

NAME CHANGE **MINOR**

INSTRUCTIONS FOR FILING AN ACTION FOR NAME CHANGE - MINOR

- You need this packet if the parents want the court to change the name of a child who is under the age of 18.
 - You and the child must be a resident of Miami-Dade County to file this action.
 - **The Clerk will explain to you the procedures for having the necessary FINGERPRINTS taken.**
 - 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

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 (to correct any errors)
4. Driver's License, State ID, or Passport
5. Applicable Fees
6. Keep in mind the Clerk's Office hours are from 9:00a.m. to 4:00p.m.

The Day of Your Final Hearing

1. Get to the Courthouse early and check in with the Bailiff or Clerk.
2. Bring your Florida Driver's License, Florida ID, Florida Voter's Registration Card, or Affidavit of Corroborating Witness.
3. Your case will be called by your last name. Approach the bench.
4. After your hearing, wait outside the courtroom. The Clerk will walk you down to the Clerk's Office to get certified copies of your Final Judgment. The cost is \$1.00 for the certification and \$1.50 per page.

I. Filing a Name Change - Minor

IF BOTH PARENTS AGREE:

Step 1. Complete the following documents:

Petition for Change of Name – Minor [Form A-7]

(Both parents will be Petitioners)

Civil Cover Sheet [Form H]

No Hearing Special Affidavit

Index of Forms

Acknowledgment of Receipt

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.

Fee Schedule

Filing Fee	\$401.00	<i>cash, credit card or money order</i>
Fingerprints	(the Clerk will explain the procedures for taking your fingerprints)	
Certified Copies	\$ 1.00 + \$1.50 per page	<i>cash or credit card</i>

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

IF ONE PARENT FILES and THE OTHER PARENT'S ADDRESS IS KNOWN:

Step 1. Complete the following documents:

Petition for Change of Name – Minor [Form A-7]
(**you will be Petitioner and other parent the Respondent**)
Civil Cover Sheet [Form H]
Summons [Form G]
No Hearing Special Affidavit
Index of Forms
Acknowledgment of Receipt
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.

Fee Schedule

Filing Fee	\$401.00	cash, credit card or money order
Summons Issue Fee	\$10.00	cash, credit card or money order
Miami-Dade Sherriff Process Service Fee	\$40.00	cash, credit card or money order
Fingerprints	(the Clerk will explain the procedures for taking your fingerprints)	
Certified Copies	\$ 1.00 + \$1.50 per page	cash or credit card

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

IF ONE PARENT FILES and THE OTHER PARENT'S ADDRESS IS UNKNOWN:

Step 1. Complete the following documents:

Petition for Change of Name – Minor [Form A-7]
(you will be Petitioner and other parent the Respondent)
Civil Cover Sheet [Form H]
The 3 Letters [Form B]
Affidavit of Search Inquiry on Relatives of Spouse
Affidavit of Diligent Search [Form C]
Notice of Publication [Form D]
Index of Forms
Acknowledgement of Receipt
Notice of Related Cases

Step 2. Because you do not know the address of your spouse, you are required to search for their address. To begin your search, there are three (e) letters [Form B] included in your packet to mail to different agencies, Military Certificate Search Online, Internet Search and Affidavit of Search Inquiry on Relatives of Spouse **(carefully follow the instructions for a Diligent Search printed later in this packet).**

STOP HERE - DO NOT GO TO STEP 3 UNTIL AFTER YOU HAVE COMPLETED THE DILIGENT SEARCH INSTRUCTIONS AND MADE A FOLLOWUP APPOINTMENT TO REVIEW AND NOTARIZE YOUR DOCUMENTS

Step 3: 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.

Fee Schedule

Filing Fee	\$401.00	<i>cash, credit card or money order</i>
Issue Summons	\$ 10.00	<i>same (only if not in agreement)</i>
Service Fee	\$ 40.00	<i>money order or cash</i>
Publication Fee	\$140.00	<i>money order</i>
3 Letter & Internet Fees		
Fingerprints	(the Clerk will explain the procedures and fees)	
Certified Copies	\$ 1.00 + \$1.50 per page	<i>cash or credit card</i>

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

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 Name Change**

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-Name Change**

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

Important Information Regarding Your Self-Help Appointment

Need help completing your packet?

