

## INSTRUCTIONS TO FILE FOR TEMPORARY CUSTODY

- Extended Family Member requirements to file for the temporary custody of a minor child:

An **Extended Family Member** is:

A relative of a minor child within the third degree by blood or marriage to the parent;

**OR**

The stepparent of a minor child if the stepparent is currently married to the parent of the child and is not a party in a pending dissolution, separate maintenance, domestic violence, or other civil or criminal proceeding in any court of competent jurisdiction involving one or both of the child(ren)'s parents as an adverse party;

**OR**

An individual who qualifies as "fictive kin." As defined in section 39.01, Florida Statutes, fictive kin means a person unrelated by birth, marriage, or adoption who has an emotionally significant relationship, which possesses the characteristics of a family relationship, to a child.

- Each parent must either consent (see Section I) or be served (see Sections II & III).
- 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.

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### The Day of Your Self-Help Appointment on the 24<sup>th</sup> Floor

***You MUST be on time for your scheduled appointment. If you are late, you will be rescheduled for another date and charged a reschedule fee of \$20.***

Bring the following:

1. Completed forms in English and black ink (**please type or print legibly!**)
2. Pen (please use black ink only) (**please type or print legibly!**)
3. White correction tape or white correction fluid
4. Driver's License, State ID, or U.S. Passport
5. Applicable Fees
6. Keep in mind the Clerk's Office hours are from 9:00am to 4:00pm

## **I. If the Parent(s) Consent**

**Step 1:** Complete the following documents:

### Petitioner

Petition for Temporary Custody [*Form A-5*]

Cover Sheet [*Form H*]

UCCJEA [FormJ]

Notice of Related Cases

Index of Forms (top portion only)

Acknowledgment of Receipt

### Parent(s)

Consent for Temporary Custody and Waiver (one for each parent)  
[*Form L-4*]

- a. Each parent must complete a **Consent for Temporary Custody and Waiver**. The consent must be signed, notarized and witnessed by two people.
- b. If only one parent will sign a Consent, the other parent must be served. (See Section II or III)
- c. For a deceased parent, a certified death certificate must be attached to the Petition.

**Step 2:** Select one of the following options to have your packet reviewed by a Self-Help Paralegal.

**Option 1:** 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 Review Options sheet before scheduling your appointment online. We offer packet completion assistance at a nominal fee if you need help completing your packet.

**Option 2:** Mail or Drop off your packet for review at either Self-Help location without an appointment. Please read Self-Help Packet Review Via Mail sheet and follow the instructions if you select this option.

**After your packet has been reviewed and approved by a Self-Help Paralegal you will receive further instructions regarding your next steps.**

## **II. If You Know the Parent's Address**

[For a Parent that does not sign a Consent]

**Step 1:** Complete the following documents:

- a. Cover Sheet [*Form H*]
- b. Petition for Temporary Custody [*Form A-5*]
- c. Summons [*Form G*] – one for each parent that needs to be served.
- d. Index of Forms (top portion only)
- e. Acknowledgment of Receipt
- f. Notice of Related Cases

**Step 2:** Select one of the following options to have your packet reviewed by a Self-Help Paralegal.

**Option 1:** 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 Review Options sheet before scheduling your appointment online. We offer packet completion assistance at a nominal fee if you need help completing your packet.

**Option 2:** Mail or Drop off your packet for review at either Self-Help location without an appointment. Please read Self-Help Packet Review Via Mail sheet and follow the instructions if you select this option.

**After your packet has been reviewed and approved by a Self-Help Paralegal you will receive further instructions regarding your next steps.**

### **III. If You Do Not Know the Parent's Address**

**Step 1:** Complete the following documents:

- a. Cover Sheet [Form H]
- b. Petition Awarding Temporary Custody [Form A-5]
- c. Notice of Publication [Form D]
- d. Affidavit of Diligent Search [Form C]
- e. The three (3) Letters for Diligent Search of Natural Parent [Form B]
- f. Affidavit of Search Inquiry on Relatives of Parent
- g. Armed Services printed response to internet request whether respondent is in the military.
- h. Related Cases
- i. Index of Forms
- j. Acknowledgment of Receipt
- k. Notice of Related Cases

**Step 2:** Select one of the following options to have your packet reviewed by a Self-Help Paralegal. (Make sure diligent search process is completed prior to your appointment)

**Option 1:** 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 Review Options sheet before scheduling your appointment online. We offer packet completion assistance at a nominal fee if you need help completing your packet.

**Option 2:** Mail or Drop off your packet for review at either Self-Help location without an appointment. Please read Self-Help Packet Review Via Mail sheet and follow the instructions if you select this option.

**After your packet has been reviewed and approved by a Self-Help Paralegal you will receive further instructions regarding your next steps.**

#### **Fee Schedule**

Self-Help Service Fee	\$85.00	<i>cash, credit card or money order</i>
Filing Fee	\$301.00	<i>cash, credit card or money order</i>
Issue Summons	\$ 10.00	<i>cash, credit card or money order</i>
Service Fee	\$ 40.00 per summons	<i>money order or cashier's check</i>
Publication Fee	\$35.00 per publication	<i>money order</i>
3 Letter or Internet Search Fees.....		

