

Cover Sheet for Family Court Cases

I. Case Style

IN THE CIRCUIT COURT OF THE 11th JUDICIAL CIRCUIT,
IN AND FOR Miami-Dade COUNTY, FLORIDA

Case No.: _____

Judge: _____

Jane Doe
Petitioner

and

Respondent

II. Type of Action/Proceeding. Place a check beside the proceeding you are initiating. If you are simultaneously filing more than one type of proceeding against the same opposing party, such as a modification and an enforcement proceeding, complete a separate cover sheet for each action being filed. **If you are reopening a case, choose one of the three options below it.**

- (A) Initial Action/Petition
- (B) Reopening Case
 - 1. Modification/Supplemental Petition
 - 2. Motion for Civil Contempt/Enforcement
 - 3. Other

III. Type of Case. If the case fits more than one type of case, select the most definitive.

- (A) Simplified Dissolution of Marriage
- (B) Dissolution of Marriage
- (C) Domestic Violence
- (D) Dating Violence
- (E) Repeat Violence
- (F) Sexual Violence
- (G) Support IV-D (Department of Revenue, Child Support Enforcement)
- (H) Support Non-IV-D (**not** Department of Revenue, Child Support Enforcement)
- (I) UIFSA IV-D (Department of Revenue, Child Support Enforcement)
- (J) UIFSA Non-IV-D (**not** Department of Revenue, Child Support Enforcement)
- (K) Other Family Court
- (L) Adoption Arising Out Of Chapter 63
- (M) Name Change
- (N) Paternity/Disestablishment of Paternity
- (O) Juvenile Delinquency
- (P) Petition for Dependency

- (Q) ___ Shelter Petition
- (R) ___ Termination of Parental Rights Arising Out Of Chapter 39
- (S) ___ Adoption Arising Out Of Chapter 39
- (T) ___ CINS/FINS

IV. Rule of Judicial Administration 2.545(d) requires that a Notice of Related Cases Form, Family Law Form 12.900(h), be filed with the initial pleading/petition by the filing attorney or self-represented litigant in order to notify the court of related cases. Is Form 12.900(h) being filed with this Cover Sheet for Family Court Cases and initial pleading/petition?

- No, to the best of my knowledge, no related cases exist.
- Yes, all related cases are listed on Family Law Form 12.900(h).

ATTORNEY OR PARTY SIGNATURE

I CERTIFY that the information I have provided in this cover sheet is accurate to the best of my knowledge and belief.

Signature _____ FL Bar No.: _____
 Attorney or party (Bar number, if attorney)

Jane Doe _____
 (Type or print name) Date

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} Sean Freeman/LegalZoom.com, Inc., a nonlawyer, whose address is {street} 9900 Spectrum Drive, {city} Austin, {state} TX, {phone} (323) 962-8600, helped {name} Jane Doe, who is the [choose one only] petitioner or ___ respondent, fill out this form.

IN THE CIRCUIT COURT OF THE 11th JUDICIAL CIRCUIT,
IN AND FOR Miami-Dade COUNTY, FLORIDA

Case No.: _____

Division: _____

IN RE: THE NAME CHANGE OF

Petitioner/Father,

Jane Doe
Petitioner/Mother.

PETITION FOR CHANGE OF NAME (MINOR CHILD(REN))

I/We, {full legal name(s)} Jane Doe, being sworn,
certify that the following information is true:

I am/We are the birth or legal parent(s) or guardian of the minor child(ren) named in this petition.

[Choose **only** one]

- There is only one minor child named in this petition.
- There are {enter number of children} _____ children named in this petition. The information on the first child is entered below. I/We have attached the completed supplemental forms for each other child.

