

# PACKET 10

Forms Associated with Florida Supreme Court Forms for Filing a

## Petition for Name Change of an Adult



EIGHTH JUDICIAL CIRCUIT

### THINGS TO DO AFTER FORMS ARE COMPLETE:

- Make a copy for your records
- File the original documents with the Clerk's Office on the 1st floor of the civil court house  
OR
- E-file the documents on the eportal at [www.myflcourtaccess.com](http://www.myflcourtaccess.com)
- Optional: prior to filing, you may take the COMPLETED forms to FAMILY COURT CASE MANAGEMENT on the 4th floor for review

### FEES

Filing fee.....\$400.00  
Summons .....\$10.00 to issue  
Self-serve copies .....\$0.15 using copy machine in the Official Records area  
Fees paid to Sheriff for service of process are separate

Notary Fee ..... \$3.50 per notary signature  
Copies by clerk..... \$1.00 per page

### PAYMENT OPTIONS

The Clerk accepts payments in cash, personal check, cashier's check and money order payable to Clerk of Court. The Clerk also accepts Visa and MasterCard, which requires an additional 3.5% processing fee.

Revised March 29, 2021

For FSC Forms Revised November 2015

For Circuit Forms Revised March 2021

22 pages

\$3.30

# CONTENTS

	Page
Warning .....	<a href="#"><u>3</u></a>
Resources for Litigants filing a Family Law Action without Legal Counsel .....	<a href="#"><u>4</u></a>
Self Help Center Program.....	<a href="#"><u>5</u></a>
Notice of Limitation of Services Provided/Disclaimer .....	<a href="#"><u>7</u></a>
Checklist Name Change .....	<a href="#"><u>8</u></a>
Permission to Use Email.....	<a href="#"><u>9</u></a>
Fingerprint Information for Name Change Petitioners.....	<a href="#"><u>10</u></a>
Cover Sheet for Family Cases, Form 12.928 .....	<a href="#"><u>11</u></a>
Petition for Change of Name (Adult) 12.982(a).....	<a href="#"><u>13</u></a>
Notice of Related Cases 12.900(h) .....	<a href="#"><u>19</u></a>

## WARNING

IF THERE IS ANY QUESTION in your mind concerning these forms, the use of these forms, or your legal rights, it is strongly recommended that you obtain the services of an attorney. If you do not know an attorney, you may contact the Florida Lawyer Referral Service at 1-800-342-8011. If you are filing for divorce in a case involving domestic violence and are financially unable to afford the services of an attorney, you may contact Three Rivers Legal Services at (352) 372-0519 or 1-800-372-0936 to see if you are eligible for their services.

DUE TO THE CHANGING NATURE OF THE LAW, the forms and information contained in this packet may become outdated. Therefore, you should review and research statutes and rules of procedure referenced in the instructions to ensure that the forms are accurate and current.

IN NO EVENT will the Florida Supreme Court, the Florida Bar, the Eighth Judicial Circuit Office of the Court Administrator, the Clerk of the Court or anyone contributing to the production of these forms, commentary, instructions, and appendices be liable for any indirect or consequential damages resulting from the use of the packet.

Use these forms at your own risk. These forms may or may not be appropriate in your particular case. Any desired outcome from the use of these forms cannot be predicted or guaranteed. **It is strongly recommended that you seek legal advice.**

When the forms refer to: "General Information for Self-Represented Litigants)," the information is found at <http://www.flcourts.org> (select Family Forms located under the heading Self Help in the General Public Tab).



## EIGHTH JUDICIAL CIRCUIT

### **Resources for Litigants Filing a Family Law Action Without Legal Counsel**

Information on how to file family law cases without an attorney in the State of Florida can be found at:

<http://circuit8.org/family-court> or <http://www.flcourts.org> (select Family Forms located under the heading Self Help in the General Public Tab)

**Internet access and procedural guidance is available at the Self Help Center, Room 413, of the Family/Civil Justice Center.**

Another helpful resource:

**Southern Legal Counsel**

(352)271-8890

<https://www.southernlegal.org/www-southernlegal-org>

**FAMILY COURT**  
**SELF HELP CENTER**  
**EIGHTH JUDICIAL CIRCUIT**



SERVING ALACHUA COUNTY  
A PROGRAM OF THE ADMINISTRATIVE OFFICE OF THE COURT

The Self Help Center staff is employed by the Court to assist the Family Law Judges by making sure that all cases in which the petitioner is not represented by an attorney have met procedural requirements.