## **SELF-HELP PARALEGAL APPOINTMENT REVIEW OPTIONS**

The Eleventh Judicial Circuit's Self-Help Program (SHP) provides Self-Represented Litigants (SRL) two options to have your packet reviewed by a paralegal prior to filing. **Option 1** You can schedule an in-person appointment to have your packet reviewed by our paralegal which can be scheduled online. **Option 2.** You can have your packet reviewed by a paralegal without an appointment by simply dropping off or mailing your packet at either Self-help location. **Please read the different appointment types carefully below before clicking on the link to schedule your appointment or mailing your packet for review via mail without an appointment.**

**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 the appointment type. If you schedule your in-person appointment online, you will receive a confirmation via email and text with your appointment details. Please carefully read the details below regarding the different appointment review types.

## **Paralegal Appointment Review Types**

### **Packet Review Via Mail or Drop Off (no appointment required)**

The Family Self Help Program is providing you 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 (click here) for instructions to mail or drop off your packet for paralegal review.

### **First Time Visit (In-person appointment required)**

Your packet is fully completed and is ready for Self-Help Paralegal review prior to filing. The Self-Help service fee ([see fee schedule](#)) includes Paralegal review, notarization of court documents, initial procedural information, follow-up procedural information, and procedural information to obtain a hearing. **To make your appointment visit:** <https://www.jud11.flcourts.org/Family-Court-Self-Help-Program/Appointments>

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

## Packet Completion Assistance (In person appointment required)

Need assistance completing your packet prior to filing? The Self-Help Program offers packet completion assistance with a Self-Help Paralegal at a nominal fee ([see fee schedule](#)) to help you complete your documents. **To make your appointment visit:** <https://www.jud11.flcourts.org/Family-Court-Self-Help-Program/Appointments>

**Example:** To make an appointment for a Paternity Agreement packet, you will select **Packet Completion Assistance-Temporary Custody**

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

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

## **SELF-HELP PACKET REVIEW VIA MAIL**

The Family Self Help Program is providing you 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  
Center**

**175 NW 1<sup>st</sup> Ave Suite 2441  
1400**

**Miami, FL 33128**

### **Self-Help Program**

**South Dade Government**

**10710 SW 211<sup>th</sup> St Room**

**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 drivers 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**

- \$85 Dissolution of Marriage (Divorce),
- 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.**

Select one of the following options below regarding filing type to determine additional applicable fees:

### **Agreement**

#### **FEES DUE IF BOTH PARTIES ARE IN AGREEMENT**

- Self-Help Service Fee (see Self-Help service fee section)
- Clerk of Court Filing Fee see fee schedule on our Self-Help website or in packet instructions.  
MAKE MONEY ORDER PAYABLE TO: **CLERK OF COURT**



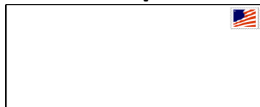
## **Important Information Regarding Your Self-Help Appointment**

### **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> (Fee \$125 agreement or \$100 not in agreement)

**Please have the following information below with your packet.**

- ❖ **Copy of Death Certificate** *(If the Death Certificate License is 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.)*
- ❖ **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**



- ❖ **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.)*

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

FAMILY DIVISION

IN THE INTEREST OF

\_\_\_\_\_,  
Children

CASE NO.:

\_\_\_\_\_,  
Petitioner,

and

\_\_\_\_\_,  
Respondent,

\_\_\_\_\_,  
Respondent.

**PETITION FOR TEMPORARY CUSTODY BY EXTENDED FAMILY**

Petitioner, *{full legal name}* \_\_\_\_\_, being sworn,  
certifies that the following information is true:

1. This is an action for temporary custody pursuant to Chapter 751, Florida Statutes.
2. Petitioner requests temporary custody of the following minor children:  

Name	Date of Birth	Current Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Petitioner completed a **Uniform Child Custody Jurisdiction and Enforcement Act Affidavit**, Florida Supreme Court Approved Family Law Form 12.902(d), which was filed with this Petition. The affidavit includes the names and current addresses of the persons with whom the children have lived during the past 5 years, the places where the children have lived during the past 5 years, and information concerning any custody proceeding in this or any other state with respect to the children. **If the Affidavit is not completely filled out, signed under oath, and filed with the Petition, the case may be dismissed without hearing.**

4. Petitioner is an extended family member who is: {Choose **one** only}

\_\_\_\_\_ Related to the minor children within the third degree by blood or marriage to a parent;

**OR**

\_\_\_\_\_ The stepparent of the minor children, is married to Respondent *{full legal name}* \_\_\_\_\_ and is not a party in a pending dissolution, separate maintenance, domestic violence, or other civil or criminal proceeding in any court of competent jurisdiction involving one or both of the children's parents as an adverse party;

**OR**

\_\_\_\_\_ An individual who qualifies as fictive kin as defined in section 39.01, Florida Statutes.

