

**IN THE SUPREME COURT OF FLORIDA**

**IN RE: AMENDMENTS TO THE FLORIDA  
FAMILY LAW RULES OF PROCEDURE**

**CASE NO.: SC12-**

**AMENDMENTS TO NONLAWYER DISCLOSURE  
ON FAMILY LAW RULE OF PROCEDURE FORMS**

Matthew B. Capstraw, Chair, Family Law Rules Committee, and John F. Harkness, Jr., Executive Director, The Florida Bar, file this out-of-cycle report of the Family Law Rules Committee under *Fla. R. Jud. Admin.* 2.140(e). The proposed amendments have been approved by the full committee by a vote of 19-0 and the Board of Governors of The Florida Bar by a vote of 34-0. Because the amendments are being filed out-of-cycle, they have not been published for comment in *The Florida Bar News* or posted on The Florida Bar’s website.

On April 12, 2012, the Florida Supreme Court issued its corrected opinion in *In re: Amendments to the Rules Regulating The Florida Bar (Biannual Report)*, 37 Fla. L. Weekly S275 (Fla. 2012). Included was new Rule Reg. Fla. Bar 10-2.2, Form Completion by a Nonlawyer. (*See* Appendix A.) Subdivision (c)(1) addresses what information a nonlawyer is required to provide on every form that he or she assists a party in completing. All of the family law forms, except orders signed by a judge, contain this “nonlawyer block” and the creation of Rule 20-2.2 requires amendment to these forms to add “Name of Business \_\_\_\_\_.”

This change had already been made in the family law forms amended in the e-service case, effective September 1, 2012. *See In re: Amendments to the Florida Rules of Judicial Administration, the Florida Rules of Civil Procedure, the Florida Rules of Criminal Procedure, the Florida Probate Rules, the Florida Rules of Traffic Court, the Florida Small Claims Rules, the Florida Rules of Juvenile Procedure, the Florida Rules of Appellate Procedure, and the Florida Family Law Rules of Procedure — Email Service Rule*, 37 Fla. L. Weekly S421 (Fla. 2012). The forms for which the committee is responsible (*see Fla. Fam. L. R. P.* 12.015) that were not amended in the e-service case and are being submitted in this case are *Forms* 12.901(a), 12.902(f)(3), 12.913(b) and (c), 12.920(d), and 12.984. In conformance with *Email Service Rule*, E-mail Address(es) \_\_\_\_\_ has been added in each signature block and certificates of service have been amended to add e-mail as a choice. *See Fla. R. Jud. Admin.* 2.516(f).

In addition, Rule 10-2.2(c)(2) amended the language in the disclosure form that a nonlawyer is required to give a person he or she is assisting with completion of forms. These amendments have been made in *Form 12.900(a)*. The amended forms are attached as Appendix B.

The Family Law Rules Committee respectfully requests that the Court amend the Florida Family Law Rules of Procedure as outlined in this report.

Respectfully submitted \_\_\_\_\_.

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## **APPENDIX A**

## ***RULE 10-2.2 FORM COMPLETION BY A NONLAWYER***

**(a) Supreme Court Approved Forms.** It shall not constitute the unlicensed practice of law for a nonlawyer to engage in limited oral communication to assist a self-represented person in the completion of blanks on a Supreme Court Approved Form. In assisting in the completion of the form, oral communication by nonlawyers is restricted to those communications reasonably necessary to elicit factual information to complete the blanks on the form and inform the self-represented person how to file the form. The nonlawyer may not give legal advice or give advice on remedies or courses of action. Legal forms approved by the Supreme Court of Florida which may be completed as set forth herein shall only include and are limited to the following forms, and any other legal form whether promulgated or approved by the Supreme Court is not a Supreme Court Approved Form for the purposes of this rule:

(1) forms which have been approved by the Supreme Court of Florida specifically pursuant to the authority of rule 10-2.1(a) [formerly rule 10-1.1(b)] of the Rules Regulating The Florida Bar;

(2) the Family Law Forms contained in the Florida Family Law Rules of Procedure; and

(3) the Florida Supreme Court Approved Family Law Forms contained in the Florida Family Law Rules of Procedure.

**(b) Forms Which Have Not Been Approved by the Supreme Court of Florida.**

(1) It shall not constitute the unlicensed practice of law for a nonlawyer to engage in a secretarial service, typing forms for self-represented persons by copying information given in writing by the self-represented person into the blanks on the form. The nonlawyer must transcribe the information exactly as provided in writing by the self-represented person without addition, deletion, correction, or editorial comment. The nonlawyer may not engage in oral communication with the self-represented person to discuss the form or assist the self-represented person in completing the form.

(2) It shall constitute the unlicensed practice of law for a nonlawyer to give legal advice, to give advice on remedies or courses of action, or to draft a legal document for a particular self-represented person. It also constitutes the unlicensed practice of law for a nonlawyer to offer to provide legal services directly to the public.

**(c) As to All Legal Forms.**

(1) Except for forms filed by the petitioner in an action for an injunction for protection against domestic or repeat violence, the following language shall appear on any form completed by a nonlawyer and any individuals assisting in the completion of the form shall provide their name, business name, address, and telephone number on the form:

This form was completed with the assistance of:

.....(Name of Individual).....

.....(Name of Business).....

.....(Address).....

.....(Telephone Number).....

(2) Before a nonlawyer assists a person in the completion of a form, the nonlawyer shall provide the person with a copy of a disclosure which contains the following provisions:

.....(Name)..... told me that he/she is a nonlawyer and may not give legal advice, cannot tell me what my rights or remedies are, cannot tell me how to testify in court, and cannot represent me in court.

Rule 10-2.1(b) of the Rules Regulating The Florida Bar defines a paralegal as a person who works under the supervision of a member of The Florida Bar and who performs specifically delegated substantive legal work for which a member of The Florida Bar is responsible. Only persons who meet the definition may call themselves paralegals. ....(Name)..... informed me that he/she is not a paralegal as defined by the rule and cannot call himself/herself a paralegal.

