

COVER SHEET FOR FAMILY COURT CASES

I. Case Style

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

Case No.: _____
Judge: _____

Petitioner,

and

Respondent.

II. Type of Action/Proceeding. Place a check beside the proceeding you are initiating. If you are filing more than one type of proceeding (such as a modification and an enforcement proceeding) against the same party at the same time, then you must complete a separate cover sheet for each action being filed. **If you are reopening a case, choose one of the three options below it.**

- (A) Initial Action/Petition
- (B) Reopening Case
 - 1. Modification/Supplemental Petition
 - 2. Motion for Civil Contempt/Enforcement
 - 3. Other

III. Type of Case. If the case fits more than one type of case, select the most definitive.

- (A) Domestic Violence

IV. Rule of General Practice and Judicial Administration 2.545(d) requires that a Notice of Related Cases

Form, Family Law Form 12.900(h), be filed with the initial pleading/petition by the filing attorney or self-represented litigant in order to notify the court of related cases. Is Form 12.900(h) being filed with this Cover Sheet for Family Court Cases and initial pleading/petition?

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

____ Yes, all related cases are listed on Family Law Form 12.900(h).

ATTORNEY OR PARTY SIGNATURE

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

Signature _____ FL Bar No.: _____

Attorney or party

(Bar number, if attorney)

(Type or print name)

(E-mail Address(es))

Date

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

This form was prepared for the: *{choose only one}* _____ Petitioner _____ Respondent

This form was completed with the assistance of:

{name of individual} _____

{name of business} _____

{address} _____

{city} _____, *{state}* _____, *{zip code}* _____, *{telephone number}* _____.

IN THE CIRCUIT COURT OF THE
IN AND FOR

JUDICIAL CIRCUIT,
COUNTY, FLORIDA

Petitioner,

Case No.: _____

and

Division: _____

Respondent.

PETITION FOR INJUNCTION FOR PROTECTION AGAINST DOMESTIC VIOLENCE

I, {full legal name} _____, declare under penalties of perjury,
that the following statements are true:

SECTION I. PETITIONER

(This section is about you. It must be completed. However, if you fear that disclosing your address to the respondent would put you in danger, you should complete and file a Request for Confidential Filing of Address, Florida Supreme Court Approved Family Law Form 12.980(h), and write "confidential" in the space provided on this form for your address and telephone number.)

1. Petitioner's current address is: {street address} _____
{city, state, and zip code} _____
Telephone Number: {area code and number} _____
Physical description of Petitioner:
Race: _____ Sex: Male _____ Female _____ Date of Birth: _____

2. Petitioner's attorney's name, address, and telephone number is: _____

(If you do not have an attorney, write none.)

SECTION II. RESPONDENT

(This section is about the person you want to be protected from. It must be completed.)

1. Respondent's current address is: {street address, city, state, and zip code} _____

Respondent's Driver's License number is: {if known} _____

2. Respondent is: *{Indicate all that apply}*
- a. _____ the spouse of Petitioner.
Date of Marriage: _____
 - b. _____ the former spouse of Petitioner.
Date of Marriage: _____
Date of Dissolution of Marriage: _____
 - c. _____ related by blood or marriage to Petitioner.
Specify relationship: _____
 - d. _____ a person who is or was living in one home with Petitioner, as if a family.
 - e. _____ a person with whom Petitioner has a child in common, even if Petitioner and Respondent never were married or living together.
3. Petitioner has known Respondent since *{date}* _____
4. Respondent's last known place of employment: _____
Employment address: _____
Working hours: _____
5. Physical description of Respondent:
Race: _____ Sex: Male _____ Female _____ Date of Birth: _____
Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____
Distinguishing marks or scars: _____
Vehicle: (make/model) _____ Color: _____ Tag Number: _____
6. Other names Respondent goes by (aliases or nicknames): _____
7. Respondent's attorney's name, address, and telephone number is: _____

(If you do not know whether Respondent has an attorney, write unknown. If Respondent does not have an attorney, write none.)

SECTION III. CASE HISTORY AND REASON FOR SEEKING PETITION (This section must be completed.)

1. Has Petitioner ever received or tried to get an injunction for protection against domestic violence against Respondent in this or any other court?
_____ Yes _____ No If yes, what happened in that case? *{Include case number, if known}*

2. Has Respondent ever received or tried to get an injunction for protection against domestic violence against Petitioner in this or any other court?