5. Petitioner's relationship to the minor children is: \_\_\_\_\_.

6. The residence and post office address of the Petitioner is: \_\_\_\_\_  
\_\_\_\_\_.

7. Petitioner is a proper person to be awarded temporary custody because: *{Choose **one** only}*

\_\_\_\_\_ Petitioner has the signed, notarized consent from **both** of the children's legal parents;

**OR**

\_\_\_\_\_ Petitioner is caring full time for the children in the role of a substitute parent and the children currently live with the Petitioner.

**If Petitioner does not have the signed consents from both parents or is not caring for the children full time as a substitute parent, Petitioner cannot obtain temporary custody under Chapter 751, Florida Statutes. Petitioner should consult an attorney about other options.**

8. The legal parents of the children are:

a. \_\_\_\_\_, whose current address is: \_\_\_\_\_  
\_\_\_\_\_

b. \_\_\_\_\_, whose current address is: \_\_\_\_\_  
\_\_\_\_\_

9. \_\_\_\_\_ The Consents of Parent *{full legal name}* \_\_\_\_\_ and/or Parent *{full legal name}* \_\_\_\_\_ is/are attached to the Petition.

**OR**

\_\_\_\_\_ The Consent of Parent *{full legal name}* \_\_\_\_\_ is not attached because that parent is deceased. A certified copy of the proof of death is attached.

**OR**

\_\_\_\_\_ Consent has NOT been obtained from the parents. The specific acts or omissions of the parents which demonstrate that the parents have abused, abandoned, or neglected the children as defined in Chapter 39, Florida Statutes are: (attach additional sheets if necessary) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. \_Petitioner requests temporary custody be granted for the following period of time:

\_\_\_\_\_.  
The reasons that support this request are: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

11. It is in the best interests of the children that the Petitioner have temporary custody of the children for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_

**12. ORDER OF PROTECTION**

a. \_\_\_\_\_ Petitioner **IS NOT** aware of any temporary or permanent order for protection entered on behalf of or against either parent, the Petitioner, or the children in Florida or any other jurisdiction.

**OR**

b. \_\_\_\_\_ Petitioner **IS** aware of the following temporary or permanent orders for protection entered on behalf of or against either parent, the Petitioner, or the children in Florida or any other jurisdiction. The court entering the order and the case number is: \_\_\_\_\_

**13. TEMPORARY OR PERMANENT CHILD SUPPORT ORDERS**

a. \_\_\_\_\_ Petitioner **IS NOT** aware of any temporary or permanent orders for child support for the minor children.

**OR**

b. \_\_\_\_\_ Petitioner **IS** aware of the following temporary or permanent order for child support for the minor children. The court entering the order and the case number is: \_\_\_\_\_.

**14. CHILD SUPPORT (Choose one only)**

(You must have proof or waiver of service of process upon the parent(s) or a Waiver of Service of Process and Consent for the court to consider an award for child support)

- a. \_\_\_\_\_ Petitioner requests the court to order the parents to pay child support.
- b. \_\_\_\_\_ Petitioner requests the court to redirect all or part of the parents' existing child support obligation(s) to the Petitioner.
- c. \_\_\_\_\_ Petitioner requests the court to redirect all or part of the parents' existing child support obligation(s) to the Petitioner, and to award the Petitioner retroactive child support.

15. Petitioner \_\_\_\_\_ requests \_\_\_\_\_ does not request that the court establish reasonable visitation or a time-sharing schedule with the parents.

16. Petitioner \_\_\_\_\_ requests \_\_\_\_\_ does not request additional provisions which are related to the children's best interests, including, but not limited to, a reasonable plan for transitioning custody. The additional provisions requested are:

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WHEREFORE, Petitioner requests that this Court grant the Petitioner temporary custody of the children subject to this proceeding; award the Petitioner other relief as requested; and award any other relief that the Court deems necessary.

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

Dated: \_\_\_\_\_

Signature of Petitioner: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

E-mail: \_\_\_\_\_

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: \_\_\_\_\_

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

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

**This form was completed with the assistance of:**

*{name of individual}* \_\_\_\_\_,

*{name of business}* \_\_\_\_\_,

*{address}* \_\_\_\_\_,

*{city}* \_\_\_\_\_, *{state}* \_\_\_\_\_, *{zip code}* \_\_\_\_\_, *{telephone number}* \_\_\_\_\_.