.....(Name)..... told me that he/she may only type the factual information provided by me in writing into the blanks on the form. Except for typing, ....(Name)..... may not tell me what to put in the form and may not complete the form for me. However, if using a form approved by the Supreme Court of Florida, ....(Name)..... may ask me factual questions to fill in the blanks on the form and may also tell me how to file the form.

..... I can read English

..... I cannot read English but this notice was read to me by ....(Name)..... in ....(Language)..... which I understand.

(3) A copy of the disclosure, signed by both the nonlawyer and the person, shall be given to the person to retain and the nonlawyer shall keep a copy in the person's file. The nonlawyer shall also retain copies for at least 6 years of all forms given to the person being assisted. The disclosure does not act as or constitute a waiver, disclaimer, or limitation of liability.

## **APPENDIX B**



## **INSTRUCTIONS FOR FLORIDA FAMILY LAW RULES OF PROCEDURE FORM 12.900(a), DISCLOSURE FROM NONLAWYER (~~--~~/12)**

### **When should this form be used?**

This form must be used when anyone who is **not** a lawyer in good standing with The Florida Bar helps you complete any Florida Family Law Form. Attorneys who are licensed to practice in other states but not Florida, or who have been disbarred or suspended from the practice of law in Florida, are nonlawyers for the purposes of the Florida Family Law Forms and instructions.

The nonlawyer must complete this form and both of you are to sign it before the nonlawyer assists you in completing any Family Law Form.

**In addition**, on any other form with which a nonlawyer helps you, the nonlawyer shall complete the nonlawyer section located at the bottom of the form unless otherwise specified in the instructions to the form. This is to protect you and be sure that you are informed in advance of the nonlawyer's limitations.

### **What should I do next?**

A copy of this disclosure, signed by both the nonlawyer and the person, must be given to the person to retain and the nonlawyer must keep a copy in the person's file. The nonlawyer ~~must~~shall also keep copies for at least ~~six~~ 6 years of all forms given to the person being assisted.

### **Special notes...**

This disclosure form does NOT act as or constitute a waiver, disclaimer, or limitation of liability.

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

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

Division: \_\_\_\_\_

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

and

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

### DISCLOSURE FROM NONLAWYER

{Name} \_\_\_\_\_, told me that he/she is a nonlawyer and may not give legal advice, cannot tell me what my rights or remedies are, cannot tell me how to testify in court, and cannot represent me in court.

Rule 10-2.1(b) of the Rules Regulating The Florida Bar defines a paralegal as a person who works under the supervision of a member of The Florida Bar and who performs specifically delegated substantive legal work for which a member of The Florida Bar is responsible. Only persons who meet the definition may call themselves paralegals. {Name} \_\_\_\_\_, informed me that he/she is not a paralegal as defined by the rule and cannot call himself/herself a paralegal.

{Name} \_\_\_\_\_, told me that he/she may only type the factual information provided by me in writing into the blanks on the form. Except for typing, {Name} \_\_\_\_\_, may not help me fill in the form, tell me what to put in the form and may not complete the form for me. However, if using a form approved by the Supreme Court of Florida, {name} \_\_\_\_\_, may ask me factual questions to fill in the blanks on the form and may also tell me how to file the form.

[ choose one only]

I can read English.

I cannot read English, but this disclosure was read to me [fill in **both** blanks] by

{name} \_\_\_\_\_ in {language} \_\_\_\_\_, which I understand.

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

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

\_\_\_\_\_  
Signature of **NONLAWYER**

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

Name of Business: \_\_\_\_\_

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

\_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**INSTRUCTIONS FOR FLORIDA FAMILY LAW RULES OF PROCEDURE FORM  
12.901(a), PETITION FOR SIMPLIFIED DISSOLUTION OF MARRIAGE  
(10/11--/12)**

**When should this form be used?**

This form should be used when a husband and wife are filing for a simplified **dissolution of marriage**. You and/or your **spouse** must have lived in Florida for at least 6 months before filing for a dissolution in Florida. You may file a simplified dissolution of marriage in Florida if **all** of the following are true:

- You and your spouse agree that the marriage cannot be saved.
- You and your spouse have no minor or dependent child(ren) together, the wife does not have any minor or dependent children born during the marriage, and the wife is not now pregnant.
- You and your spouse have worked out how the two of you will divide the things that you both own (your **assets**) and who will pay what part of the money you both owe (your **liabilities**), and you are both satisfied with this division.
- You are not seeking support (**alimony**) from your spouse, and vice versa.
- You and your spouse have filed financial affidavits with the court or you have waived the filing of financial affidavits and you are satisfied with the financial disclosure received from the other spouse.
- You are willing to give up your right to **trial** and **appeal**.
- You and your spouse are both willing to go into the clerk's office to sign the petition (not necessarily together).
- You and your spouse are both willing to go to the **final hearing** (at the same time).

If you do not meet the criteria above, you must file a regular **petition** for dissolution of marriage. This petition should be typed or printed in black ink. Each of you must sign the petition in the presence of a deputy clerk (in the clerk's office), although you do not have to go into the clerk's office at the same time. You will need to provide picture identification (valid driver's license or official identification card) for the clerk to witness your signatures.

**What should I do next?**

1. After completing this form, you should **file** the original with the **clerk of the circuit court** in the county where you live and keep a copy for your records.

If you did not waive the filing of a financial affidavit in the petition, each of you must file a **Financial Affidavit**. Florida Family Law Rules of Procedure Form 12.902(b) or (c). You may document your agreement by signing a **Marital Settlement Agreement**, Florida Family Law Rules of Procedure Form 12.902(f)(3) and filing it with the **clerk of the circuit court** or you may agree that all of your assets (what you own) and liabilities (what you owe) have been disposed of by oral agreement.