As in all matters involving law, it is recommended that you obtain the services of a competent lawyer. It is important for you to understand that the Court and Program staff do not represent you. **YOU** represent yourself.

If you decide to proceed without a lawyer, the Self Help Center staff **will**:

- explain procedures
- guide you on informative and helpful websites
- inform you about additional court requirements
- help you set a hearing with the judge

The staff **will not**:

- give legal advice or explain rights
- represent you in court
- tell you what forms to file
- tell you how to present your case
- notify you that your case is ready to file

## PROCEDURES

If you have decided to file a family law case without a lawyer, please follow these steps:

1. Purchase the applicable form and/or packet from the Clerk of the Court or download the forms from the Clerk's website at [www.alachuaclerk.org](http://www.alachuaclerk.org).
2. Complete the packet of forms - in ink or typed. Court staff cannot assist you in completing the forms.
3. Instructions regarding filing and procedures are addressed in the packet. Procedural questions can be answered by calling **(352)548-3781** or visiting the **Self Help Center, Alachua County Family/Civil Justice Center, 201 E. University Avenue, Room 413, Gainesville, Florida 32601.**
4. Further instructions regarding procedures after filing are addressed in the packet. Your case will be monitored for procedural requirements by the Self Help Center staff.

**Helpful websites** -- information on how to file family law cases without an attorney in the State of Florida can be found at:

**Eighth Judicial Circuit Website:**

<http://circuit8.org/services/familycourt> or

**Florida Supreme Court Website:**

<http://www.flcourts.org> (select Family Forms located under the heading Self Help in the General Public Tab)





**EIGHTH JUDICIAL CIRCUIT  
FAMILY COURT SELF HELP CENTER**

**NOTICE OF LIMITATION OF SERVICES PROVIDED/DISCLAIMER**

The personnel in the office of the Clerk of the Court are not acting as your lawyer or providing legal advice to you.

Clerk of Court personnel are not acting on behalf of the court or any judge. The presiding judge in your case may require amendment of a form or substitution of a different form. The judge is not required to grant the relief requested in a form.

The personnel in the office of the Clerk of the Court cannot tell you what your legal rights or remedies are, represent you in court, give legal advice or instructions on completing forms or tell you how to testify in court.

In all cases, it is best to consult with your own attorney, especially if your case presents significant issues regarding children, child support, alimony, retirement or pension benefits, assets, or liabilities.

\_\_\_\_\_ I can read English. - (Go to signature line)

\_\_\_\_\_ I cannot read English, but this notice was read to me by

\_\_\_\_\_ in \_\_\_\_\_  
 (Name) (Language)

\_\_\_\_\_  
 YOUR SIGNATURE

**CHECKLIST NAME CHANGE****ADULT:**

- CIVIL COVER SHEET
- NOTICE OF LIMITED SERVICE/ DISCLAIMER
- PETITION
- CRIMINAL HISTORY RECORD ( NOT NEEDED IF CHANGING BACK TO MAIDEN NAME)

**MINOR CHILD:**

- CIVIL COVER SHEET
- NOTICE OF LIMITED SERVICES/DISCLAIMER
- PETITION/JOINT PETITION
- SUPPLEMENTAL FORM FOR PETITION ( IF MORE THAN ONE CHILD)
- CONSENT (OTHER PARTY). Power of attorney is not a consent.
- CRIMINAL HISTORY RECORD

**OR (IF NO CONSENT)**

- PROOF OF SERVICE (PERSONAL)
- AFFIDAVIT OF PERSONAL SERVICE OUT OF STATE
- PROOF OF SERVICE ( CONSTRUCTIVE)
  - NOTICE OF ACTION
  - AFFIDAVIT OF DILIGENT SEARCH
  - PROOF OF PUBLICATION or
  - PROOF OF POSTING
  - NONMILITARY AFFIDAVIT
  - MEMO FOR CERTIFICATE OF MILITARY SERVICE
- MOTION FOR DEFAULT

\*\*\* This checklist is not intended as legal advice; it is a list of what the court still needs in order to go forward with your case. You must provide the information that is listed above before your next court hearing.