## INSTRUCTIONS FOR DILIGENT SEARCH

Because you do not know the other party's address, you are required to search for his or her address before filing your Petition by following **Step 1, Step 2, Step 3 and Step 4 at the same time.**

**Step 1:** Complete the three Diligent Search Letters and follow the instructions provided below.

**Step 2:** You will conduct a Search for your spouse using the Internet.

**Step 3:** You will conduct a Service Member (Military) search using the provided link.

**Step 4:** Complete the Affidavit of Search Inquiry on the Relatives of the respondent and follow the instructions below. (**Make sure to print legibly when completing the forms**)

### **STEP 1: DILIGENT SEARCH LETTERS (FORM B)**

1. Completely fill out all three (3) Diligent Search Letters (**Form B**) with your information, the other party's information and have them **NOTARIZED**.
2. Follow the highlighted instructions on each letter, some of them require a fee and/or self addressed stamped envelope.
3. Make a copy of each completed letter for your records, mail them, and wait for the responses. (You may send the letters via certified mail)
4. If you learn of an old address from your diligent search inquiry you will need to show the court proof via return receipt from a certified letter with that address to confirm that it's not a current address for your spouse.
5. If you find a valid address for your spouse, immediately proceed to **step 5**.

### **STEP 2: INTERNET SEARCH**

1. You will be required to search for the respondent using the internet.
2. You can use [www.switchboard.com](http://www.switchboard.com) or any other people finder searches using the internet.
3. The report results must include the respondent's **Full Name, Address History, Age, Date of Birth, Phone Numbers and Possible Relatives.** (**Attach Report Results to your packet**)
4. If you learn of an old address from your diligent search inquiry you will need to show the court proof via return receipt from a certified letter with that address to confirm that it's not a current address for your spouse.
5. If you find a valid address for your respondent, immediately proceed to **step 5**.

### **STEP 3: ARMED SERVICES MEMBER SEARCH USING PROVIDED LINK**

Because you do not know the other party's address, you will also be required to determine whether the other party is now a member of the military service.

1. Using a computer with internet capability, go to the following link:

<https://www.dmdc.osd.mil/appj/scra/welcome.xhtml>

2. For the Military to do the online search, you must enter the other party's last name, first name AND either their social security number (twice) or their date of birth.
3. Once this information is entered, click on "Look Up".
4. Print the document, which will include two pages to file with the clerk. If you find a valid address for your spouse, immediately proceed to **step 5**.

**STEP 4: AFFIDAVIT OF SEARCH INQUIRY ON RELATIVES OF THE RESPONDENT (Form B-2)**

Because you do not know the other party's address, you will also be required to inquire about the respondent with his or her relatives, before filing your petition, by following these steps: **(Make sure to print legibly when completing the forms)**

1. You must complete, in full, the Name of the Relative, Relation to Respondent, Relatives Address, Relatives Phone Number and the result of the inquiry of your spouse's address.
2. After you complete your relative inquiry, have the affidavit **Notarized**.
3. If you obtain an address from your Affidavit of Search Inquiry from the Relatives of the respondent you may need to serve the spouse at that address or show the court proof, such as the return receipt from a certified letter with that address, to confirm that it's not a current address for your spouse.
4. If you find a valid address for the respondent, immediately proceed to **step 5**.

**Step 5: Make your appointment with Self-Help**

If during any of the above searches you obtain a valid address, immediately make an appointment with the Self Help Program to have the other party served via summons. If after completing all of the above 4 steps you do NOT have a valid address, you should also contact the Self Help Program to make an appointment for you next step in the process. **BRING** all of your documentation to this appointment. For example, you should have received your three **(3)** responses from the Diligent Search Letters **(Form B)**, your completed Affidavit of Search Inquiry on Relatives of the Spouse **(Form B-2)**, the **printed** Armed Services response to your inquiry and your completed internet search.

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.



Form B The Postal Service suggests the following format to be used in conjunction with regulations at 39 CFR 265.6(d)(4)(ii) by persons empowered by law to serve legal process when requesting change of address or **boxholder information**.

**You will need to write to the Postmaster that is nearest to the last known address of the person you are trying to locate. To find this Postmaster address, you need to call 1-800-275-8777 and tell the person the last known address of the person you are trying to locate. The person will give you the address of this nearest Postmaster to mail this form. The request should be mailed to the Postmaster's address that you write below.**

Postmaster Address: \_\_\_\_\_ Date: \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_, ZIP Code \_\_\_\_\_

**REQUEST FOR CHANGE OF ADDRESS OR BOXHOLDER INFORMATION NEEDED FOR SERVICE OF LEGAL PROCESS**

Please furnish the new address or the name and street address (if a boxholder) for the following:

Name (other party) you are trying to find \_\_\_\_\_

Last Known Address of this person \_\_\_\_\_

**Note:** Only one request may be made per completed form. The name and last known address are required for change of address information. The name, if known and Post Office box address are required for boxholder information.

The following information is provided in accordance with 39 CFR 265.6(d)(4)(ii). **There is no fee charged** for change of address or boxholder information.