2. You must prove to the court that the husband **and/or** wife has (have) lived in Florida for more than 6 months before filing the petition for dissolution of marriage. Residence can be proved by:

- a valid Florida driver’s license, Florida identification card, or voter registration card issued to one of you at least 6 months prior to filing for dissolution of marriage; or
  - the testimony of another person who knows that either you or your spouse has resided in Florida for more than 6 months and is available to testify in court; or
  - an **affidavit**. To prove residence by affidavit, use an **Affidavit of Corroborating Witness**, Florida Supreme Court Approved Family Law Form 12.902(i). This form must be signed by a person who knows that either you or your spouse has lived in Florida for more than 6 months before the date that you filed the petition for dissolution of marriage. This affidavit may be signed in the presence of the clerk of the court or in the presence of a **notary public**, who must affix his or her seal at the proper place on the affidavit.
3. You must pay the appropriate **filing fees** to the clerk of the circuit court. If you and your spouse cannot afford to pay the filing fees, you may fill out an **Application for Determination of Civil Indigent Status**, and file it with your petition for dissolution of marriage. You may obtain this form from the clerk and he or she will determine whether you are eligible to have filing fees waived.
  4. Either you or the clerk of court will need to complete a **Family Court Cover Sheet**, Florida Family Law Rules of Procedure Form 12.928 . The clerk’s office can provide this form.
  5. You must obtain a date and time for a court appearance from the clerk of court. On that date, **you and your spouse must appear together before a judge**. You should complete a **Final Judgment of Simplified Dissolution of Marriage**, Florida Family Law Rules of Procedure Form 12.990(a), and bring it with you to the hearing. At that time, if all of the papers are in order, the judge may grant a final judgment dissolving your marriage under simplified dissolution of marriage procedures by signing the final judgment which you have provided.
  6. **If you fail to complete this procedure, the court may dismiss the case to clear its records.**

### **Where can I look for more information?**

**Before proceeding, you should read “General Information for Self-Represented Litigants” found at the beginning of these forms.** The words that are in “**bold underline**” in these instructions are defined there. For further information, see chapter 61, Florida Statutes, and Rule 12.105, Florida Family Law Rules of Procedure.

### **Special notes...**

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

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

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

Division: \_\_\_\_\_

\_\_\_\_\_,  
Husband,  
and  
\_\_\_\_\_,  
Wife.

### PETITION FOR SIMPLIFIED DISSOLUTION OF MARRIAGE

We, *{full legal name}* \_\_\_\_\_, Husband,  
and *{full legal name}* \_\_\_\_\_, Wife,  
being sworn, certify that the following information is true:  
[fill in **all** blanks]

1. We are both asking the Court for a dissolution of our marriage.
2. Husband lives in *{name}* \_\_\_\_\_ County, *{state}* \_\_\_\_\_, and has lived there since *{date}* \_\_\_\_\_. Wife lives in *{name}* \_\_\_\_\_ County, *{state}* \_\_\_\_\_, and has lived there since *{date}* \_\_\_\_\_.
3. We were married to each other on *{date}* \_\_\_\_\_ in the city of *{city}* \_\_\_\_\_ in state of *{state}* \_\_\_\_\_, or country of *{country}* \_\_\_\_\_.
4. Our marriage is irretrievably broken.
5. We do not have any minor or dependent children together, the wife does not have any minor or dependent children born during the marriage, **and** the wife is not pregnant.
6. We have divided our assets (what we own) and our liabilities (what we owe) by agreement. We are satisfied with this agreement.

[Check **one** only]

( ) Our marital settlement agreement, Florida Family Law Rules of Procedure Form 12.902(f)(3), is attached. This agreement was signed freely and voluntarily by each of us and we intend to be bound by it.

( ) Our marital settlement agreement is not in writing. We prefer to keep our financial agreements private.

7. [check **one** only]

( ) We have each completed and signed financial affidavits, Florida Family Law Rules of Procedure Forms 12.902(b) or (c), which are attached to this petition.

( ) Each of us is satisfied with the financial disclosure we received from the other spouse and we waive the filing of financial affidavits.

8. [ Check **one** only ] ( ) yes ( ) no Wife wants to be known by her former name, which was {full legal name} \_\_\_\_\_.

9. We each certify that we have not been threatened or pressured into signing this petition. We each understand that the result of signing this petition may be a final judgment ending our marriage and allowing no further relief.

10. We each understand that **we both must come to the hearing** to testify about the things we are asking for in this petition.

11. We understand that we each may have legal rights as a result of our marriage and that by signing this petition we may be giving up those rights.

12. We ask the Court to end our marriage and approve our marital settlement agreement.

**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 HUSBAND  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
E-mail Address(es): \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to or affirmed and signed before me on \_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC or DEPUTY CLERK

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

\_\_\_\_ Personally known  
\_\_\_\_ Produced identification  
\_\_\_\_ Type of identification produced

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 WIFE  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
E-mail Address(es): \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to or affirmed and signed before me on \_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC or DEPUTY CLERK

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

\_\_\_\_ Personally known  
\_\_\_\_ Produced identification  
Type of identification produced \_\_\_\_\_.

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

I, *{full legal name and trade name of nonlawyer}* \_\_\_\_\_  
a nonlawyer, located at *{street}* \_\_\_\_\_, *{city}* \_\_\_\_\_,  
*{state}* \_\_\_\_\_, *{phone}* \_\_\_\_\_, helped *{name}* \_\_\_\_\_.

[Choose only **one**] ( ) Husband ( ) Wife **or** ( ) both, fill out this form.

This form was prepared for: [choose only **one**] ( ) Husband ( ) Wife. This form was completed with the assistance of:

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

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

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

*{city}* \_\_\_\_\_ *{state}* \_\_\_\_\_ *{telephone number}* \_\_\_\_\_

# INSTRUCTIONS FOR FLORIDA FAMILY LAW RULES OF PROCEDURE FORM 12.902(f)(3), MARITAL SETTLEMENT AGREEMENT FOR SIMPLIFIED DISSOLUTION OF MARRIAGE (--/12)

## When should this form be used?

This form should be used when a **Petition for Simplified Dissolution of Marriage**,  Florida Family Law Rules of Procedure Form 12.901(a), has been **filed** and the **parties** have reached an agreement on all of the issues at hand.