A \$100.00 Packet Completion Assistance is offered at the Self-Help Program to help you complete your forms and notarize them. If you would like to participate, Make your appointment online <https://www.jud11.flcourts.org/Family-Court-Self-Help-Program>

Information you need to know for your Name Change Packet Completion appointment or Self-Help appointment (First-Time)

- A valid Florida Driver's License, Florida ID or U.S. Passport
- A valid address for you and your spouse
- **Adult Birth Certificate** (*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.*)
- Social Security number and date of birth for both you and your spouse
- All applicable fees (please read the fees that apply in your packet)
- A pen in blue or black ink **(please type or print legibly!)**
- Correction tape or correction fluid
- **2 regular envelopes with 2 post office stamps**



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

SELF-HELP PACKET REVIEW VIA MAIL

The Family Self Help Program 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
175 NW 1st Ave Suite 2441
Miami, FL 33128

Self-Help Program

South Dade Government Center
10710 SW 211th St Room 1400
Miami, FL 33189

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

SELF HELP SERVICE FEE

- \$60 Name Changes (\$20.00 Processing fee included)

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.**

Agreement

FILING FEES DUE IF BOTH PARTIES ARE IN AGREEMENT

- Clerk of Court Filing Fee is **\$401.00**
- MAKE MONEY ORDER PAYABLE TO: **CLERK OF COURT AND COMPTROLLER**

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

FEES DUE IF NO AGREEMENT VIA PERSONAL SERVICE (SUMMONS)

- Clerk of Court Filing Fee **\$401.00**
MAKE MONEY ORDER PAYABLE TO: **CLERK OF COURT AND COMPTROLLER**
- Summons Issue Fee **\$10.00**
MAKE MONEY ORDER PAYABLE TO: **CLERK OF COURT AND COMPTROLLER**
Select one of the options below to serve the other party:
- **Option 1:** Miami-Dade Sheriff Serving Fee **\$40.00**
MAKE MONEY ORDER PAYABLE TO: **The Office of the Sheriff of Miami Dade County**
- **Option 2:** Use a certified process server. You may use a certified process server and pay the processing fee directly to the process server. Certified Process Server list: <https://www.jud11.flcourts.org/Process-Servers>

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

FAMILY DIVISION

IN RE: THE NAME CHANGE OF

_____,
Petitioner,

CASE NO.:

_____,
Petitioner

and

_____,
Respondent.

_____/

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

1. This is an action for the change of name of a minor child under §68.07, Florida Statutes.
2. I / We, {full legal name(s)} _____
am/are the birth or legal parent(s) of the minor child(ren) named in this petition.
There are {enter number of children} _____ children named in this petition.
The information on the first child is entered below. I/We have attached the completed
supplemental forms for each other child

THE FOLLOWING INFORMATION IS TRUE ABOUT CHILD #1:

1. Minor child's complete present name is:

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

2. The minor child lives in Miami-Dade County, Florida at {street address} _____.
3. The minor child was born on {date} _____, in {city} _____,
{county} _____, {state} _____, {country} _____.

4. The minor child's father's full legal name: _____
 The minor child's mother's full legal name: _____
 The minor child mother's maiden name: _____

5. The minor child has lived in the following places since birth:

Dates (to/from)	Address
_____/_____/_____	_____
_____/_____/_____	_____
_____/_____/_____	_____
_____/_____/_____	_____
_____/_____/_____	_____
_____/_____/_____	_____

☐ Check here if you are continuing these facts on an attached page.

6. [☐ one only]

_____ The minor child is not married.
 _____ The minor child is married to: _____

7. [☐ one only]

_____ The minor child has no children.
 _____ The minor child is the parent of the following child(ren): *{full legal name(s) and date(s) of birth}* _____

8. **Former names** [☐ all that apply]

_____ The minor child's name has never been changed **by a court**.
 _____ The minor child's name previously was changed **by court order** from _____ to _____
 _____ on {date} _____ by {court, city, and state} _____. A copy of the court order is attached.
 _____ The minor child's name previously was changed **by marriage** from _____ to _____
 _____ on {date} _____ by {court, city, and state} _____. A copy of the marriage certificate is attached.
 _____ The minor child has never been known or called by any other name.
 _____ The minor child has been known or called by the following other name(s):
{list name(s) and explain where child was known or called by such name(s)}

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

10. Criminal History [√ one only]

_____ The minor child has never been arrested for or charged with, pled guilty or nolo contendere to, or been found to have committed a criminal offense, regardless of adjudication.

_____ The minor child has a criminal history. In the past the minor child has been arrested for or charged with, pled guilty or nolo contendere to, or been found to have committed a criminal offense, regardless of adjudication. The details of the criminal history are:

Date	City/State	Event (arrest, charge, plea, adjudication)
_____	_____	_____
_____	_____	_____
_____	_____	_____

☐ Check here if you are continuing these facts on an attached page.

