

IN THE CIRCUIT COURT IN THE EIGHTEENTH JUDICIAL CIRCUIT
IN AND FOR BREVARD COUNTY, FLORIDA.

Case No.: _____

_____,
Petitioner
and

Bar Code Label

_____,
Respondent

**PETITION TO DISESTABLISH PATERNITY AND/OR
CHILD SUPPORT OBLIGATION**

I, {full legal name} _____, certify that the following information is true:

SECTION I.

1. THIS ACTION AFFECTS THE FOLLOWING CHILD(REN):

Name	Place of Birth	Date of Birth	Sex
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

2. PATERNITY. My paternity of the child(ren) was established by:

{Check one only}

_____ Operation of law because I was married to the child(ren)'s mother.

_____ Adjudication of paternity entered by {court} _____
on {date} _____, Case no.: _____.

_____ Administrative Order by Child Support Enforcement Office {Department of
Revenue) entered at {location} _____ on
{date} _____, Case no.: _____.

_____ Acknowledgment of paternity executed on {date} _____.

_____ Other {specify} _____.

A copy of the judgment and/or acknowledgment attached.

3. **CHILD SUPPORT.** My child support obligation for the child(ren) was established by:
 {Check one only}
 _____ A Final Judgment of Dissolution of Marriage, entered by {court} _____
 _____ on {date} _____
 Case no.: _____
 _____ A Paternity proceeding is {court} _____
 entered on {date} _____, Case no.: _____
 _____ Administrative proceeding by the Department of Revenue, Child Support
 Enforcement Office on {date} _____, at {location} _____
 _____, Case no.: _____
 _____ Other {specify} _____
A copy of the judgment/order is attached.

SECTION II.

1. **NEWLY DISCOVERED EVIDENCE**
 I hereby affirm that new discovered evidence concerning the paternity of this/these
 child(ren) has come to my knowledge, since the initial paternity determination or
 establishment of a child support obligation.
 {Explain} _____

2. **SCIENTIFIC TESTING**
 _____ The results of scientific tests that are generally acceptable within the scientific
 community to show a probability of paternity, administered within 90 days prior to the
 filing of this petition, indicate that I cannot be the father of the child(ren) for whom
 support is required. A copy of the test results is attached.
 _____ I did not have access to the child(ren) to have scientific testing performed before
 the filing of this petition and I request that the Court order the child(ren) to be tested.

3. **FULFILLMENT OF CHILD SUPPORT OBLIGATIONS**
 {Check one only}
 _____ **I am current** on all child support payments for the child(ren) whom relief is
 sought.
 _____ I have substantially complied with my child support obligation for the child(ren)
 and any delinquency in my child support obligation for the child(ren) arose from my
 inability for just cause to pay delinquent child support when the delinquent child support
 became due.
 {Explain} _____

A current copy of my child support payment history is attached.

SECTION III.

**A. ALL OF THE FOLLOWING ARE TRUE TO THE BEST OF MY KNOWLEDGE
{By initialing each statement below, I am affirming it to be true.}**

_____ I have not adopted the child(ren).

_____ The child(ren) was/were not conceived by artificial insemination while I was married to the child(ren)'s mother.

_____ I did not act to prevent the biological father of the child(ren) from asserting his parental rights with respect to the child(ren).

_____ The child(ren) was/were younger than 18 years of age when the petition was filed.

**B. SINCE LEARNING THAT I AM NOT THE BIOLOGICAL FATHER OF THE CHILD(REN) I HAVE DONE NONE OF THE FOLLOWING:
{By initialing each statement below, I am affirming it to be true.}**

_____ I did not marry the mother of the child(ren) while known as the reputed father and voluntarily assumed the parental obligation and duty to pay child support.

_____ I have not acknowledged paternity of the child(ren) in a sworn statement.

_____ I have not consented to be named as the child(ren)'s biological father on the children's birth certificate(s).

_____ I did not voluntarily promise in writing to support the child(ren), and was not required to support the child(ren) based on any written promise.

_____ I have not disregarded a written notice from a state agency or any court directing me to submit scientific paternity testing.

_____ I have not signed a voluntary acknowledgment of paternity.

PETITIONER'S REQUEST

1. I hereby request a hearing on this petition and understand that I must attend the hearing.
2. I am requesting that the Court enter an order to do the following:

_____ Disestablish paternity of the minor child(ren), ordering proper scientific testing if necessary.

_____ Terminate my obligation to pay prospective child support for the child(ren) named in this petition, including medical/dental insurance coverage for the minor child(ren).

_____ Change the child(ren)'s name(s) to the following:

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.

Date: _____

Signature of Petitioner _____

Printed Name _____

Address _____

City, State, Zip _____

Telephone number: _____

**STATE OF FLORIDA
COUNTY OF BREVARD**

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

Signature of Notary Public-State of Florida

Print, type or stamp Commissioned Name of Notary Public

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
{Petitioner's name} _____,
who is the [✓ one only] ____ petitioner or ____ respondent, fill out this form.