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

\_\_\_\_\_  
Plaintiff/ Petitioner/State

v.

CASE NO: \_\_\_\_\_

DIVISION: \_\_\_\_\_

\_\_\_\_\_  
Defendant/ Respondent

**PERMISSION TO USE E-MAIL**

**Provide your email address below to receive a copy of your Orders, Judgments Notices of Hearing or other written communication from the court or clerk of court and by electronic mail.\***

By completing this form I am authorizing the Court and the Clerk to send copies of orders/judgments, notices or other written communication to me by e-mail.

I will ensure the software filters have been removed from my computer, so it does not interfere with my ability to receive any of the above documents.

I will file a written notice with the Clerk if my current email address changes.

\_\_\_\_\_  
Plaintiff/ Petitioner Name (print)

\_\_\_\_\_  
Plaintiff/ Petitioner Name (signature)

\_\_\_\_\_  
\*E-mail address (print *clearly*)

\_\_\_\_\_  
Date

Your transaction control number is TCN# 70SX\_\_\_\_\_.

**FINGERPRINT INFORMATION**  
**FOR NAME CHANGE PETITIONERS**

Before the court hears a name change petition, each adult petitioner (unless a former name is being restored) must have fingerprints submitted for a state and national criminal history records check, F.S. 68.07, which must be submitted electronically. The cost must be borne by the name change petitioner.

To get your fingerprints submitted electronically:

1. Visit the Alachua County Sheriff's Office  
 2621 SE Hawthorne Road  
 Gainesville, FL 32641  
 (352) 367-4000

Fingerprinting hours are Monday through Friday, 7 a.m. to 7 p.m.

2. Bring this information sheet with you to the Alachua County Sheriff's Office.
3. Bring your picture ID—a Florida driver's license is preferred. You will not be able to submit your fingerprints without a picture ID.
4. The Sheriff's Office will use the Originating Agency Identification (ORI) Number FL923520Z to insure that FDLE returns the electronic report to the Alachua County Clerk's Office.
5. Bring cash (small bills), cashiers or certified check, or money order for the \$10 Sheriff's fee.
6. The Sheriff's Office will record the transaction control number (TCN) on this form to be used in the payment process in number 7. Keep this for your records.
7. The FDLE payment of \$37.25 (\$24.00 FDLE and \$13.25 FBI) must be made online at <https://caps.fdle.state.fl.us/caps/homePage.jsf> by credit card after your fingerprints are taken.

At the website, click on

Begin Payment Process

and enter the requested

information.

- a. The TRANSACTION CONTROL NUMBER (TCN), which is at the top of this information sheet.
  - b. Enter your name exactly as provided in the livescan submission, in ALL caps: FIRST name, then optional MIDDLE name, and then LAST name, and then the optional SUFFIX, JR, SR, I, II, III etc.
  - c. Enter your credit card and personal information.
  - d. Submit the payment transaction.
  - e. Print the confirmation of the payment and keep it for your records if needed.
8. The agencies conducting the fingerprint checks will send the results directly to the Alachua County Clerk of Court. **DO NOT FILE YOUR FINGERPRINT CARD.**
  9. If you have questions about the electronic fingerprint submission, you may contact FDLE's E-Government Criminal History Services Section at (850) 410-8161.

