
Date

Signature of petitioning party

Printed Name

Address

City State Zip

Telephone {area code and number}

**STATE OF FLORIDA
COUNTY OF BREVARD**

Sworn to (or affirmed) and subscribed before me this ____ day of _____, 20____,
by _____.

Signature of Notary Public-State of Florida

Print, type or stamp Commissioned Name

Check one only: ___ Personally known ___ Produced I.D. Type of I.D. produced _____

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

I, {full legal name and trade name of nonlawyer} _____,
a nonlawyer, located at {street} _____, {city} _____,
{state} _____, {phone} _____, helped {name}, _____,
who is the [✓ one only] _____petitioner or _____ respondent, fill out this form.