_____ Yes _____ No If yes, what happened in that case? *{Include case number, if known}*

3. Describe **any other** court case that is either going on now or that happened in the past, including a dissolution of marriage, paternity action, or child support enforcement action, **between Petitioner and Respondent** *{Include city, state, and case number, if known}*: _____

4. Petitioner is either a victim of domestic violence or has reasonable cause to believe he or she is in imminent danger of becoming a victim of domestic violence because respondent has: *{Mark all sections that apply and describe in the spaces below the incidents of violence or threats of violence, specifying when and where they occurred, including, but not limited to, locations such as a home, school, place of employment, or time-sharing exchange}*

a. _____ committed or threatened to commit domestic violence defined in s. 741.28, Florida Statutes, as any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, kidnapping, false imprisonment, or any criminal offense resulting in physical injury or death of one family or household member by another. With the exception of persons who are parents of a child in common, the family or household members must be currently residing or have in the past resided together in the same single dwelling unit.

b. _____ previously threatened, harassed, stalked, or physically abused the petitioner.

c. _____ attempted to harm the petitioner or family members or individuals closely associated with the petitioner.

d. _____ threatened to conceal, kidnap, or harm the petitioner's child or children.

e. _____ intentionally injured or killed a family pet.

f. _____ used, or has threatened to use, against the petitioner any weapons such as guns or knives.

g. _____ physically restrained the petitioner from leaving the home or calling law enforcement.

h. _____ a criminal history involving violence or the threat of violence (if known).

i. _____ another order of protection issued against him or her previously or from another jurisdiction (if known).

j. _____ destroyed personal property, including, but not limited to, telephones or other communication equipment, clothing, or other items belonging to the petitioner.

k. _____ engaged in a pattern of abusive, threatening, intimidating, or controlling behavior composed of a series of acts over a period of time, however short.

l. _____ engaged in any other behavior or conduct that leads the petitioner to have reasonable cause to believe he or she is in imminent danger of becoming a victim of domestic violence.

Below is a brief description of the latest act of violence or threat of violence that causes Petitioner to honestly fear imminent domestic violence by Respondent.

{Please begin your narrative below. Use additional pages if necessary but please do not write in the margins or on the back of any of the pages Please indicate below if you are using additional pages.}

On {date} _____, at {location} _____,

Respondent:

_____ Please indicate here if you are attaching additional pages to continue these facts.

5. Additional Information

*{Indicate **all** that apply}*

- a. _____ Other acts or threats of domestic violence as described on attached sheet.
- b. _____ This or other acts of domestic violence have been previously reported to {person or agency}: _____
- c. _____ Respondent owns, has, and/or is known to have guns or other weapons.
Describe weapon(s): _____
- d. _____ Respondent has a drug problem.
- e. _____ Respondent has an alcohol problem.
- f. _____ Respondent has a history of mental health problems. If checked, answer the following, if known:
Has Respondent ever been the subject of a Baker Act proceeding? _____ Yes _____ No
Is Respondent supposed to take medication for mental health problems? _____ Yes _____ No
If yes, is Respondent currently taking his/her medication? _____ Yes _____ No

SECTION IV. TEMPORARY EXCLUSIVE USE AND POSSESSION OF HOME (Complete this section **only** if you want the Court to grant you temporary exclusive use and possession of the home that you share with the Respondent.)

1. Petitioner claims the following about the home that Petitioner and Respondent share or that Petitioner left because of domestic violence:

*{Indicate **all** that apply}*

a. _____ Petitioner needs the exclusive use and possession of the home that the parties share at *{street address}* _____,

{city, state, zip code} _____.

b. _____ Petitioner cannot get another safe place to live because: _____

c. _____ If kept out of the home, Respondent has the money to get other housing or may live without money at *{street address}* _____,

{city, state, zip code} _____.

2. The home is:

*{Choose **one** only}*

a. _____ owned or rented by Petitioner and Respondent jointly.

b. _____ solely owned or rented by Petitioner.

c. _____ solely owned or rented by Respondent.