**RETURN THIS FORM AND PAYMENT CONFIRMATION WITH YOUR  
 PETITION TO CLERK WITHIN 48 HOURS**

Cover Sheet for Family Court Cases

I. Case Style

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

---

Petitioner

and

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

---

Respondent

II. 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.**

- (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) <input type="checkbox"/> Simplified Dissolution of Marriage  | (K) <input type="checkbox"/> UIFSA Non-IV-D ( <b>not</b> Department of Revenue, Child Support Enforcement) |
| (B) <input type="checkbox"/> Dissolution of Marriage   | (L) <input type="checkbox"/> Other Family Court  |
| (C) <input type="checkbox"/> Domestic Violence   | (M) <input type="checkbox"/> Adoption Arising Out of Chapter 63  |
| (D) <input type="checkbox"/> Dating Violence   | (N) <input checked="" type="checkbox"/> Name Change  |
| (E) <input type="checkbox"/> Repeat Violence   | (O) <input type="checkbox"/> Paternity/Disestablishment of Paternity                                       |
| (F) <input type="checkbox"/> Sexual Violence   | (P) <input type="checkbox"/> Juvenile Delinquency  |
| (G) <input type="checkbox"/> Stalking  | (Q) <input type="checkbox"/> Petition for Dependency   |
| (H) <input type="checkbox"/> Support IV-D (Department of Revenue, Child Support Enforcement)                 | (R) <input type="checkbox"/> Shelter Petition  |
| (I) <input type="checkbox"/> Support Non-IV-D ( <b>not</b> Department of Revenue, Child Support Enforcement) | (S) <input type="checkbox"/> Termination of Parental Rights Arising Out of Chapter 39                      |
| (J) <input type="checkbox"/> UIFSA IV-D (Department of Revenue, Child Support Enforcement)                   | (T) <input type="checkbox"/> Adoption Arising Out of Chapter 39  |
|  | (U) <input type="checkbox"/> CINS/FINS   |

IV. Rule of 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) 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}* \_\_\_\_\_, *{telephone number}* \_\_\_\_\_

**INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW FORM [12.982\(a\)](#),  
[PETITION FOR CHANGE OF NAME \(ADULT\) \(02/18\)](#)**

**When should this form be used?**

This form should be used when an adult wants the court to change his or her name. This form is **not** to be used in connection with a dissolution of marriage or for adoption of child(ren). If you want a change of name because of a **dissolution of marriage** or adoption of child(ren) that is not yet final, the change of name should be requested as part of that case.

This form should be typed or printed in black ink and must be signed before a **notary public** or **deputy clerk**. 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

**What should I do next?**

**Unless you are seeking to restore a former name, you must have fingerprints submitted for a state and national criminal records check.** The fingerprints must be taken in a manner approved by the Department of Law Enforcement and must be submitted to the Department for a state and national criminal records check. **You may not request a hearing on the petition until the clerk of court has received the results of your criminal history records check.** The clerk of court can instruct you on the process for having the fingerprints taken and submitted, including information on law enforcement agencies or service providers authorized to submit fingerprints electronically to the Department of Law Enforcement. The process may take several weeks and you will have to pay for the cost of processing the fingerprints and conducting the state and national criminal history records check. **Please note that the state and national criminal records check must indicate whether you have registered as a sexual predator or a sexual offender and you must also indicate on this petition whether you have ever been required to register as a sexual predator under section 775.21, Florida Statutes, or as a sexual offender under section 943.0435, F.S.**

Next, you must obtain a **hearing** date for the court to consider your request. If you are seeking to restore a former name, a hearing on the petition MAY be held immediately after the petition is filed. The final hearing on any other petition for a name change may be held immediately after the clerk of court receives the results of your criminal history records check. You should ask the clerk of court, **family law intake staff**, or **judicial assistant** about the local procedure for setting a hearing. You may be required to attend the **final hearing**. Included in these forms is a **Final Judgment of Change of Name (Adult)**, Florida Supreme Court Approved Family Law Form 12.982(b), which the **judge** may use. You should contact the clerk, family law intake staff, or judicial assistant, to see if you need to bring a **final judgment** form with you. If so, you should type or print the heading, including the circuit, county, case number, division, and the parties' names, and leave the rest blank for the judge to complete at your hearing or trial.