11. Creditor(s)' Judgments

[√ one only]

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

_____ The following creditor(s)' money judgment(s) have been entered against him/her:

Date	Amount	Creditor	Court entering judgment, case number	√ if Paid
_____	_____	_____	_____	☐
_____	_____	_____	_____	☐
_____	_____	_____	_____	☐
_____	_____	_____	_____	☐

12. Petitioner(s) live in Miami-Dade County Florida, at {street address} _____

13. I/We have no ulterior or illegal purpose for filing this petition, and granting it will not in any manner invade the property rights of others, whether partnership, patent, good will, privacy, trademark, or otherwise.

14. My/our civil rights have never been suspended, or, if my civil rights have been suspended, they have been fully restored.

WHEREFORE, the Petitioner(s) requests that a change of name be granted and the Florida Department of Health, Office of Vital Statistics be directed to issue a new original birth certificate reflecting such name change.

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

Dated: _____

Signature of ☐ **Father** ☐ **Mother** _____

Printed Name: _____

Street Address: _____

City, State, Zip: _____

Telephone No.: _____

Fax Number: _____

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

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

NOTARY PUBLIC or DEPUTY CLERK

_____ Personally known

_____ Produced identification: _____

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

Dated: _____

Signature of ☐ **Father** ☐ **Mother** _____

Printed Name: _____

Street Address: _____

City, State, Zip: _____

Telephone No.: _____

Fax Number: _____

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

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

NOTARY PUBLIC or DEPUTY CLERK

_____ Personally known

_____ Produced identification: _____

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

THE FOLLOWING INFORMATION IS TRUE ABOUT CHILD # _____:

1. Minor child's complete present name is:

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

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

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

4. The minor child's father's full legal name: _____
The minor child's mother's full legal name: _____
The minor child mother's maiden name: _____

5. The minor child has lived in the following places since birth:

Dates (to/from)	Address
_____/_____/_____	_____
_____/_____/_____	_____
_____/_____/_____	_____
_____/_____/_____	_____
_____/_____/_____	_____

☐ Check here if you are continuing these facts on an attached page.

6. [☒ one only]

____ The minor child is not married.

____ The minor child is married to: _____

7. [☒ one only]

____ The minor child has no children.

____ The minor child is the parent of the following child(ren): {full legal name(s) and date(s) of birth} _____

PETITIONER(S) MUST INITIAL HERE: _____

8. **Former names** [☐ all that apply]

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

☐ The minor child's name previously was changed **by court order** from

_____ to _____
 _____ on {date} _____ by {court, city, and state}
 _____. A copy of the court order is attached.

☐ The minor child's name previously was changed **by marriage** from

_____ to _____
 _____ on {date} _____ by {court, city, and state}
 _____. A copy of the marriage certificate is attached.

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

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

 _____.

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

10. **Criminal History** [☐ one only]

☐ The minor child has never been arrested for or charged with, pled guilty or nolo contendere to, or been found to have committed a criminal offense, regardless of adjudication.

☐ The minor child has a criminal history. In the past the minor child has been arrested for or charged with, pled guilty or nolo contendere to, or been found to have committed a criminal offense, regardless of adjudication. The details of the criminal history are:

Date	City/State	Event (arrest, charge, plea, adjudication)
_____	_____	_____
_____	_____	_____
_____	_____	_____

☐ Check here if you are continuing these facts on an attached page.

PETITIONER(S) MUST INITIAL HERE: _____

11. Creditor(s)' Judgments

[✓ one only]

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

_____ The following creditor(s)' money judgment(s) have been entered against him/her:

Date	Amount	Creditor	Court entering judgment, case number	✓ if Paid
_____	_____	_____	_____	☐
_____	_____	_____	_____	☐
_____	_____	_____	_____	☐
_____	_____	_____	_____	☐

12. Petitioner(s) live in Miami-Dade County Florida, at {street address} _____

13. I/We have no ulterior or illegal purpose for filing this petition, and granting it will not in any manner invade the property rights of others, whether partnership, patent, good will, privacy, trademark, or otherwise.

14. My/our civil rights have never been suspended, or, if my civil rights have been suspended, they have been fully restored.

PETITIONER(S) MUST INITIAL HERE _____

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 Spouse 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 the other party.
5. If you find a valid address for the other party, immediately proceed to **step 4**.

STEP 2: GENERAL INTERNET SEARCH

1. You will be required to search for the other party using the internet.
2. You can use www.switchboard.com or any other people finder searches using the internet.
3. The report results must include the other party'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 the other party.
5. If you find a valid address for the other party, immediately proceed to **step 4**.