- Capacity of requester (process server, attorney, party representing self): **Party Representing Self**
- Statute or regulation that empowers me to serve process (not required for attorney's or a party acting pro se—except a corporation acting pro se must cite statute: N/A)
- The names of all known parties to the litigation: \_\_\_\_\_
- The court in which the case has been or will be heard: Eleventh Judicial Circuit, Family Division
- The docket or other identifying number (**a or b must be completed**)  
 a. Docket or other identifying number: \_\_\_\_\_  
 b. Docket or other identifying number has not been issued.
- The capacity in which this individual is to be served (petitioner, respondent or witness)  
 Respondent  Petitioner

**WARNING: THE SUBMISSION OF FALSE INFORMATION TO OBTAIN AND USE CHANGE OF ADDRESS INFORMATION OR BOXHOLDER INFORMATION FOR ANY PURPOSE OTHER THAN THE SERVICE OF LEGAL PROCESS IN CONNECTION WITH ACTUAL OR PROSPECTIVE LITIGATION COULD RESULT IN CRIMINAL PENALTIES INCLUDING A FINE OF UP TO \$10,000 OR IMPRISONMENT OF NOT MORE THAN 5 YEARS, OR BOTH (TITLE 18 U.S.C. SECTION 1001).**

I certify that the above information is true and that the address information is needed and will be used solely for service of legal process in conjunction with actual or prospective litigation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
City, State, ZIP Code

-----  
**FOR POST OFFICE USE ONLY**

- No change of address on file  
 Moved and left no forwarding address  
 No such address

\_\_\_\_\_  
New Address or Boxholder Name and Street Address

\_\_\_\_\_  
\_\_\_\_\_

Form B

Division of Motorist Services  
2900 Apalachee Parkway  
Room # B231, Mail Stop 57  
Neil Kirkman Building  
Tallahassee, Florida 32399

Date: \_\_\_\_\_, 20\_\_\_\_

To Whom It May Concern:

I am filing a legal action in the 11<sup>th</sup> Judicial Circuit in Miami-Dade County and I do not know the whereabouts of the respondent. I need to conduct a search to see if the respondent is living in the State of Florida. Therefore, I need your Department to advise me as to whether there are any motor vehicles in Florida titled or registered to the respondent's address and if so, the address on the title or registration.

This request is made under **Driver Privacy Protection Act Exemption number four (4)**

For use in connection with any civil, criminal, administrative, or arbitral proceeding in any Federal, State, or local court or agency or before any self-regulatory body, including the service of process, investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, or pursuant to an order of a Federal, State, or local court.

**Listed below is the information on the Respondent:**

Full Name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Driver License/ID #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

**I am enclosing a Check / Money Order for \$.50 made out to "Florida Division of Motor Vehicles" to pay for a non-certified computer printout.** Thank you for your cooperation.

Dated: \_\_\_\_\_

Signature of Party: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

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 B

Department of Corrections  
501 South Calhoun Street  
Tallahassee, Florida 32399-2500

Date: \_\_\_\_\_, 20\_\_\_\_

To Whom It May Concern:

I am filing a legal action in the 11<sup>th</sup> Judicial Circuit in Miami-Dade County and I do not know the whereabouts of the respondent. I need to conduct a search to see if the respondent is living in the State of Florida. Therefore, I need your Department to advise me as to whether the respondent is incarcerated in Florida and if so, the address to which mail be sent. Listed below is the information for the respondent:

Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Enclosed please find a self-addressed, stamped envelope.** Thank you for your cooperation.

Sincerely:

Signature of Party: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

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

FAMILY DIVISION

IN RE:

\_\_\_\_\_  
Petitioner,  
and

CASE NO.: FC

\_\_\_\_\_  
Respondent.

**AFFIDAVIT OF SEARCH INQUIRY ON  
RELATIVES OF THE PARENT**

Please list names, addresses and phone number of relatives and contacts with those relatives, and inquiry as to Respondent's last known address. You are to follow up any leads of any address where the Respondent may have moved. The respondent's relatives include, but are not limited to: parents, brothers, sisters, aunts, uncles, cousins, nieces, grandparents, great-grandparents, stepparents, stepchildren.

Name of relative: \_\_\_\_\_  
Relation to Respondent: \_\_\_\_\_  
Relatives Address: \_\_\_\_\_  
Relatives phone number: \_\_\_\_\_  
Result of inquiry: \_\_\_\_\_

Name of relative: \_\_\_\_\_  
Relation to Respondent: \_\_\_\_\_  
Relatives Address: \_\_\_\_\_  
Relatives phone number: \_\_\_\_\_  
Result of inquiry: \_\_\_\_\_

Name of relative: \_\_\_\_\_  
Relation to Respondent: \_\_\_\_\_  
Relatives Address: \_\_\_\_\_  
Relatives phone number: \_\_\_\_\_  
Result of inquiry: \_\_\_\_\_

Form

CASE # \_\_\_\_\_

Name of relative: \_\_\_\_\_

Relation to Respondent: \_\_\_\_\_

Relatives Address: \_\_\_\_\_

Relatives phone number: \_\_\_\_\_

Result of inquiry: \_\_\_\_\_

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

Dated: \_\_\_\_\_

Signature of Party: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

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 THE INTEREST OF

\_\_\_\_\_,  
Children

**CASE NO.:**

\_\_\_\_\_,  
Petitioner,

and

\_\_\_\_\_,  
Respondent,

\_\_\_\_\_,  
Respondent.