If the judge grants your **petition**, he or she will sign this **order**. This officially changes your name. The clerk can provide you with **certified copies** of the signed order. There will be charges for the certified copies, and the clerk can tell you the amount of the charges.

**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 Section 68.07, Florida Statutes.

**IMPORTANT INFORMATION REGARDING E-FILING**

The Florida Rules of Judicial Administration now require that all petitions, pleadings, and documents be filed electronically except in certain circumstances. **Self-represented litigants may file petitions or other pleadings or documents electronically; however, they are not required to do so.** If you choose to file

your pleadings or other documents electronically, you must do so in accordance with Florida Rule of Judicial Administration 2.525, and you must follow the procedures of the judicial circuit in which you file. **The rules and procedures should be carefully read and followed.**

### IMPORTANT INFORMATION REGARDING E-SERVICE ELECTION

After the initial service of process of the petition or supplemental petition by the Sheriff or certified process server, the Florida Rules of Judicial Administration now require that all documents required or permitted to be served on the other party must be served by electronic mail (e-mail) except in certain circumstances. **You must strictly comply with the format requirements set forth in the Rules of Judicial Administration.** If you elect to participate in electronic service, which means serving or receiving pleadings by electronic mail (e-mail), or through the Florida Courts E-Filing Portal, you **must** review [Florida Rule of Judicial Administration 2.516](#). You may find this rule at [www.flcourts.org](http://www.flcourts.org) through the link to the Rules of Judicial Administration provided under either Family Law Forms: Getting Started, or Rules of Court in the A-Z Topical Index.

**SELF-REPRESENTED LITIGANTS MAY SERVE DOCUMENTS BY E-MAIL; HOWEVER, THEY ARE NOT REQUIRED TO DO SO.** If a self-represented litigant elects to serve and receive documents by e-mail, the procedures must always be followed once the initial election is made.

To serve and receive documents by e-mail, you must designate your e-mail addresses by using the **Designation of Current Mailing and E-mail Address**, Florida Supreme Court Approved Family Law Form 12.915, and you must provide your e-mail address on each form on which your signature appears. Please **CAREFULLY** read the rules and instructions for: **Certificate of Service (General)**, Florida Supreme Court Approved Family Law Form 12.914; **Designation of Current Mailing and E-mail Address**, Florida Supreme Court Approved Family Law Form 12.915; and Florida Rule of Judicial Administration 2.516.

#### Special notes...

The heading of the form calls for the name of the **petitioner**. Your current name should go there, as you are the one who is asking the court for something. The judicial circuit, case number, and division may be obtained from the clerk of court's office when you file the petition.

It may be helpful to compile a list of all of the people and/or places that will need a copy of your final judgment. This list may include the driver's license office, social security office, banks, schools, etc. A list will help you know how many copies of your order you should get from the clerk of court after your hearing.

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 EIGHTH JUDICIAL CIRCUIT  
IN AND FOR ALACHUA COUNTY, FLORIDA

IN RE: THE NAME CHANGE OF

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

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

\_\_\_\_\_  
Petitioner.

**PETITION FOR CHANGE OF NAME (ADULT)**

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

1. My complete present name is: \_\_\_\_\_.  
I request that my name be changed to: \_\_\_\_\_.

2. I live in \_\_\_\_\_ County, Florida, at *{street address}* \_\_\_\_\_.

3. I was born on *{date}* \_\_\_\_\_, in *{city}* \_\_\_\_\_, *{county}* \_\_\_\_\_, *{state}* \_\_\_\_\_, *{country}* \_\_\_\_\_.

4. My parent's full legal names are:  
a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. {If applicable} my parents' maiden name(s) is/are: \_\_\_\_\_  
and \_\_\_\_\_

5. I have lived in the following places since birth:

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

(\_\_\_ Please indicate here if you are continuing these facts on an attached page.)