STEP 3: ARMED SERVICES MEMBER INTERNET 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 SPOUSE (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 Respondent'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 other party you may need to serve the other party 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 the other party.
4. If you find a valid address for the other party, 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.

1. Capacity of requester (process server, attorney, party representing self): **Party Representing Self**
2. 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)
3. The names of all known parties to the litigation: _____
4. The court in which the case has been or will be heard: Eleventh Judicial Circuit, Family Division
5. The docket or other identifying number (**a or b must be completed**)
____ a. Docket or other identifying number: _____
X b. Docket or other identifying number has not been issued.
6. 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 91
Neil Kirkman Building
Tallahassee, Florida 32399

Date: _____, 20____

To Whom It May Concern:

I am filing a legal action in the 11th Judicial Circuit in Miami-Dade County and I do not know the whereabouts of my spouse. I need to conduct a search to see if my spouse 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 my spouse's address and if so, the address on the title or registration.

This request is made under **Driver Privacy Protection Act Exemption number five (5)**

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 my spouse:

Full Name: _____

Last Known Address: _____

Date of Birth: _____

Driver License/ID #: _____

Social Security #: _____

I am enclosing a Check / Money Order for \$0.50 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 11th Judicial Circuit in Miami-Dade County and I do not know the whereabouts of my spouse. I need to conduct a search to see if my spouse is living in the State of Florida. Therefore, I need your Department to advise me as to whether my spouse is incarcerated in Florida and if so, the address to which mail be sent. Listed below is the information on my spouse:

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: _____

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 OTHER PARTY**

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 RE: THE NAME CHANGE OF::

_____,
Petitioner,

CASE NO.:

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):

[√ 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.
- _____ Department of Corrections 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.
- _____ Internet Request to the Armed Forces of the U.S. and their 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 Party: _____

Printed Name: _____

Street Address: _____

City, State, Zip: _____

Telephone No.: _____

Fax Number: _____

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

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

NOTARY PUBLIC or DEPUTY CLERK

☐ Personally known

☐ Produced identification: _____

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

FAMILY DIVISION

IN RE: NAME CHANGE OF:

_____,
Petitioner,
and

CASE NO.:

_____,
Respondent.
_____ /

NOTICE OF PUBLICATION

YOU, Respondent _____ whose current
residence is _____
are hereby notified to file your Answer to the Petition for Name Change of Minor 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
Name Change of Minor filed against you will be taken as confessed.
Dated this _____ Day of _____, 20 _____.

**HARVEY RUVIN
CLERK OF THE CIRCUIT COURT**

By: _____
Deputy Clerk

(Circuit Court Seal)

Notice of Publication

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

IN RE: THE NAME CHANGE OF: **FAMILY DIVISION**

_____, **CASE NO.:**
Petitioner,

And

_____,
Respondent.
_____ /

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

TO: (other party's full legal name)

Name: _____

Street Address: _____

City, State, Zip: _____

IMPORTANT

A lawsuit has been filed against you. You have **20 calendar days** after this summons is served on you to file a written response to the attached petition with the Clerk of the Court, located at *175 N.W. 1st Avenue, 12th Floor, Miami, Florida 33128*. A phone call will not protect you. Your written response, including the case number and the names of the parties, must be filed if you want the Court to hear your side of the case.

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

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

Petitioner Name: _____

Street Address: _____

City, State, Zip: _____

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. 1st Avenue, 12th Floor, Miami, Florida 33128*. Una llamada telefonica no lo protegera. Si usted desea que el tribunal considere su defensa, debe presentar su respuesta por escrito, incluyendo el numero del caso y los nombres de las partes interesadas. Si usted no contesta la demanda a tiempo, pudiese perder el caso y podria ser despojado de sus ingresos y propiedades, o privado de sus derechos, sin previo aviso del tribunal. Existen otros requisitos legales. Si lo desea, usted puede consultar a un abogado inmediatamente. Si no conoce a un abogado, puede llamar a una de las oficinas de asistencia legal que aparecen en la guia telefonica.

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

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

Nombre: _____

Dirección: _____

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 mantener informada a la oficina del Clerk of the Court de su dirección actual. Los papeles que se presenten en el futuro en esta demanda judicial serán enviados por correo a la dirección que este registrada en la oficina del Clerk.

ADVERTENCIA: Regla 12.285 del Florida Family Law Rules of Procedure, requiere cierta revelación automática de documentos e información. El incumplimiento, puede resultar en sanciones, incluyendo la desestimación o anulación de los alegatos.

