

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

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

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

\_\_\_\_\_

Petitioner,  
and

\_\_\_\_\_

Respondent.

### NOTICE OF SOCIAL SECURITY NUMBER

I, {full legal name} \_\_\_\_\_, certify that  
my social security number is \_\_\_\_\_, as required by the applicable section of  
the Florida Statutes. My date of birth is \_\_\_\_\_.

[Choose **one** only]

- \_\_\_\_\_ 1. This notice is being filed in a dissolution of marriage case in which the parties have **no** minor  
or dependent child(ren) in common.
- \_\_\_\_\_ 2. This notice is being filed in a paternity or child support case, or in a dissolution of marriage  
in which the parties have minor or dependent children in common. The minor or dependent  
child(ren)'s name(s), date(s) of birth, and social security number(s) is/are:

Name	Birth date	Social Security Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

{Attach additional pages if necessary.}

**Disclosure of social security numbers shall be limited** to the purpose of administration of the Title IV-D  
program for child support enforcement.

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

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

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

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

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

City, State, Zip: \_\_\_\_\_

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

Fax Number: \_\_\_\_\_

Designated E-mail Address(es): \_\_\_\_\_

\_\_\_\_\_

STATE OF FLORIDA

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

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

Date: \_\_\_\_\_

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

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

\_\_\_\_ Personally known

\_\_\_\_ Produced identification

\_\_\_\_ Type of identification produced

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

[fill in **all** blanks] 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}* \_\_\_\_\_