SECTION V. TEMPORARY PARENTING PLAN WITH TEMPORARY TIME-SHARING SCHEDULE FOR MINOR CHILDREN

*(Complete this section **only** if you are asking the court to provide a temporary parenting plan, including a temporary time-sharing schedule with regard to, the minor child or children of the parties which might involve prohibiting or limiting time-sharing or requiring that it be supervised by a third party. You must be the natural parent, adoptive parent, or guardian by court order of the minor child or children. If you are asking the court to provide a temporary parenting plan, including a temporary time-sharing schedule with regard to, the minor child or children of the parties which might involve prohibiting or limiting time-sharing or requiring that it be supervised by a third party, you must also complete and file a **Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) Affidavit**, Florida Supreme Court Approved Family Law Form 12.902(d)).*

Note: If the paternity of the minor children listed below has not been established through either marriage or court order, the Court may deny a request to provide a temporary parenting plan, including a temporary time-sharing schedule with regard to, the minor child or children, and/or a request for child support.

1. Petitioner is the natural parent, adoptive parent, or guardian by court order of the minor children whose name(s) and age(s) are listed below.

Name

Birth date

_____	_____
_____	_____
_____	_____
_____	_____

2. The minor children for whom Petitioner is asking the court to provide a temporary parenting plan, including a temporary time-sharing schedule with regard to:

{Choose one only}

- a. _____ saw the domestic violence described in this petition happen.
- b. _____ were at the place where the domestic violence happened but did not see it.
- c. _____ were not there when the domestic violence happened this time but have seen previous acts of domestic violence by Respondent.
- d. _____ have not witnessed domestic violence by Respondent.

3. Name **any other** minor children who were there when the domestic violence happened. Include children's name, age, and parents' names. _____

4. **Temporary Parenting Plan and Temporary Time-Sharing Schedule**

{Indicate all that apply}

- a. _____ Petitioner requests that the Court provide a temporary parenting plan, including a temporary time-sharing schedule, with regard to the minor child or children of the parties, as follows: _____

_____.
- b. _____ Petitioner requests that the Court order supervised exchange of the minor children or exchange through a responsible person designated by the Court. The following person is suggested as a responsible person for purposes of such exchange. *{Explain}*: _____

- c. _____ Petitioner requests that the Court limit time-sharing by Respondent with the minor children. *{Explain}*: _____

- d. _____ Petitioner requests that the Court **prohibit** time-sharing by Respondent with the minor children because Petitioner genuinely fears that Respondent imminently will abuse, remove, or hide the minor children from Petitioner. *{Explain}*: _____

- e. _____ Petitioner requests that the Court allow only supervised time-sharing by Respondent with the minor children. *{Explain}*: _____

Supervision should be provided by a Family Visitation Center, or other *(specify)*: _____

SECTION VI. EXCLUSIVE CARE, POSSESSION, OR CONTROL OF FAMILY PET(S) *(Complete this section only if you are seeking exclusive care, possession, or control of an animal owned, possessed, harbored, kept, or held by you (the Petitioner), the Respondent, or a minor child residing in either your residence or household or Respondent's residence or household. The court may order the Respondent to have no contact with the animal and may prohibit the Respondent from taking, transferring, encumbering, concealing, harming, or otherwise disposing of the animal. You may not request to have exclusive care, possession, or control of an animal owned primarily for a bona fide agricultural purpose, as defined in section 193.461, Florida Statutes, or a service animal, as defined in section 413.08, Florida Statutes, if Respondent is the service animal's handler.) {Indicate **all** that apply}.*

1. _____ Petitioner requests to have exclusive care, possession, and control of the following animal(s) which are owned, possessed, harbored, kept, or held by Petitioner, Respondent, or a minor child residing in Petitioner's or Respondent's residence or household: _____
_____.

2. _____ Petitioner requests that Respondent have no contact with the following animal(s) and be prohibited from taking, transferring, encumbering, concealing, harming, or otherwise disposing of them: _____
_____.

SECTION VII. TEMPORARY SUPPORT *(Complete this section **only** if you are seeking financial support from the Respondent. You must also complete and file a **Family Law Financial Affidavit**, Florida Family Law Rules of Procedure Form 12.902(b) or (c), and **Notice of Social Security Number**, Florida Supreme Court Approved Family Law Form 12.902(j), if you are seeking child support. A **Child Support Guidelines Worksheet**, Florida Family Law Rules of Procedure Form 12.902(e), must be filed with the court at or prior to a hearing to establish or modify child support.)*

*{Indicate **all** that apply}*

1. _____ Petitioner claims a need for the money he or she is asking the Court to make Respondent pay, and that Respondent has the ability to pay that money.