**AFFIDAVIT OF DILIGENT  
SEARCH AND INQUIRY**

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

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

**[√ all that apply]**

- \_\_\_\_\_  United States Post Office inquiry through Freedom of Information Act for current address or any relocations.
- \_\_\_\_\_  Last known employment of Respondent, including name and address of employer. You should also ask for any address to which W-2 Forms were mailed, and, if a pension or profit-sharing plan exists, then for any addresses to which any pension or plan payment is and/or has been mailed.
- \_\_\_\_\_  Unions from which Respondent may have worked or that governed particular trade or craft.
- \_\_\_\_\_  Regulatory agencies, including professional or occupational licensing.
- \_\_\_\_\_  Names and addresses of relatives and contacts with those relatives, and inquiry as to Respondent's last known address. You are to follow up any leads of any addresses where Respondent may have moved. Relatives include, but are not limited to: parents, brothers, sisters, aunts, uncles, cousins, nieces, nephews, grandparents, great-grandparents, former in-laws, stepparents, stepchildren.
- \_\_\_\_\_  Information about the Respondent's possible death and, if dead, the date and location of the death.
- \_\_\_\_\_  Telephone listings in the last known locations of Respondent's residence.

- Internet at <http://www.switchboard.com> or other Internet people finder or the library checked for me.
- Law enforcement arrest and/or criminal records in the last known residential area for Respondent.
- Highway Patrol records in the state of Respondent's last known address.
- Department of Motor Vehicle records in the state of Respondent's last known address.
- Title IV-D (child support enforcement) agency records in the state of Respondent's last known address.
- Hospital in the last known area of Respondent's residence.
- Utility companies, which include water, sewer, cable TV, and electric, in the last known area of Respondent's residence.
- Armed Forces of the U.S. printed response as to whether or not there is any information about Respondent.
- Tax Assessor's and Tax Collector's Office in the area where Respondent last resided.
- Other *{explain}*: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. The age of Respondent is [ **only one box**]  known *{enter age}* \_\_\_\_\_ or  unknown.

3. **Respondent's current residence**

[ **only one box**]

- a. Respondent's current residence is unknown to me.
- b. Respondent's current residence is in some state or country other than Florida, and Respondent's last known address is: \_\_\_\_\_  
\_\_\_\_\_.
- c. The Respondent, having residence in Florida, has been absent from Florida for more than 60 days prior to the date of the affidavit, or conceals him(her)self so that process cannot be served personally upon him or her, and I believe there is no person in the state upon whom service of process would bind this absent or concealed Respondent.

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

Dated: \_\_\_\_\_

Signature of Petitioner: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

E-mail: \_\_\_\_\_

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 THE INTEREST OF

\_\_\_\_\_,  
Children

CASE NO.:

\_\_\_\_\_,  
Petitioner,

and

\_\_\_\_\_,  
Respondent,

\_\_\_\_\_,  
Respondent.

**NOTICE OF PUBLICATION**

**YOU**, Respondent \_\_\_\_\_ whose last  
known address is \_\_\_\_\_  
are hereby notified regarding the following child(ren) \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_, to  
file your Answer to the Petition for Temporary Custody with the Clerk of the Court and  
mail a copy to the Petitioner at \_\_\_\_\_  
\_\_\_\_\_ on or before  
the \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_ or this Petition for  
Temporary Custody filed against you will be taken as confessed.  
Dated this \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_.

**CLERK OF THE CIRCUIT COURT**

By: \_\_\_\_\_  
Deputy Clerk

(Circuit Court Seal)

## **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 correctamente pidiendo algo en la Corte, Debe hacer lo siguiente:

1. Escriba en Inglés y en tinta negra o azul.
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 refiriéndose 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 (Moción de Emergencia)**, depende completamente del Sr./Sra. Juez el determinar si la moción es o no es una emergencia y cuando sería celebrada la Audiencia. El/la Juez puede exigir que la otra parte sea notificada (Due Process) Proceso Debido antes de celebrar la Audiencia.

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

FAMILY DIVISION

IN THE INTEREST OF

\_\_\_\_\_,  
Children

**CASE NO.:**

\_\_\_\_\_,  
Petitioner,

and

\_\_\_\_\_,  
Respondent,

\_\_\_\_\_,  
Respondent.

**MOTION** \_\_\_\_\_

\_\_\_\_\_

( ) Petitioner ( ) Respondent, *{name}* \_\_\_\_\_, files  
this Motion \_\_\_\_\_

and in support alleges the following:

- I am filing this motion because: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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.: \_\_\_\_\_  
E-mail: \_\_\_\_\_

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 THE INTEREST OF

\_\_\_\_\_,  
Children

**CASE NO.:**

\_\_\_\_\_,  
Petitioner,

and

\_\_\_\_\_,  
Respondent,

\_\_\_\_\_,  
Respondent.