The adult petitioner(s)'s fingerprints have been taken in a manner approved by the Department of Law Enforcement and submitted for a state and national criminal history records check. **I /We understand that I/we cannot request a hearing on my/our Petition until the clerk of court receives the results of the criminal history records check.**

A. **THE FOLLOWING INFORMATION IS TRUE ABOUT CHILD # 1:**

1. **Minor child's complete present name is:**

Ann Doe

I/We request that this minor child's name be changed to:

Gail Doe

2. The minor child lives in Miami-Dade County, Florida, at {street address} _____
123 Main Street, Miami, Florida 33109

PETITIONER(S) MUST INITIAL HERE _____

3. The minor child was born on {date} 06/17/2010, in {city, county, state, country} Miami, County of Miami Dade, Florida, United States of America.

4. The minor child's father's full legal name: John Doe.
The minor child's mother's full legal name: Jane Doe.
The minor child's mother's maiden name: Jane Bryan.

5. The minor child has lived in the following places since birth:

Dates (to/from)	Address
<u>06/17/2010-00/00/0000</u>	<u>123 Main Street, Miami, Florida 33109</u>
_____	_____
_____	_____
_____	_____

(____ Please indicate here if you are continuing these facts on an attached page.)

6. [Choose **one** only]
 The minor child is not married.
 The minor child is married to: {full legal name} _____.

7. [Choose **one** only]
 The minor child has no children.
 The minor child is the parent of the following child(ren): {enter full name(s) and date(s) of birth} _____.

8. **Former names.**

[Choose **all** that apply]

The minor child's name has never been changed by a court.
 The minor child's name previously was changed **by court order** from _____
to _____ on {date} _____,
by {court, city, and state} _____.

A copy of the court order is attached.

The minor child's name previously was changed **by marriage** from _____
to _____ on {date} _____,
in {city, county, and state} _____.

A copy of the marriage certificate is attached.

The minor child has never been known or called by any other name.
 The minor child has been known or called by the following other name(s): {list name(s) and explain where child was known or called by such name(s)} _____

9. The minor child is not employed in an occupation or profession, does not own and operate a **PETITIONER(S) MUST INITIAL HERE** _____

business, and has received no educational degrees. If the minor child has a job, explain: _____

10. Criminal History.

[Choose **one** only]

The minor child has never been arrested for or charged with, pled guilty or nolo contendere to, or been found to have committed a criminal offense, regardless of adjudication.

The minor child has a criminal history. In the past, the minor child was arrested for or charged with, pled guilty or nolo contendere to, or been found to have committed a criminal offense, regardless of adjudication. The details of the criminal history are:

Date	City/State	Event (arrest, charge, plea, or adjudication)
------	------------	---

_____	_____	_____
_____	_____	_____

(Please indicate here if you are continuing these facts on an attached page.)

11. Money Judgments.

[Choose **one** only]

The minor child has never been adjudicated bankrupt, and no money judgment has ever been entered against him or her.

The following money judgment(s) has been entered against him or her:

Date	Amount	Creditor	Court entering judgment and case number	Indicate if Paid
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>

B. THE FOLLOWING INFORMATION IS TRUE ABOUT PETITIONER(S):

() FATHER () MOTHER () GUARDIAN

() A Supplemental Form has been attached for the other parent or petitioner.

1. My complete present name is: Jane Doe

2. I live in Miami-Dade County, Florida, at {street address} _____
123 Main Street, Miami, Florida 33109.

3. I have no ulterior or illegal purpose for filing this petition, and granting it will not in any manner invade the property rights of others, whether partnership, patent, good will, privacy, trademark, or otherwise.

4. My civil rights have never been suspended, or, if ever suspended, they have been fully restored.

PETITIONER(S) MUST INITIAL HERE _____

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.

Dated: _____

Signature of Petitioner _____
Printed Name: Jane Doe
Address: 123 Main Street
City, State, Zip: Miami, Florida 33109
Telephone Number: 555-123-4567
Fax Number: _____

STATE OF FLORIDA
COUNTY OF _____

Sworn to or affirmed and signed before me on _____ by _____.

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]

I, {full legal name and trade name of nonlawyer} Sean Freeman/LegalZoom.com, Inc.,
a nonlawyer, whose address is {street} 9900 Spectrum Drive, {city} Austin,
{state} TX, {phone} (323) 962-9600 helped {name(s)} Jane Doe
who is (are) the petitioner(s), fill out this form.