2. _____ Petitioner requests that the Court order Respondent to pay the following temporary alimony to Petitioner. (Petitioner must be married to Respondent to ask for temporary alimony.) Temporary Alimony Requested \$ _____ every: ____ week _____ other week ____ month.

3. _____ Petitioner requests that the Court order Respondent to pay the following temporary child support to Petitioner. (The Respondent must be the natural parent, adoptive parent, or guardian by court order of the minor children for the court to order the Respondent to pay child support.) Temporary child support is requested in the amount of \$ _____ every: ____ week ____ other week ____ month.

SECTION VIII. INJUNCTION (This section summarizes what you are asking the Court to include in the injunction. This section must be completed.)

1. Petitioner asks the Court to enter a TEMPORARY INJUNCTION for protection against domestic violence that will be in place from now until the scheduled hearing in this matter.

2. Petitioner asks the Court to enter, after a hearing has been held on this petition, a final judgment on injunction prohibiting Respondent from committing any acts of domestic violence against Petitioner **and**:
 - a. prohibiting Respondent from going to or within 500 feet of any place the Petitioner lives;
 - b. prohibiting Respondent from going to or within 500 feet of the Petitioner's place(s) of employment or school; the address of Petitioner's place(s) of employment or school is: _____
_____;
 - c. prohibiting Respondent from contacting Petitioner by mail, by telephone, through another person, or in any other manner;
 - d. prohibiting Respondent from knowingly and intentionally going to or within 100 feet of Petitioner's motor vehicle;
 - e. prohibiting Respondent from defacing or destroying Petitioner's personal property;

*{Indicate **all** that apply}*

- f. _____prohibiting Respondent from going to or within 500 feet of the following place(s) Petitioner or Petitioner's minor children must go often {include address}:
_____;
- g. _____granting Petitioner temporary exclusive use and possession of the home Petitioner and Respondent share;
- h. _____granting Petitioner on a temporary basis 100% of the time sharing with the parties' minor children;
- i. _____establishing a temporary parenting plan including a temporary time-sharing schedule for the parties' minor children;
- j. _____granting Petitioner exclusive care, possession, or control of the animal(s) identified in paragraph 1 of Section VI which are owned, possessed, harbored, kept or held by Petitioner, Respondent, or a minor child residing in Petitioner or Respondent's residence or household;
- k. _____prohibiting Respondent from having any contact with the animal(s) identified in paragraph 2 of Section VI or from taking, transferring, encumbering, concealing, harming, or otherwise disposing of them;
- l. _____granting temporary alimony for Petitioner;
- m. _____granting temporary child support for the minor children;
- n. _____ordering Respondent to participate in treatment, intervention, and/or counseling services;

- o. _____referring Petitioner to a certified domestic violence center; and any other terms the Court deems necessary for the protection of Petitioner and/or Petitioner’s children, including injunctions or directives to law enforcement agencies, as provided in Section 741.30, Florida Statutes.

I UNDERSTAND THAT BY FILING THIS PETITION, I AM ASKING THE COURT TO HOLD A HEARING ON THIS PETITION, THAT BOTH THE RESPONDENT AND I WILL BE NOTIFIED OF THE HEARING, AND THAT I MUST APPEAR AT THE HEARING. I UNDERSTAND THAT IF EITHER RESPONDENT OR I FAIL TO APPEAR AT THE FINAL HEARING, WE WILL BE BOUND BY THE TERMS OF ANY INJUNCTION OR ORDER ISSUED AT THAT HEARING.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE. I UNDERSTAND THAT THE STATEMENTS MADE IN THIS PETITION ARE BEING MADE UNDER PENALTIES OF PERJURY, PUNISHABLE AS PROVIDED IN SECTION 92.525, FLORIDA STATUTES.