**REQUEST FOR HEARING**

1. Motion for which hearing is requested: \_\_\_\_\_  
\_\_\_\_\_

2. Amount of time requested: \_\_\_\_\_

3. Check one of the 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.: \_\_\_\_\_

E-mail: \_\_\_\_\_

Request for Hearing

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

IN THE INTEREST OF

**FAMILY DIVISION**

\_\_\_\_\_,  
Children

**CASE NO.:**

\_\_\_\_\_,  
Petitioner,

and

\_\_\_\_\_,  
Respondent,

\_\_\_\_\_,  
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. 1<sup>st</sup> Avenue, 12<sup>th</sup> 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:

Party 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 días**, contados a partir del recibo de esta notificación, para contestar la demanda adjunta, pro escrito, y presentarla ante este tribunal. Localizado en *175 N.W. 1<sup>st</sup> Avenue, 12<sup>th</sup> 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, podiese 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 comparencia 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 papeles que se presenten en el futuro en esta demanda judicial seran enviados 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 incumpliment, puede resultar en sanciones, incluyendo la desestimacion o anulacion de los alegatos.

### IMPORTANT

Des poursuites judiciaires ont ete enterprises contre vous. Vous avez **20 jours** consecutifs a partir de la date de l'assignation de cette citation pour déposer une reponse ecrite a la plainte ci-jointe aupres de ce tribunal. Qui se trouve a: *Clerk of the Court, 175 N.W. 1<sup>st</sup> Avenue, 12<sup>th</sup> Floor, Miami, Florida 33128*. Un simple coup de telephone est insuffisant pour vous proteger; vous etes obliges de déposer 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 déposer vous-même une réponse écrite, il vous faudra également, en même temps que cette formalité, faire parvenir ou expédier une copie au carbone ou une photocopie de votre réponse écrite à la partie qui vous dépose cette citation.

Nom: \_\_\_\_\_

Adresse: \_\_\_\_\_

\_\_\_\_\_

Les photocopies de tous les documents tribunaux de cette cause, y compris des arrêts, sont disponibles 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 procès seront envoyés à l’adresse que vous donnez au bureau du greffier.

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

**THE STATE OF FLORIDA**

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

DATED: \_\_\_\_\_

CLERK OF THE CIRCUIT 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 6<sup>th</sup> 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. 1<sup>st</sup> Avenue, 12<sup>th</sup> Floor  
Miami, Florida 33128

Sweetwater Branch  
500 S.W. 109 Avenue, 3<sup>rd</sup> Fl.  
Sweetwater, Florida 33174

**FAMILY COURT COVER SHEET**

Case Style: IN RE:

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

\_\_\_\_\_  
Petitioner,  
and

Case No.: \_\_\_\_\_

\_\_\_\_\_  
Respondent.

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

Other Family Court **Temp Custody**

Dissolution of Marriage

Name Change

Support IV-D (Dept of Revenue, CSE)

Paternity/Disestablish Paternity

Support Non-IV-D (NOT Dept of Rev)

Petition for Dependency

UIFSA IV-D (Dept of Revenue, CSE)

CINS/FINS

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

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

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

**FAMILY DIVISION**

\_\_\_\_\_,  
Petitioner,  
and

**CASE NO.:**

\_\_\_\_\_,  
Respondent.

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

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

- 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 E-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 \_\_\_\_\_

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

FAMILY DIVISION

IN THE INTEREST OF

\_\_\_\_\_  
Children

\_\_\_\_\_,  
Petitioner,

and

\_\_\_\_\_,  
Respondent,

\_\_\_\_\_,  
Respondent.

**WAIVER OF SERVICE OF PROCESS AND CONSENT FOR  
TEMPORARY CUSTODY BY EXTENDED FAMILY**

I, *{full legal name}* \_\_\_\_\_, the legal parent of  
*{children's names}* \_\_\_\_\_, having received a copy  
of the Petition for Temporary Custody by Extended Family filed herein and waived service of  
process, freely and voluntarily consent to the Petition filed by: *{Petitioner's full legal name}* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_.

I realize that by signing this document, I am consenting to the Petitioner having temporary legal  
custody of the minor children and that such temporary custody is in the best interest of the children.  
Upon entry of an Order, the Petitioner shall be able to:

1. Consent to all necessary and reasonable medical and dental care for the children, including nonemergency surgery and psychiatric care;
2. Secure copies of the children's records, held by third parties, that are necessary for the care of the child(ren), including, but not limited to:
  - a. Medical, dental, and psychiatric records;
  - b. Birth Certificates and other records; and
  - c. Educational records.
3. Enroll the children in school and grant or withhold consent for the children to be tested or placed in special school programs, including exceptional education; and
4. Do all other things necessary for the care of the children.