This form should be typed or printed in black ink. **Both** parties must sign the agreement and have their signatures witnessed by a **notary public** or **deputy clerk**. After completing this form, you should **file** the original with the **clerk of the circuit court** in the county where the **petition** was filed and keep a copy for your records. You should then refer to the instructions for your petition, **answer**, or answer and **counterpetition** concerning the procedures for setting a hearing or **trial (final hearing)**.

## Where can I look for more information?

**Before proceeding, you should read "General Information for Self-Represented Litigants" found at the beginning of these forms.** For further information, see chapter 61, Florida Statutes, and the instructions for the petition which was filed in this case.

## Special notes...

**This form does not act to transfer title to the property. Such transfer must be done by deed or supplemental final judgment.**

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



IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

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

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

and

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

**MARITAL SETTLEMENT AGREEMENT FOR SIMPLIFIED  
DISSOLUTION OF MARRIAGE**

We, {Husband's full legal name} \_\_\_\_\_,  
and {Wife's full legal name} \_\_\_\_\_,  
being sworn, certify that the following statements are true:

1. We were married to each other on {date} \_\_\_\_\_.
2. Because of irreconcilable differences in our marriage (no chance of staying together), we have made this agreement to settle once and for all what we owe to each other and what we can expect to receive from each other. Each of us states that nothing has been held back, that we have honestly included everything we could think of in listing our assets (everything we own and that is owed to us) and our debts (everything we owe), and that we believe the other has been open and honest in writing this agreement.
3. We have both filed a Financial Affidavit,  Florida Family Law Rules of Procedure Form 12.902(b) or (c). Because we have voluntarily made full and fair disclosure to each other of all our assets and debts, we waive any further disclosure under rule 12.285, Florida Family Law Rules of Procedure.
4. Each of us agrees to execute and exchange any papers that might be needed to complete this agreement, including deeds, title certificates, etc.

**SECTION I. MARITAL ASSETS AND LIABILITIES**

**A. Division of Assets.** We divide our assets (everything we own and that is owed to us) as follows: Any personal item(s) not listed below is the property of the party currently in possession of the item(s).

1. Wife shall receive as her own and Husband shall have no further rights or responsibilities regarding these assets:

<b>ASSETS: DESCRIPTION OF ITEM(S) WIFE SHALL RECEIVE (To avoid confusion at a later date, describe each item as clearly as possible. You do not need to list account numbers. Where applicable, include whether the name on any title/deed/account described below is wife's, husband's, or both.)</b>	<b>Current Fair Market Value</b>
<input type="checkbox"/> Cash (on hand)	\$
<input type="checkbox"/> Cash (in banks/credit unions)	
<input type="checkbox"/>	

<b>ASSETS: DESCRIPTION OF ITEM(S) WIFE SHALL RECEIVE</b> <b>(To avoid confusion at a later date, describe each item as clearly as possible. You do not need to list account numbers. Where applicable, include whether the name on any title/deed/account described below is wife's, husband's, or both.)</b>	<b>Current Fair Market Value</b>
<input type="checkbox"/> Stocks/Bonds	
<input type="checkbox"/>	
<input type="checkbox"/> Notes (money owed to you in writing)	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/> Money owed to you (not evidenced by a note)	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/> Real estate: (Home)	
<input type="checkbox"/> (Other)	
<input type="checkbox"/>	
<input type="checkbox"/> Business interests	
<input type="checkbox"/>	
<input type="checkbox"/> Automobiles	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/> Boats	
<input type="checkbox"/> Other vehicles	
<input type="checkbox"/>	
<input type="checkbox"/> Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/> Furniture & furnishings in home	
<input type="checkbox"/>	
<input type="checkbox"/> Furniture & furnishings elsewhere	
<input type="checkbox"/>	
<input type="checkbox"/> Collectibles	
<input type="checkbox"/>	
<input type="checkbox"/> Jewelry	
<input type="checkbox"/>	
<input type="checkbox"/> Life insurance (cash surrender value)	
<input type="checkbox"/>	
<input type="checkbox"/> Sporting and entertainment (T.V., stereo, etc.) equipment	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

<b>ASSETS: DESCRIPTION OF ITEM(S) WIFE SHALL RECEIVE (To avoid confusion at a later date, describe each item as clearly as possible. You do not need to list account numbers. Where applicable, include whether the name on any title/deed/account described below is wife's, husband's, or both.)</b>	<b>Current Fair Market Value</b>
<input type="checkbox"/> Other assets	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<b>Total Assets to Wife</b>	<b>\$</b> _____

2. Husband shall receive as his own and Wife shall have no further rights or responsibilities regarding these assets:

<b>ASSETS: DESCRIPTION OF ITEM(S) HUSBAND SHALL RECEIVE (To avoid confusion at a later date, describe each item as clearly as possible. You do not need to list account numbers. Where applicable, include whether the name on any title/deed/account described below is wife's, husband's or both.)</b>	<b>Current Fair Market Value</b>
<input type="checkbox"/> Cash (on hand)	\$
<input type="checkbox"/> Cash (in banks/credit unions)	
<input type="checkbox"/>	
<input type="checkbox"/> Stocks/Bonds	
<input type="checkbox"/>	
<input type="checkbox"/> Notes (money owed to you in writing)	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/> Money owed to you (not evidenced by a note)	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/> Real estate: (Home)	
<input type="checkbox"/> (Other)	
<input type="checkbox"/>	
<input type="checkbox"/> Business interests	
<input type="checkbox"/>	
<input type="checkbox"/> Automobiles	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/> Boats	
<input type="checkbox"/> Other vehicles	
<input type="checkbox"/>	

<b>ASSETS: DESCRIPTION OF ITEM(S) HUSBAND SHALL RECEIVE (To avoid confusion at a later date, describe each item as clearly as possible. You do not need to list account numbers. Where applicable, include whether the name on any title/deed/account described below is wife's, husband's or both.)</b>	<b>Current Fair Market Value</b>
<input type="checkbox"/> Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/> Furniture & furnishings in home	
<input type="checkbox"/>	
<input type="checkbox"/> Furniture & furnishings elsewhere	
<input type="checkbox"/>	
<input type="checkbox"/> Collectibles	
<input type="checkbox"/>	
<input type="checkbox"/> Jewelry	
<input type="checkbox"/>	
<input type="checkbox"/> Life insurance (cash surrender value)	
<input type="checkbox"/>	
<input type="checkbox"/> Sporting and entertainment (T.V., stereo, etc.) equipment	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/> Other assets	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<b>Total Assets to Husband</b>	<b>\$ _____</b>

