

IN THE CIRCUIT COURT, EIGHTEENTH JUDICIAL CIRCUIT, BREVARD COUNTY, FLORIDA

DIVISION: FAMILY

CASE NUMBER 05 - - DR - - XXXX-XX

PETITIONER

CLOCK IN

RESPONDENT

NOTICE OF RELATED CASES

1. 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]

___ Dissolution of Marriage

___ Custody

___ Child Support

___ Juvenile Dependency

___ Termination of Parental Rights

___ Domestic/Sexual/Dating/Repeat/Stalking

Violence Injunctions

___ Paternity

___ Adoption

___ Modification/Enforcement/Contempt Proceedings

___ Juvenile Delinquency

___ Criminal

___ Mental Health

___ Other {specify}

State where case was decided or is pending: ___Florida ___Other: {specify}

NOTICE OF RELATED CASES Page 2

CASE NUMBER

05 - - DR - - XXXX-XX

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/Stalking
Violence Injunctions | <input type="checkbox"/> Mental Health |
| | <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. 3

Case Name(s):

Petitioner:

Respondent:

Case No.: _____

Division: _____

Type of Proceeding: [check all that apply]

- Dissolution of Marriage
- Custody
- Child Support
- Juvenile Dependency
- Termination of Parental Rights
- Domestic/Sexual/Dating/Repeat/Stalking Violence Injunctions

- Paternity
- Adoption
- Modification/Enforcement/Contempt Proceedings
- 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 only **one** of the following:

I **do not** request coordination of litigation in any of the cases listed above.

I do request coordination of litigation in 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.

Date

Signature of Petitioner

Printed Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____ Fax No.: _____

E-Mail Address(es)

CERTIFICATE OF SERVICE

I HEREBY 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 lay administrative judge, {name} _____, a party to the related case, {name} _____, a party to the related case on _____, 20____.

Date

Signature of Petitioner/Attorney for Petitioner

Printed Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____ Fax No.: _____

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} _____ {zip} _____

{telephone number} _____ {e-mail address} _____