**6. Family**

[Indicate **all** that apply]

- \_\_\_ a. I am not married.
- \_\_\_ b. I am married. My spouse's full legal name is: \_\_\_\_\_.
- \_\_\_ c. I do not have child(ren).
- \_\_\_ d. The name(s), age(s), and address(es) of my child(ren) are as follows (all children, **including those over 18**, must be listed):

Name <i>{last, first, middle initial}</i>	Age	Address, City, State
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

( \_\_\_\_\_ Please indicate here if you are continuing these facts on an attached page.)

**7. Former names**

[Indicate **all** that apply]

\_\_\_\_\_ My name has never been changed **by a court**.

\_\_\_\_\_ My name previously was changed **by court order** from \_\_\_\_\_  
to \_\_\_\_\_ on {date} \_\_\_\_\_,  
by {court, city, and state} \_\_\_\_\_.

**A copy of the court order is attached.**

\_\_\_\_\_ My name previously was changed **by marriage** from \_\_\_\_\_  
to \_\_\_\_\_ on {date} \_\_\_\_\_,  
in {city, county, and state} \_\_\_\_\_.

**A copy of the marriage certificate is attached.**

\_\_\_\_\_ I have never been known or called by any other name.

\_\_\_\_\_ I have been known or called by the following other name(s): {list name(s) and explain where you  
were known or called by such name(s)} \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**8. Occupation**

My occupation is: \_\_\_\_\_.

I am employed at: {company and address} \_\_\_\_\_  
\_\_\_\_\_.

During the past 5 years, I have had the following jobs:

Dates (to/from)	Employer and employer's address
_____/_____/_____	_____
_____/_____/_____	_____
_____/_____/_____	_____
_____/_____/_____	_____
_____/_____/_____	_____

( \_\_\_\_\_ Please indicate here if you are continuing these facts on an attached page.)

**9. Business**

[Choose **one** only]

\_\_\_\_\_ I do not own and operate a business.

\_\_\_\_\_ I own and operate a business. The name of the business is: \_\_\_\_\_.

The street address is: \_\_\_\_\_.

My position with the business is: \_\_\_\_\_.

I have been involved with the business since: {date} \_\_\_\_\_.

**10. Profession**

[Choose **one** only]

\_\_\_\_\_ I am not in a profession.

\_\_\_\_\_ I am in a profession. My profession is: \_\_\_\_\_.

I have practiced this profession:

Dates (to/from)	Place and address
_____/_____/_____	_____
_____/_____/_____	_____
_____/_____/_____	_____
_____/_____/_____	_____
_____/_____/_____	_____



( ) Please indicate here if you are continuing these facts on an attached page.)

**11. Education**

I have graduated from the following school(s):

Degree Received	Date of Graduation	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

( ) Please indicate here if you are continuing these facts on an attached page.)

**12. Criminal History**

[Indicate all that apply]

\_\_\_\_\_ I have 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.

\_\_\_\_\_ I have a criminal history. In the past I have 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 my criminal history are:

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

( ) Please indicate here if you are continuing these facts on an attached page.)

I \_\_\_\_\_ have \_\_\_\_\_ have not ever been required to register as a sexual predator under section 775.21, Florida Statutes.

I \_\_\_\_\_ have \_\_\_\_\_ have not ever been required to register as a sexual offender under section 943.0435, Florida Statutes.

**13. Bankruptcy**

[Choose **one** only]

\_\_\_\_\_ I have never been adjudicated bankrupt.

\_\_\_\_\_ I was adjudicated bankrupt on {date} \_\_\_\_\_, in {city} \_\_\_\_\_, {county} \_\_\_\_\_, {state} \_\_\_\_\_.

( ) Please indicate here if you have filed additional bankruptcies, and explain on an attached page.)

**14. Creditor(s)' Judgments**

[Choose **one** only]

\_\_\_\_\_ I have never had a money judgment entered against me by a creditor.

\_\_\_\_\_ The following creditor(s)' money judgment(s) have been entered against me:

Date	Amount	Creditor	Court entering judgment and case number If Paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

( ) Please indicate here if these facts are continued on an attached page.)