**B. Division of Liabilities/Debts.** We divide our liabilities (everything we owe) as follows:

1. Wife shall pay as her own the following and will not at any time ask Husband to pay these debts/bills:

<b>LIABILITIES: DESCRIPTION OF DEBT(S) TO BE PAID BY WIFE (To avoid confusion at a later date, describe each item as clearly as possible. You do not need to list account numbers. Where applicable, include whether the name on any mortgage, note, or account described below is wife's, husband's, or both.)</b>	<b>Monthly Payment</b>	<b>Current Amount Owed</b>
<input type="checkbox"/> Mortgages on real estate: (Home)	\$	\$
<input type="checkbox"/> (Other)		
<input type="checkbox"/>		
<input type="checkbox"/> Charge/credit card accounts		
<input type="checkbox"/>		

<b>LIABILITIES: DESCRIPTION OF DEBT(S) TO BE PAID BY WIFE</b> (To avoid confusion at a later date, describe each item as clearly as possible. You do not need to list account numbers. Where applicable, include whether the name on any mortgage, note, or account described below is wife's, husband's, or both.)	<b>Monthly Payment</b>	<b>Current Amount Owed</b>
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/> Auto loan		
<input type="checkbox"/> Auto loan		
<input type="checkbox"/> Bank/credit union loans		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/> Money you owe (not evidenced by a note)		
<input type="checkbox"/>		
<input type="checkbox"/> Judgments		
<input type="checkbox"/>		
<input type="checkbox"/> Other		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<b>Total Debts to Be Paid by Wife</b>	\$ _____	\$ _____

2. Husband shall pay as his own the following and will not at any time ask Wife to pay these debts/bills:

<b>LIABILITIES: DESCRIPTION OF DEBT(S) TO BE PAID BY HUSBAND</b> (To avoid confusion at a later date, describe each item as clearly as possible. You do not need to list account numbers. Where applicable, include whether the name on any mortgage, note or account described below is wife's, husband's, or both.)	<b>Monthly Payment</b>	<b>Current Amount Owed</b>
<input type="checkbox"/> Mortgages on real estate: (Home)	\$	\$
<input type="checkbox"/> (Other)		
<input type="checkbox"/>		
<input type="checkbox"/> Charge/credit card accounts		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/> Auto loan		

<b>LIABILITIES: DESCRIPTION OF DEBT(S) TO BE PAID BY HUSBAND</b> <b>(To avoid confusion at a later date, describe each item as clearly as possible. You do not need to list account numbers. Where applicable, include whether the name on any mortgage, note or account described below is wife's, husband's, or both.)</b>	<b>Monthly Payment</b>	<b>Current Amount Owed</b>
<input type="checkbox"/> Auto loan		
<input type="checkbox"/> Bank/credit union loans		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/> Money you owe (not evidenced by a note)		
<input type="checkbox"/>		
<input type="checkbox"/> Judgments		
<input type="checkbox"/>		
<input type="checkbox"/> Other		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<b>Total Debts to Be Paid by Husband</b>	<b>\$ _____</b>	<b>\$ _____</b>

**C. Contingent Assets and Liabilities (listed in Section III of our Financial Affidavits) will be divided as follows:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION II. SPOUSAL SUPPORT (ALIMONY).** Each of us forever gives up any right to spousal support (alimony) that we may have.

**SECTION III. OTHER**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I certify that I have been open and honest in entering into this settlement agreement. I am satisfied with this agreement and intend to be bound by it.**

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

\_\_\_\_\_  
Signature of Husband  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
E-mail Address(es): \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to or affirmed and signed before me on \_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC or DEPUTY CLERK  
\_\_\_\_\_  
[Print, type, or stamp commissioned name of notary or  
deputy clerk.]

\_\_\_\_ Personally known  
\_\_\_\_ Produced identification  
\_\_\_\_ Type of identification produced \_\_\_\_\_

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

I, *{full legal name and trade name of nonlawyer}* \_\_\_\_\_,  
a nonlawyer, located at *{street}* \_\_\_\_\_, *{city}* \_\_\_\_\_,  
*{state}* \_\_\_\_\_, *{phone}* \_\_\_\_\_, helped **(Husband's name)** \_\_\_\_\_  
who is the [  one only ] \_\_\_\_\_ petitioner **or** \_\_\_\_\_ respondent, fill out this form.

This form was prepared for the Husband who is the *{choose only one}* ( ) Petitioner ( ) Respondent.  
This form was prepared with the assistance of:

*{name of individual}* \_\_\_\_\_  
*{name of business}* \_\_\_\_\_  
*{address}* \_\_\_\_\_  
*{city}* \_\_\_\_\_ *{state}* \_\_\_\_\_ *{telephone number}* \_\_\_\_\_

**I certify that I have been open and honest in entering into this settlement agreement. I am satisfied with this agreement and intend to be bound by it.**

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

\_\_\_\_\_  
Signature of Wife  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
E-mail Address(es): \_\_\_\_\_

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Sworn to or affirmed and signed before me on \_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC or DEPUTY CLERK

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

- \_\_\_\_ Personally known
- \_\_\_\_ Produced identification
- \_\_\_\_ Type of identification produced \_\_\_\_\_

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

I, *{full legal name and trade name of nonlawyer}* \_\_\_\_\_,  
a nonlawyer, located at *{street}* \_\_\_\_\_, *{city}* \_\_\_\_\_,  
*{state}* \_\_\_\_\_, *{phone}* \_\_\_\_\_, helped *{Wife's name}* \_\_\_\_\_  
who is the [  **one** only] \_\_\_\_\_ petitioner **or** \_\_\_\_\_ respondent, fill out this form.

This form was prepared for the Wife who is the *{choose only one}* ( ) Petitioner ( ) Respondent.

