named in paragraph 2 are under the age of 18 when this Petition was filed.
   ____ Petitioner has not married the mother while known to be the reputed father.
   ____ Petitioner has not acknowledged his paternity of the child(ren) named in paragraph 2.
   ____ Petitioner has not consented to be named as the child's biological father on the child(ren)'s birth certificate.
   ____ Petitioner has not voluntarily promised in writing to support the child.
   ____ Petitioner has not received written notice from a state agency or court directing him to submit to scientific testing which was disregarded.
   ____ Petitioner has not signed a voluntary Acknowledgment of Paternity.

10. Other Relief: _____
    _____
    _____
    _____
    _____

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

A. ____ That the Petitioner's paternity of the minor child(ren) named in paragraph 2 be disestablished;

B. ____ That Petitioner's name be removed from the child(ren)'s birth certificate(s);

C. ____ That Petitioner's prospective child support obligation for the child(ren) named in paragraph 2 be terminated;

D. ____ That the Court grant any other relief as specified in paragraph 10 or deemed necessary.

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 H

FAMILY COURT COVER SHEET

Case Style: IN RE:

_____
Petitioner,

and

_____
Respondent.

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

Case No.: _____

Judge: _____

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.**

■ Initial Action/Petition

☐ Reopening Case

- ☐ Modification/Supplemental Petition
- ☐ Motion for Civil Contempt/Enforcement
- ☐ Other _____

Type of Case. If the case fits more than one type of case, select the most definitive. If the most definitive label is a subcategory (indented under a broader category label), place a check in the category and subcategory boxes.

☐ Simplified Dissolution

☐ Dissolution of Marriage

☐ Support IV-D (Dept of Revenue, CSE)

☐ Support Non-IV-D (NOT Dept of Rev)

☐ UIFSA IV-D (Dept of Revenue, CSE)

☐ UIFSA Non-IV-D (NOT Dept of Revenue,CSE)

☐ Other Family Court _____

☐ Name Change

■ Paternity/Disestablish Paternity

☐ Petition for Dependency

☐ CINS/FINS

Rule of Judicial Administration 2.545(d) requires that a NOTICE OF RELATED CASES form be filed with the initial pleading. Are there related cases?

☐ No, to the best of my knowledge, no related cases exist.

☐ Yes, all related cases are listed on RELATED CASES form.

PARTY SIGNATURE

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

_____	_____	_____
Party Signature	(Type or print your name)	Date

Form L-2

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

The Respondent files this Answer and Waiver and states as follows:

1. Respondent has received a copy of the Petition and admits all the allegations contained therein.

2. Respondent states that he/she is not in the military of the United States.

3. Respondent waives notice of any further proceedings in this action and the 20 day requirement for setting the matter in the above styled case for Final Hearing.

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:

_____,
Petitioner,

CASE NO.:

and

_____,
Respondent.
_____/

INDEX OF FORMS

☐	Form A-6	Petition to Disestablish Paternity and Terminate a Child Support Obligation
☐	Form F	Blank Motion and Request for Hearing
☐	Form G	Summons (Blank) (if not in agreement, you must serve the other party)
☐	Form G	Summons for Deputy Agency Clerk, Florida Department of Revenue
☐	Form H	Civil Cover Sheet
☐	Form L-2	Answer & Waiver
☐	Form II	Notice of Final Uncontested Hearing
☐	Form YY-2	Final Judgment
☐	Form	Notice of Related Cases
☐	Form	Acknowledgment of Receipt
☐	Form	DNA Results(date exam was conducted_____)

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: _____

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: EXECUTIVE DIRECTOR OF DEPARTMENT OF REVENUE
FLORIDA DEPARTMENT OF REVENUE
CHILD SUPPORT ENFORCEMENT PROGRAM
ATTN: CIVIL DIVISION
LEON COUNTY SHERIFF OFFICE
P.O. BOX 727
TALLAHASSEE, FLORIDA 32302

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

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Direccion: _____

Ciudad, Estado, Zip: _____

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Adresse: _____

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By: _____
Deputy Clerk

Dade County Courthouse
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Coral Gables District Court
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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

RULES FOR COMPLETING A MOTION

To correctly file a motion to request something from the Court, you must do the following:

1. Write in English and in blue or black ink.
2. Write in complete sentences and only on the front of the page.
3. Write only the facts supporting your request.
4. Write what kind of case you have filed.
    a. Example: Divorce, Establishing Paternity
5. Use first and last names when referring to a person, do not use "he" or "she".
6. When talking about a child, write the child's date of birth next to the child's name.
7. Attach a copy of any document that you talk about in your motion.
8. Write the address of the other person in the case at the end of the motion in the space provided.
    a. You MUST mail a copy to the other person in the case.
9. Even if the motion is filed as an **Emergency Motion**, it is up to the Judge to determine if the motion is an emergency and when the motion will be heard. The Judge may require notice to the other party (Due Process) before holding the hearing on an Emergency Motion.

REGLAS PARA COMPLETAR UNA MOCION

Para presentar una moción correctament pidiendo algo en la Corte, Debe hacer lo siguiente:

1. Escriba en Inglés y en tinta negra o azúl.
2. Escriba frases completas y solamente en la parte delantera de la página.
3. Escriba solamente acerca de los hechos de los que Ud. está pidiendo.
4. Escriba que clase de caso tiene en la Corte.
    a. Por ejemplo: Divorcio, Para Establecer Paternidad
5. Use los nombres completos cuando se refiera a la otra persona. No use "el" o "ella".
6. Cuando esté refiriendose acerca de un/a menor de edad, escriba la fecha de nacimiento del menor junto al nombre.
7. Adjunte con su moción cualquier documento del cuál se está refiriendo.
8. Escriba la dirección postal completa de la otra persona en su caso, al final de su moción en el espacio indicado.
    a. Debe mandar una copia a la otra persona en su caso por correo.
9. Aún si su moción está siendo presentada como una **Emergency Motion** (**Mocion de Emergencia**), depende completamente del Sr./Sra. Juez el determinar si la moción és o no es una emergencia y cuando seria celebrada la Audiencia. El/la Juez puede exigir que la otra parte sea notificacada (Due Process) Proceso Debido antes de celebrar la Audiencia.

Form F

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.: **FC**

MOTION _____

_____

( )Petitioner ( ) Respondent, *{name}* _____, files this Motion _____ and in support alleges the following:

1. I am filing this motion because: _____

_____

_____

_____

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2. I request the following from the Court: _____

_____

_____

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_____

_____

_____

3.

4.

5.

6.

7.

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:

_____,
Petitioner,

CASE NO.: **FC**

And

_____,
Respondent.
_____/

REQUEST FOR HEARING

1. Motion for which hearing is requested:
_____

2. Amount of time requested: _____

3. Check one of the boxes below:

☐ I have conferred with the opposing party in a good faith effort to resolve the matters without a hearing and to determine the amount of time requested for the hearing;
OR

☐ I have been unable to confer with opposing party because:
_____

4. FOR EMERGENCY MOTIONS ONLY: I hereby certify that this matter is an emergency in my judgment, the grounds of which are reflected in the motion itself.

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: _____