

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

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

IN RE: The Marriage of

Bar Code Label

\_\_\_\_\_,  
Husband

and

\_\_\_\_\_,  
Wife

**HUSBAND'S CONFIDENTIAL COUNSELING STATEMENT**

**WIFE'S CONFIDENTIAL COUNSELING STATEMENT**

I understand that reconciliation services may be available to me through the Court in this county, and if so, I request the following:

I would like marriage counseling.

I would like to talk with a trained person about my present family situation.

I do not desire counseling at this time.

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

\_\_\_\_\_  
Date

Mailing address of requesting party:

Address \_\_\_\_\_

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

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

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

Mailing address of other party:

Address \_\_\_\_\_

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

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

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