This form was prepared with the assistance of:

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

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

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

*{city}* \_\_\_\_\_ *{state}* \_\_\_\_\_ *{telephone number}* \_\_\_\_\_



# INSTRUCTIONS FOR FLORIDA FAMILY LAW RULES OF PROCEDURE FORM 12.913(b), AFFIDAVIT OF DILIGENT SEARCH AND INQUIRY (01/12--/12)

## When should this form be used?

This form is to be used with **Notice of Action for Dissolution of Marriage (No Child or Financial Support)**, Florida Supreme Court Approved Family Law Form 12.913(a)(1) and **Notice of Action For Family Cases With Minor Child(ren)**, Form 12.913(a)(2), to obtain **constructive service** (also called service by publication).

The other party is entitled to actual notice of the proceedings when possible. When it is necessary to use constructive notice, it must be given in a way that is likely to provide actual notice. You must disclose the last known address of the other party. A last known address cannot be unknown. This form includes a checklist of places you can look for information on the location of the other party. While you do not have to look in all of these places, the court must believe that you have made a very serious effort to get information about the other party's location and that you have followed up on any information you received.

This form should be typed or printed in black ink. After completing this form, you should sign the form before a **notary public** or **deputy clerk**. You should **file** the original and a **Notice of Action for Dissolution of Marriage (No Child or Financial Support)**, Florida Supreme Court Approved Family Law Form 12.913(a)(1), or **Notice of Action For Family Cases With Minor Child(ren)**, Form 12.913(a)(2), with the **clerk of the circuit court** in the county where your petition is filed. You should keep a copy for your records.

## Where can I look for more information?

**Before proceeding, you should read "General Information for Self-Represented Litigants" found at the beginning of these forms.** For further information, see rule 12.070, Florida Family Law Rules of Procedure and chapter 49, Florida Statutes.

## Special notes...

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

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

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

Division: \_\_\_\_\_

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

and

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

### AFFIDAVIT OF DILIGENT SEARCH AND INQUIRY

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

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

[Check all that apply]

\_\_\_\_\_ United States Post Office inquiry through Freedom of Information Act for current address or any relocations.

\_\_\_\_\_ Last known employment of Respondent, including name and address of employer. You should also ask for any addresses to which W-2 Forms were mailed, and, if a pension or profit-sharing plan exists, then for any addresses to which any pension or plan payment is and/or has been mailed.

\_\_\_\_\_ Unions from which Respondent may have worked or that governed his or her particular trade or craft.

\_\_\_\_\_ Regulatory agencies, including professional or occupational licensing.

\_\_\_\_\_ Names and addresses of relatives and contacts with those relatives, and inquiry as to Respondent's last known address. You are to follow up any leads of any addresses where Respondent may have moved. Relatives include, but are not limited to: parents, brothers, sisters, aunts, uncles, cousins, nieces, nephews, grandparents, great-grandparents, former in-laws, stepparents, stepchildren.

\_\_\_\_\_ Information about the Respondent's possible death and, if dead, the date and location of the death.

\_\_\_\_\_ Telephone listings in the last known locations of Respondent's residence.

\_\_\_\_\_ Internet at <http://www.switchboard.com> or other Internet databank locator service. Please indicate if a public library assisted you in your search.

\_\_\_\_\_ Law enforcement arrest and/or criminal records in the last known residential area of Respondent.

\_\_\_\_\_ Highway Patrol records in the state of Respondent's last known address.

\_\_\_\_\_ Department of Motor Vehicle records in the state of Respondent's last known address.

- \_\_\_ Department of Corrections records in the state of Respondent's last known address.
- \_\_\_ Title IV-D (child support enforcement) agency records in the state of Respondent's last known address.
- \_\_\_ Hospitals in the last known area of Respondent's residence.
- \_\_\_ Utility companies, which include water, sewer, cable TV, and electric, in the last known area of Respondent's residence.
- \_\_\_ Letters to the Armed Forces of the U.S. and their response as to whether or not there is any information about Respondent. (See Memorandum for Certificate of Military Service, Florida Supreme Court Approved Family Law Form 12.912(a).)
- \_\_\_ Tax Assessor's and Tax Collector's Office in the area where Respondent last resided.
- \_\_\_ Other: *{explain}*

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

**3. Respondent's current residence**

[Choose only **one**]

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

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

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_.

Respondent's last known employment, as of *{date}* \_\_\_\_\_, was

Name of Employer \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_.

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

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

Signature of Petitioner  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
E-mail Address(es): \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to or affirmed and signed before me on \_\_\_\_\_ by \_\_\_\_\_ .

\_\_\_\_\_  
NOTARY PUBLIC or DEPUTY CLERK

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

\_\_\_\_ Personally known  
\_\_\_\_ Produced identification  
Type of identification produced \_\_\_\_\_

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

[fill in **all** blanks]

I, {full legal name and trade name of nonlawyer} \_\_\_\_\_,  
a nonlawyer, located at {street} \_\_\_\_\_ {city} \_\_\_\_\_, {state} \_\_\_\_\_,  
{phone} \_\_\_\_\_, helped {name} \_\_\_\_\_, who is  
the petitioner, fill out this form.

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

This form was completed with the assistance of:

{name of individual} \_\_\_\_\_  
{name of business} \_\_\_\_\_  
{address} \_\_\_\_\_  
{city} \_\_\_\_\_ {state} \_\_\_\_\_ {telephone number} \_\_\_\_\_

## **INSTRUCTIONS FOR FLORIDA FAMILY LAW RULES OF PROCEDURE FORM 12.913(c), AFFIDAVIT OF DILIGENT SEARCH (01/12--/12)**

### **When should this form be used?**

This form is to be used with **Notice of Action For Family Cases With Minor Child(ren)**, Florida Supreme Court Approved Family Law Form 12.913(a)(2), to obtain **constructive service** (also called service by publication) on the legal father in any action or proceeding to determine paternity which may result in termination of the legal father's parental rights.