Dated: _____

Signature of Petitioner
Printed Name: _____
{Do not write your address if you are filing or have filed a Request for Confidential Filing of Address, Form 12.980(h).}
Address: _____
City, State, Zip: _____
Telephone Number: _____
Designated 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] This form was prepared for the: *{choose only one}* () Petitioner () Respondent

This form was completed with the assistance of:

{name of individual} _____
{name of business or individual} _____
{address} _____
{city} _____, *{state}* _____, *{telephone number}* _____
{email address} _____

INFORMATION ON RESPONDENT

First Name		Middle Name		Last Name	
Aliases					
Home Street Address			County		Home/Cell Telephone Number
Home City		Home State		Home Zip	
Mailing Address, City, State Zip					
Place of Employment				Hours at Work To	
Occupation Title				Work in office or field?	
Employment Street Address					
Employment City		Employment State		Employment Zip	
Date of Birth	Age	Race	Sex	Glasses	
Height	Weight	Eye Color	Hair Color	Facial Hair	
Scars, Marks, Tattoos					
Driver License Number			State		Primary Language
Vehicle Make	Vehicle Model		Vehicle Year	Vehicle Color	
Does Respondent have access to Weapons? <input type="checkbox"/> YES <input type="checkbox"/> NO (if yes, how many and what kind)					
Where are the weapons kept? (on person, in vehicle?)					
Does Respondent use drugs or alcohol? <input type="checkbox"/> YES <input type="checkbox"/> NO (if yes, list what kind)					
Does Respondent take any medications? <input type="checkbox"/> YES <input type="checkbox"/> NO (if yes, list what kind)					
Has Respondent ever been arrested? <input type="checkbox"/> YES <input type="checkbox"/> NO (if yes, list what charges)					
Has Respondent ever talked about or threatened to harm themselves or law enforcement officers? If yes, explain:					
Does the Respondent have any health problems or diseases? <input type="checkbox"/> YES <input type="checkbox"/> NO (if yes, explain)					
Do you have any other information you feel will help us in serving an Injunction?					

INFORMATION ON PETITIONER

This section is about you. It must be completed. However, if you fear that disclosing your address to the Respondent would put you in danger, you should complete and file Petitioner's Request for Confidential Filing of Address, Florida Family Law Form 12.980(i), and write CONFIDENTIAL in the space provided on this form for your address and telephone number.

First Name		Middle Name		Last Name	
Alias Names					
Date of Birth		Age		Race	
Sex		Height		Weight	
Hair Color		Eye Color			
Home Street Address				Home/ Cell Telephone Number	
Home City		Home State		Home Zip	
Mailing Street Address, City, State Zip					
Place of Employment				Work Telephone Number	
Employment Street Address					
Employment City		Employment State		Employment Zip	
Work Hours		School			
School Street Address					
School City		School State		School Zip	
Other Place Frequented					
Other Place Address					
Other Place City		Other Place State		Other Place Zip	
Other Place Frequented					
Other Place Address					
Other Place City		Other Place State		Other Place Zip	
Relationship to Respondent				Primary Language	
Name and Telephone Number of someone who can contact you					

IN THE CIRCUIT COURT OF THE
IN AND FOR

JUDICIAL CIRCUIT,
COUNTY, FLORIDA

Case No.: _____

Division: _____

Petitioner,
and

Respondent.

NOTICE OF RELATED CASES

1. Petitioner submits this Notice of Related Cases as required by Florida Rule of General Practice and Judicial Administration 2.545(d). A related case may be an open or closed civil, criminal, guardianship, domestic violence, juvenile delinquency, juvenile dependency, or domestic relations case. A case is "related" to this family law case if it involves any of the same parties, children, or issues and it is pending at the time the party files a family case; if it affects the court's jurisdiction to proceed; if an order in the related case may conflict with an order on the same issues in the new case; or if an order in the new case may conflict with an order in the earlier litigation.

[check **one** only]

There are no related cases.

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

Related Case No. 1

Case Name(s): _____

Petitioner _____

Respondent _____

Case No.: _____ Division: _____

Type of Proceeding: [check **all** that apply]

Dissolution of Marriage

Paternity

Custody

Adoption

Child Support

Support for Dependent Adult Children

Modification/Enforcement/Contempt Proceedings

Juvenile Dependency

Juvenile Delinquency

Termination of Parental Rights

Criminal

Domestic/Sexual/Dating/Repeat

Mental Health

Violence or Stalking Injunctions

Other {specify} _____

State where case was decided or is pending: Florida Other: {specify} _____

Name of Court where case was decided or is pending (for example, Fifth Circuit Court, Marion County, Florida): _____

Title of last Court Order/Judgment (if any): _____
Date of Court Order/Judgment (if any): _____

Relationship of cases check **all** that apply]:
 pending case involves same parties, children, or issues;
 may affect court's jurisdiction;
 order in related case may conflict with an order in this case;
 order in this case may conflict with previous order in related case.