**15. Fingerprints and Criminal History Records Check**

Unless I am seeking to restore a former name, a copy of my fingerprints has been taken in a manner approved by the Department of Law Enforcement and submitted for a state and national criminal

history records check. **I understand that I cannot request a hearing on my Petition until the Clerk of Court receives the results of the criminal history records check. I also understand that the state and national records check must indicate whether I have registered as either a sexual predator or sexual offender.**

16. I 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.

17. My civil rights have never been suspended, or, if my civil rights have been suspended, they have been fully restored.

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

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

\_\_\_\_\_  
Signature of Petitioner  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Designated 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] This form was prepared by the Petitioner.

This form was completed with the assistance of:

{name of individual} \_\_\_\_\_,  
{name of business} \_\_\_\_\_,  
{address} \_\_\_\_\_,  
{city} \_\_\_\_\_, {state} \_\_\_\_\_, {zip code} \_\_\_\_\_, {telephone number} \_\_\_\_\_.

**INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED  
FAMILY LAW RULES OF PROCEDURE FORM 12.900(h),  
NOTICE OF RELATED CASES (11/13)**

**When should this form be used?**

Florida Rule of Judicial Administration 2.545(d) requires the **petitioner** in a family law case to file with the court a notice of related cases, if any. Your circuit may also require this form to be filed even if there are no related cases. A case is considered related if:

- it involves the same parties, children, or issues and is pending when the family law case is filed; or
- it affects the court's jurisdiction to proceed; or
- an order in the related case may conflict with an order on the same issues in the new case; or
- an order in the new case may conflict with an order in the earlier case.

This form is used to provide the required notice to the court.

This form should be typed or printed in black ink. It must be **filed** with the **clerk of the circuit court** with the initial pleading in the family law case.

**What should I do next?**

A copy of the form must be served on the presiding judges, either the chief judge or the family law administrative judge, and all parties in the related cases. You should also keep a copy for your records. **Service** must be in accordance with Florida Rule of Judicial Administration 2.516.

**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 Florida Rule of Judicial Administration 2.545(d).

**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 **must** also 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 EIGHTH JUDICIAL CIRCUIT  
IN AND FOR ALACHUA COUNTY, FLORIDA

IN RE: THE NAME CHANGE OF

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

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

\_\_\_\_\_  
Petitioner.

**NOTICE OF RELATED CASES**

- Petitioner submits this Notice of Related Cases as required by Florida Rule of 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]

- |   |  |
|---|--|
| <input type="checkbox"/> Dissolution of Marriage          | <input type="checkbox"/> Paternity                                     |
| <input type="checkbox"/> Custody                          | <input type="checkbox"/> Adoption                                      |
| <input type="checkbox"/> Child Support                    | <input type="checkbox"/> Modification/Enforcement/Contempt Proceedings |
| <input type="checkbox"/> Juvenile Dependency              | <input type="checkbox"/> Juvenile Delinquency                          |
| <input type="checkbox"/> Termination of Parental Rights   | <input type="checkbox"/> Criminal                                      |
| <input type="checkbox"/> Domestic/Sexual/Dating/Repeat    | <input type="checkbox"/> Mental Health                                 |
| <input type="checkbox"/> Violence or Stalking Injunctions | <input type="checkbox"/> 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]

- |   |  |
|---|--|
| <input type="checkbox"/> Dissolution of Marriage          | <input type="checkbox"/> Paternity                                     |
| <input type="checkbox"/> Custody                          | <input type="checkbox"/> Adoption                                      |
| <input type="checkbox"/> Child Support                    | <input type="checkbox"/> Modification/Enforcement/Contempt Proceedings |
| <input type="checkbox"/> Juvenile Dependency              | <input type="checkbox"/> Juvenile Delinquency                          |
| <input type="checkbox"/> Termination of Parental Rights   | <input type="checkbox"/> Criminal                                      |
| <input type="checkbox"/> Domestic/Sexual/Dating/Repeat    | <input type="checkbox"/> Mental Health                                 |
| <input type="checkbox"/> Violence or Stalking Injunctions | <input type="checkbox"/> 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 cases 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: \_\_\_\_\_  
 Fax 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} \_\_\_\_\_.