I realize that the custody of my children by the Petitioner is temporary and that I may, at any time, petition the court to return legal custody to me. I understand and acknowledge that I may have to comply with a reasonable transition plan prior to the court returning legal custody to me.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent  
Printed Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_  
E-mail: \_\_\_\_\_

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: \_\_\_\_\_

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

[fill in **all** blanks] This form was prepared for the *{choose only one}* \_\_\_\_\_ Petitioner Respondent.

This form was completed with the assistance of:

*{name of individual}*  
\_\_\_\_\_

*{name of business}*  
\_\_\_\_\_

*{address}*  
\_\_\_\_\_

*{city}*\_\_, *{state}*\_\_\_\_\_, *{zip code}*\_\_\_\_\_, *{telephone number}*\_ \_\_\_\_\_

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

FAMILY DIVISION

IN THE INTEREST OF

\_\_\_\_\_  
Children

\_\_\_\_\_,  
Petitioner,

and

\_\_\_\_\_,  
Respondent,

\_\_\_\_\_,  
Respondent.

**WAIVER OF SERVICE OF PROCESS AND CONSENT FOR  
TEMPORARY CUSTODY BY EXTENDED FAMILY**

I, *{full legal name}* \_\_\_\_\_, the legal parent of  
*{children's names}* \_\_\_\_\_, having received a copy  
of the Petition for Temporary Custody by Extended Family filed herein and waived service of  
process, freely and voluntarily consent to the Petition filed by: *{Petitioner's full legal name}* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_.

I realize that by signing this document, I am consenting to the Petitioner having temporary legal  
custody of the minor children and that such temporary custody is in the best interest of the children.  
Upon entry of an Order, the Petitioner shall be able to:

- 5. Consent to all necessary and reasonable medical and dental care for the children,  
including nonemergency surgery and psychiatric care;
- 6. Secure copies of the children's records, held by third parties, that are necessary  
for the care of the child(ren), including, but not limited to:
  - a. Medical, dental, and psychiatric records;
  - b. Birth Certificates and other records; and
  - c. Educational records.
- 7. Enroll the children in school and grant or withhold consent for the children to be  
tested or placed in special school programs, including exceptional education; and
- 8. Do all other things necessary for the care of the children.

I realize that the custody of my children by the Petitioner is temporary and that I may, at any time, petition the court to return legal custody to me. I understand and acknowledge that I may have to comply with a reasonable transition plan prior to the court returning legal custody to me.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent  
Printed Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_  
E-mail: \_\_\_\_\_

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: \_\_\_\_\_

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

[fill in **all** blanks] This form was prepared for the *{choose only one}* \_\_\_\_\_ Petitioner Respondent.

This form was completed with the assistance of:  
*{name of individual}*

\_\_\_\_\_  
*{name of business}*

\_\_\_\_\_  
*{address}*

\_\_\_\_\_  
*{city}*\_\_, *{state}*\_\_\_\_\_, *{zip code}*\_\_\_\_\_, *{telephone number}*\_\_\_\_\_

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

FAMILY DIVISION

IN THE INTEREST OF

\_\_\_\_\_,  
Children

CASE NO.:

\_\_\_\_\_,  
Petitioner,

and

\_\_\_\_\_,  
Respondent,

\_\_\_\_\_,  
Respondent,

**VI. INDEX OF FORMS**

- Form A-5 Petition for Temporary Custody
- Form B 3 Letters of Diligent Search
- Form Affidavit Search & Inquiry on Relatives of Spouse
- Form C Affidavit of Diligent Search and Inquiry
- Form D Notice of Publication
- Form F Blank Motion and Request for Hearing
- Form G Summons for Father
- Form G Summons for Mother
- Form Certificate of Death for Father
- Form Certificate of Death for Mother
- Form H Civil Cover Sheet
- Form L-4 Consent for Temporary Custody & Waiver for Father
- Form L-4 Consent for Temporary Custody & Waiver for Mother
- Form II Notice of Final Uncontested Hearing
- Form WW Final Judgment Awarding Temporary Custody
- Form Notice of Related Cases
- Form Acknowledgment of Receipt
- Form Designation of Current Mailing and E-mail Address (Petitioner)
- Form Designation of Current Mailing and E-mail Address (Respondent)

Index of Forms (Temporary Custody)

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

FAMILY DIVISION

IN RE: Temporary Custody

CASE NO.:

\_\_\_\_\_,  
Petitioner,

and

\_\_\_\_\_,  
Respondent.

**NOTICE OF RELATED CASES**

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,

and

\_\_\_\_\_  
Respondent.

CASE NO.:

**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 \_\_\_\_\_

(General)

page 1 of 3

**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 OBLIGACIONES.**

\_\_\_\_\_ **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 KI JAN 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 .**

**(General)**



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,

and

\_\_\_\_\_,  
Respondent.

CASE NO.:

**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: \_\_\_\_\_

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.:

**DESIGNATION OF CURRENT MAILING AND E-MAIL ADDRESS  
(Respondent)**

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 (Respondent)

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: \_\_\_\_\_