Statement as to the relationship of the cases:

Related Case No. 2

Case Name(s): _____
Petitioner _____
Respondent _____
Case No.: _____ Division: _____

Type of Proceeding: [check **all** that apply]
 Dissolution of Marriage Paternity
 Custody Adoption
 Child Support Support for Dependent Adult Children
 Modification/Enforcement/Contempt Proceedings
 Juvenile Dependency Juvenile Delinquency
 Termination of Parental Rights Criminal
 Domestic/Sexual/Dating/Repeat Mental Health
 Violence or Stalking Injunctions Other {specify} _____

State where case was decided or is pending: Florida Other: {specify} _____

Name of Court where case was decided or is pending (for example, Fifth Circuit Court, Marion County, Florida): _____
Title of last Court Order/Judgment (if any): _____
Date of Court Order/Judgment (if any): _____

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 Name(s): _____

Petitioner _____

Respondent _____

Case No.: _____ Division: _____

Type of Proceeding: [check **all** that apply]

- Dissolution of Marriage
- Custody
- Child Support
- Modification/Enforcement/Contempt Proceedings
- Juvenile Dependency
- Termination of Parental Rights
- Domestic/Sexual/Dating/Repeat
- Violence or Stalking Injunctions
- Paternity
- Adoption
- Support for Dependent Adult Children
- Juvenile Delinquency
- Criminal
- Mental Health
- Other {specify} _____

State where case was decided or is pending: _____ Florida _____ Other: {specify} _____

Name of Court where case was decided or is pending (for example, Fifth Circuit Court, Marion County, Florida): _____

Title of last Court Order/Judgment (if any): _____

Date of Court Order/Judgment (if any): _____

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: _____

2. [check **one** only]

- I **do not** request coordination of litigation in any of the cases listed above.
- I **do** request coordination of the following cases: _____

3. [check **all** that apply]

- Assignment to one judge
- Coordination of existing cases will conserve judicial resources and promote an efficient determination of these case because: _____

4. 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.

Dated: _____

Petitioner's Signature
Printed Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____
E-mail Address(es): _____

CERTIFICATE OF SERVICE

I **CERTIFY** that I delivered a copy of this Notice of Related Cases to the _____ County Sheriff's Department or a certified process server for service on the Respondent, and [**check all used**] () e-mailed () mailed () hand delivered, a copy to {name} _____, who is the [**check all that apply**] () judge assigned to new case, () chief judge or family law administrative judge, () {name} _____ a party to the related case, () {name} _____, a party to the related case on {date} _____.

Signature of Petitioner/Attorney for Petitioner
Printed Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
E-mail Address(es): _____
Florida Bar Number: _____

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

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

This form was completed with the assistance of:

{name of individual} _____,
{name of business} _____,
{address} _____,
{city} _____ {state} _____, {telephone number} _____.

IN THE COUNTY/CIRCUIT COURT OF THE
CIRCUIT IN AND FOR

JUDICIAL
COUNTY, FLORIDA

Plaintiff/ Petitioner/State

v.

CASE NO: _____

DIVISION: _____

Defendant/ Respondent

**DESIGNATION OF E-MAIL ADDRESS FOR A PARTY
NOT REPRESENTED BY AN ATTORNEY [FORM 2.602]**

Pursuant to Fla. R. Gen. Prac. & Jud. Admin. 2.516(b)(1)(C),
I, _____, designate the e-mail address(es) below for
electronic service of all documents related to this case.

By completing this form, I am authorizing the court, clerk of court, and all parties to send copies
of notices, orders, judgments, motions, pleadings, or other written communications to me by e-
mail or through the Florida Courts E-filing Portal.

I understand that I must keep the clerk's office and any opposing party or parties notified of my
current mailing address or e-mail address. I will file a written notice with the clerk if my mailing
address or e-mail address changes again.

Designated e-mail address: _____

Secondary designated e-mail address(es), if any: _____

I certify that a copy has been furnished on _____, by e-mail, delivery,
 mail [choose one] to: Clerk of Court for _____ County, and
to: _____

(insert name(s) and address(es))

Signature: _____

Printed Name: _____

E-mail address: _____

Address: _____

Phone number: _____