The legal father is entitled to actual notice of the proceedings when possible. When it is necessary to use constructive notice, it must be given in a way that is likely to provide actual notice. You must disclose the last known address of the legal father. A last known address cannot be unknown. This form includes a checklist of places you must look for information on the location of the legal father. You have to look in all of these places, and the court must believe that you have made a very serious effort to get information about the person's location and that you have followed up on any information you received.

This form should be typed or printed in black ink. After completing this form, you should sign the form before a **notary public** or **deputy clerk**. You should **file** the original and a **Notice of Action For Family Cases With Minor Child(ren)**, Florida Supreme Court Approved Family Law Form 12.913(a)(2), with the **clerk of the circuit court** in the county where your petition for dissolution of marriage is filed. You should keep a copy for your records.

### **Where can I look for more information?**

**Before proceeding, you should read General Information for Self-Represented Litigants found at the beginning of these forms.** For further information, see rule 12.070, Florida Family Law Rules of Procedure, chapter 49, Florida Statutes, and section 409.257, Florida Statutes.

### **Special notes...**

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

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

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

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

and

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

### AFFIDAVIT OF DILIGENT SEARCH

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

1. The last known address of the child(ren)'s legal father {name} \_\_\_\_\_, as of {date} \_\_\_\_\_, was:  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_.

His last known employment, as of {date} \_\_\_\_\_, was:

Name of Employer \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

2. The legal father is over the age of 18.
3. The legal father's current residence is not known and cannot be determined, although I have made a diligent search and inquiry to locate him through the following:

**You must search ALL of the following sources of information and state the results.**

\_\_\_\_ United States Post Office inquiry through the Freedom of Information Act for the legal father's current address or any previous address.

Result of search: \_\_\_\_\_

\_\_\_\_ Last known employment of the legal father, including name and address of employer.

Result of search: \_\_\_\_\_

\_\_\_\_ Regulatory agencies, including professional or occupational licensing, in the area where the legal father last resided.

Result of search: \_\_\_\_\_

- \_\_\_\_\_ Names and addresses of relatives to the extent such can be reasonably obtained from the petitioner or other sources, contacts with those relatives and inquiry as to the legal father's last known address. You are to follow up any leads of any addresses where the legal father may have moved.  
Result of search: \_\_\_\_\_
- \_\_\_\_\_ Information about the legal father's possible death and, if dead, the date and location.  
Result of search: \_\_\_\_\_
- \_\_\_\_\_ Telephone listings in the area where the legal father last resided.  
Result of search: \_\_\_\_\_
- \_\_\_\_\_ Law enforcement agencies in the area where the legal father last resided.  
Result of search: \_\_\_\_\_
- \_\_\_\_\_ Highway Patrol records in the state where the legal father last resided.  
Result of search: \_\_\_\_\_
- \_\_\_\_\_ Department of Corrections records in the state where the legal father last resided.  
Result of search: \_\_\_\_\_
- \_\_\_\_\_ Hospitals in the last known area of the legal father's residence.  
Result of search: \_\_\_\_\_
- \_\_\_\_\_ Records of utility companies, which include water, sewer, cable TV, and electric in the last known area of the legal father's residence.  
Result of search: \_\_\_\_\_
- \_\_\_\_\_ Records of the Armed Forces of the U.S. and their response as to whether or not there is any information about the legal father. (See Florida Supreme Court Approved Family Law Form 12.912(a).)  
Result of search: \_\_\_\_\_
- \_\_\_\_\_ Records of the tax assessor's and tax collector's office in the area where the legal father last resided.  
Result of search: \_\_\_\_\_
- \_\_\_\_\_ Search of one Internet databank locator service.  
Result of search: \_\_\_\_\_
- \_\_\_\_\_ Title IV-D (child support enforcement) agency records in the state of the legal father's last known address.  
Result of search: \_\_\_\_\_

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

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

\_\_\_\_\_  
 Signature of Petitioner  
 Printed Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_  
 E-mail Address(es): \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to or affirmed and signed before me on \_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC or DEPUTY CLERK

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

- \_\_\_ Personally known
- \_\_\_ Produced identification
- \_\_\_ Type of identification produced \_\_\_\_\_

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

I, *{full legal name and trade name of nonlawyer}* \_\_\_\_\_,  
a nonlawyer, located at *{street}* \_\_\_\_\_, *{city}* \_\_\_\_\_,  
*{state}* \_\_\_\_\_, *{phone}* \_\_\_\_\_, helped *{name}* \_\_\_\_\_,  
who is the petitioner, fill out this form.

This form was prepared for: [choose only **one**] ( ) Petitioner ( ) Respondent.

This form was completed with the assistance of:

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

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

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

*{city}* \_\_\_\_\_ *{state}* \_\_\_\_\_ *{telephone number}* \_\_\_\_\_



# INSTRUCTIONS FOR FLORIDA FAMILY LAW RULES OF PROCEDURE FORM 12.930(d), NOTICE OF SERVICE OF ANSWERS TO STANDARD FAMILY LAW INTERROGATORIES (~~10/11~~-/12)

## When should this form be used?

You should use this form to tell the court that you have responded to the other **party's** request to answer certain standard questions (**interrogatories**) in writing.

This form should be typed or printed in black ink. You must indicate whether you are sending the answers to interrogatories for original and enforcement proceedings, Florida Family Law Rules of Procedure Form 12.930(b), or modification proceedings, Florida Family Law Rules of Procedure Form 12.930(c). You must also indicate whether you have additional questions that you were asked to answer. After completing this form you should **file** the original with the **clerk of the circuit court** in the county where your case was filed and keep a copy for your records.

## What should I do next?

A copy of this form and the original completed answers to the interrogatories must be mailed or hand delivered to the other party in your case. However, **file** only this form with the clerk. **DO NOT FILE THE ORIGINAL ANSWERS TO THE INTERROGATORIES OR ANY ATTACHMENTS WITH THE CLERK UNLESS THEY ARE ADMITTED INTO EVIDENCE BY THE COURT AND ARE IN COMPLIANCE WITH FLORIDA RULE OF JUDICIAL ADMINISTRATION 2.425.**

## Where can I look for more information?

Before proceeding, you should read "**General Information for Self-Represented Litigants**" found at the **beginning of these forms**. For further information see Florida Family Law Rules of Procedure Rules 12.280, 12.285, 12.340, and 12.380, and Florida Rules of Civil Procedure Rules 1.280, 1.340, and 1.380.