IMPORTANT

Des poursuites judiciaires ont été entreprises contre vous. Vous avez **20 jours** consécutifs à partir de la date de l'assignation de cette citation pour déposer une réponse écrite à la plainte ci-jointe auprès de ce tribunal. Qui se trouve à: *Clerk of the Court, 175 N.W. 1st Avenue, 12th Floor, Miami, Florida 33128*. Un simple coup de téléphone est insuffisant pour vous protéger; vous êtes obligés de déposer votre réponse écrite, avec mention du numéro de dossier ci-dessus et du nom des parties nommées ici, si vous souhaitez que le tribunal entende votre cause. Si vous ne déposez pas votre réponse écrite dans le délai requis, vous risquez de perdre la cause ainsi que votre salaire, votre argent, et vos biens peuvent être saisis par la suite, sans aucun préavis ultérieur de tribunal. Il y a d'autres obligations juridiques et vous pouvez requérir les services immédiats d'un avocat. Si vous ne connaissez pas d'avocat, vous pourriez téléphoner à un service de référence d'avocats ou à un bureau d'assistance juridique (figurant à l'annuaire de téléphones).

Si vous choisissez de déposer vous-même une réponse écrite, il vous faudra également, en même temps que cette formalité, faire parvenir ou expédier une copie au carbone ou une photocopie de votre réponse écrite 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 consulter 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: _____

HARVEY RUVIN
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 6th Street
Hialeah, Florida 33010

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

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

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

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

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

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 _____☐ 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

IN RE:

_____,
Petitioner,

CASE NO.:

_____,
Petitioner,

and

_____,
Respondent.

_____/

INDEX OF FORMS

- ☐ Form A-7 Petition for Change of Name (Minor)
- ☐ Form H Civil Cover Sheet
- ☐ Form G Summons: Personal Service on an Individual
- ☐ Forms B, 3 letters of Diligent Search
- ☐ Form Affidavit Search & Inquiry on Relatives for Spouse
- ☐ Forms C, D Affidavits Diligent Search & Publication and Notice of Publication
- ☐ Form Notice of Related Cases
- ☐ Form No Hearing Special Affidavit
- ☐ Form Acknowledgment of Receipt
- ☐ Form Designation of Current Address and Email (Petitioner)
- ☐ Form Designation of Current Address and Email (Respondent)

Index of Forms - Name Change (Minor)

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.

_____/

**SPECIAL AFFIDAVIT FOR UNCONTESTED NAME CHANGE (MINOR)
WITHOUT A HEARING**

I () We () understand that this is an action for the change of name of an MINOR under §68.07, Florida Statutes. The undersigned, under oath and under penalty of perjury, swear or affirm as follows:

1. MINOR #1 complete present name is:

The name on MINOR current Birth Certificate is:

I request that the MINOR name be changed to:

MINOR #2 complete present name is:

The name on MINOR current Birth Certificate is:

I request that the MINOR name be changed to:

MINOR #3 complete present name is:

The name on MINOR current Birth Certificate is:

I request that the MINOR name be changed to:

2. PETITIONER FATHER currently reside in Miami-Dade County, Florida at
{street address}

PETITIONER MOTHER currently reside in Miami-Dade County, Florida at
{street address}

3. I () We () have no ulterior or illegal purpose for filing this petition and granting it will not in any manner invade the property rights of others, whether partnership, patent, good will, privacy, trademark, or otherwise.
4. I () We () civil rights have never been suspended, or, if my civil rights have been suspended, they have been fully restored.

PLEASE NOTE: I () We () understand I () We () must have my () our () fingerprints submitted electronically to the Clerk of Court. You must show proof that you are residing in Miami-Dade County. You may do this in one of two ways:

- A. By submitting an **enlarged**, readable photocopy of a valid Florida driver's license or voter's registration. The **date of issue** must prove your residency. If it does not, you have failed to prove residency and your case will be held up until proper proof is received; or
- B. By submitting an Affidavit of Corroborating Witness, Florida Supreme Court Approved Family Law Form 12.902(i). The witness must be someone other than a party to this action and an adult who is a Florida resident.

By signing this Special Affidavit, I () We () understand that a final hearing will NOT be set in this case. The Judge assigned to this case may enter a Final Judgment closing the case without our presence at any future hearings.

Dated: _____

Petitioner's Signature: _____

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: _____

Dated: _____

Petitioner's Signature: _____

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

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

NOTARY PUBLIC or DEPUTY CLERK

☐ Personally known

☐ Produced identification: _____

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

FAMILY DIVISION

IN RE:

CASE NO.:

_____,
Petitioner,

and

_____,
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: _____

Notice of Related Cases

page 1

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: _____

Notice of Related Cases

page 2

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: _____