## Special notes . . .

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

Instructions for Florida Family Law Rules of Procedure Form 12.930(d), Notice of Service of Answers to Standard Family Law Interrogatories (~~10/11~~-/12)

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

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

\_\_\_\_\_  
Petitioner

and

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

**NOTICE OF SERVICE OF ANSWERS TO STANDARD FAMILY LAW INTERROGATORIES**

I, {full legal name} \_\_\_\_\_, have on {date} \_\_\_\_\_ served on {name} \_\_\_\_\_ fully completed and sworn answers to the standard family law interrogatories served on me, and additional interrogatories if requested. The interrogatories were for [check **one** only] ( ) original or enforcement proceedings ( ) modification proceedings.

**I UNDERSTAND THAT I SHOULD NOT FILE THE ANSWERS TO INTERROGATORIES WITH THE CLERK OF THE CIRCUIT COURT EXCEPT AS PROVIDED BY FLORIDA RULE OF CIVIL PROCEDURE 1.340(e).**

I certify that a copy of this document was [~~choose only one~~ check all used] ( ) 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: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
E-mail Address(es): \_\_\_\_\_

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

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

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

I, {full legal name and trade name of nonlawyer}, a nonlawyer, located at {street}, {city}, {state}, {phone}, helped {name}, who is the

[check **one** only] ( ) petitioner **or** ( ) respondent, fill out this form.

This form was prepared for: [choose only **one**] ( ) Petitioner ( ) Respondent.

This form was completed with the assistance of:

{name of individual}

{name of business}

{address}

{city} {state} {telephone number}

# **INSTRUCTIONS FOR FLORIDA FAMILY LAW RULES OF PROCEDURE FORM 12.984, RESPONSE BY PARENTING COORDINATOR (~~01/10~~/12)**

## **When should this form be used?**

A person appointed as a parenting coordinator must accept or decline the appointment under Florida Family Law Rule of Procedure 12.742(d). If you accept the appointment, you must complete paragraphs 1(a) and 2 and sign it. If you decline the appointment, you must complete only paragraph 1(b) and sign the form. This form should be typed or printed in black ink.

## **Important Consideration Before Responding.**

A Qualified Parenting Coordinator or other licensed mental health professional under Chapter 490 or 491, Florida Statutes, shall abide by the ethical and other professional standards imposed by his or her licensing authority, certification board, or both, as applicable.

A person ~~that~~who is not a Qualified Parenting Coordinator or a licensed mental health professional under Chapter 490 or 491, Florida Statutes, shall not accept an appointment to serve as parenting coordinator in a matter that presents an apparent or undisclosed conflict of interest. A conflict of interest arises when any relationship between the parenting coordinator and either party compromises or appears to compromise the parenting coordinator's ability to serve. The burden of disclosure of any potential conflict of interest rests on the parenting coordinator. Disclosure shall be made as soon as practical after the parenting coordinator becomes aware of the potential conflict of interest. If a parenting coordinator makes an appropriate disclosure of a conflict of interest or a potential conflict of interest, he or she may serve if all parties agree. However, if a conflict of interest substantially impairs a parenting coordinator's ability to serve, the parenting coordinator shall decline the appointment or withdraw regardless of the express agreement of the parties.

A parenting coordinator shall not provide any services to either party that would impair the parenting coordinator's ability to be neutral.

## **What should I do next?**

After completing and signing this form, you must file the original with the clerk of the circuit court in the county in which the action is pending and keep a copy for your records.

You must mail or hand-deliver a copy of this form to the attorney(s) for the parents or, if not represented by an attorney, to the parents.

## **Where can I look for more information?**

**Before proceeding, you should read “General Information for Self-Represented Litigants” found at the beginning of these forms.** For more information, see section 61.125, Florida Statutes, Florida Family Law Rule of Procedure 12.742, and the **Order of Referral to Parenting Coordinator**, Florida Family Law Rules of Procedure Form 12.998.

### **Special notes**

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

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

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

Division: \_\_\_\_\_

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

and

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

### RESPONSE BY PARENTING COORDINATOR

I, {name} \_\_\_\_\_ notify the Court and affirm the following:

1. Acceptance.

[Choose only **one**]

- a.  I accept the appointment as parenting coordinator.
- b.  I decline the appointment as parenting coordinator.

2. Qualifications.

[Choose only **one**]

- a.  I meet the qualifications in section 61.125(4), Florida Statutes.
- b.  I do not meet the qualifications in section 61.125(4), Florida Statutes. However, the parties have chosen me by mutual consent and I believe I can perform the services of a parenting coordinator because: \_\_\_\_\_

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

3. I am not aware of any conflict, circumstance, or reason that renders me unable to serve as the parenting coordinator in this matter and I will immediately inform the court and the parties if such arises.

4. I understand my role, responsibility, and authority under the Order of Referral to Parenting Coordinator, Florida Family Law Rules of Procedure Form 12.998 and section 61.125, Florida Statutes.

I hereby affirm the truth of the statements in this acceptance and understand that if I make any false representations in this acceptance, I am subject to sanctions by the Court.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
E-mail Address(es): \_\_\_\_\_  
Professional License # (if applicable) \_\_\_\_\_  
Professional Certification # (if applicable) \_\_\_\_\_

Copies to: Attorney for Parent #1 OR Parent #1 if not represented by Counsel  
Attorney for Parent #2 OR Parent #2 if not represented by Counsel

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

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

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

This form was completed with the assistance of:

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

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

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

*{city}* \_\_\_\_\_ *{state}* \_\_\_\_\_ *{telephone number}* \_\_\_\_\_

I certify that this report was prepared in compliance with the font requirements of *Fla. R. App. P. 9.210(a)(2)* and that these forms were read against *West's Florida Rules of Court — State (2012)*.

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