PETITIONER(S) MUST INITIAL HERE _____

IN THE CIRCUIT COURT OF THE 11th JUDICIAL CIRCUIT,
IN AND FOR Miami-Dade COUNTY, FLORIDA

Case No.: _____
Division: _____

IN RE: THE NAME CHANGE OF

_____,
Petitioner/Father,

Jane Doe
_____,
Petitioner/Mother.

FINAL JUDGMENT OF CHANGE OF NAME (MINOR CHILD(REN))

This cause came before the Court on {date} _____, for a hearing on Petition for Change of Name under section 68.07, Florida Statutes, and it appearing to the Court that:

1. Petitioner(s) is (are) a bona fide resident(s) of Miami-Dade County, Florida;
2. _____ Petitioners are the parents of the minor child(ren) named in the petition;
3. Petitioner is the parent of the minor child(ren) named in the petition, and the other parent has been properly notified and has either consented or failed to respond;

Other: _____

_____;

3. Petitioner's request is not for any ulterior or illegal purpose; and
4. Granting this petition will not in any manner invade the property rights of others, whether partnership, patent, good will, privacy, trademark, or otherwise; it is

ORDERED that the minor child(ren)'s
present name(s) _____ be changed to _____
(1) Ann Doe _____ (1) Gail Doe _____
(2) _____ (2) _____
(3) _____ (3) _____
(4) _____ (4) _____
(5) _____ (5) _____
(6) _____ (6) _____,

by which minor child(ren) shall hereafter be known.

ORDERED ON _____.

CIRCUIT JUDGE

IN THE CIRCUIT COURT OF THE 11th JUDICIAL CIRCUIT,
IN AND FOR Miami-Dade COUNTY, FLORIDA

Case No.: _____
Division: _____

Ann Doe,
Petitioner,

and

Respondent.

DISCLOSURE FROM NONLAWYER

Sean Freeman/LegalZoom.com, Inc, told me that he/she is a nonlawyer and may not give legal advice, cannot tell me what my rights or remedies are, cannot tell me how to testify in court, and cannot represent me in court.

Rule 10-2.1(b) of the Rules Regulating The Florida Bar defines a paralegal as a person who works under the supervision of a member of The Florida Bar and who performs specifically delegated substantive legal work for which a member of The Florida Bar is responsible. Only persons who meet the definition may call themselves paralegals. Sean Freeman/LegalZoom.com, Inc informed me that he/she is not a paralegal and cannot call himself/herself a paralegal.

Sean Freeman/LegalZoom.com, Inc, told me that he/she may only type the factual information provided by me in writing into the blanks on the form. Sean Freeman/LegalZoom.com, Inc may not help me fill in the form and may not complete the form for me. If using a form approved by the Supreme Court of Florida, Sean Freeman/LegalZoom.com, Inc may ask me factual questions to fill in the blanks on the form and may also tell me how to file the form.

[one only]

I can read English.

I cannot read English, but this disclosure was read to me [fill in **both** blanks] by
{name} _____ in {language} _____, which I understand.

Dated: _____

Signature of Party

Sean Freeman
Signature of **NONLAWYER**

Printed Name: Sean Freeman

Name of Business: LegalZoom.com, Inc

Address: 9900 Spectrum Drive

Austin, TX 78717

Telephone Number: (323) 962-8600



State of Florida
Department of Health
Office of Vital Statistics
Report of Legal Change of Name

(Important - Read Information and Instructions on Reverse Side before Completing this Form)

STATE OF FLORIDA)
)
County of _____)

Docket or File Number: _____

Date of Court Order: _____

NAME as Decreed by Court: _____
First Middle Maiden Last, if Female Legal Last

Name of Petitioner: _____
First Middle Last

Petitioner's Relationship to Person Whose Name Has Been Changed: _____

Mailing Address of Petitioner: _____
Street City State Zip Code

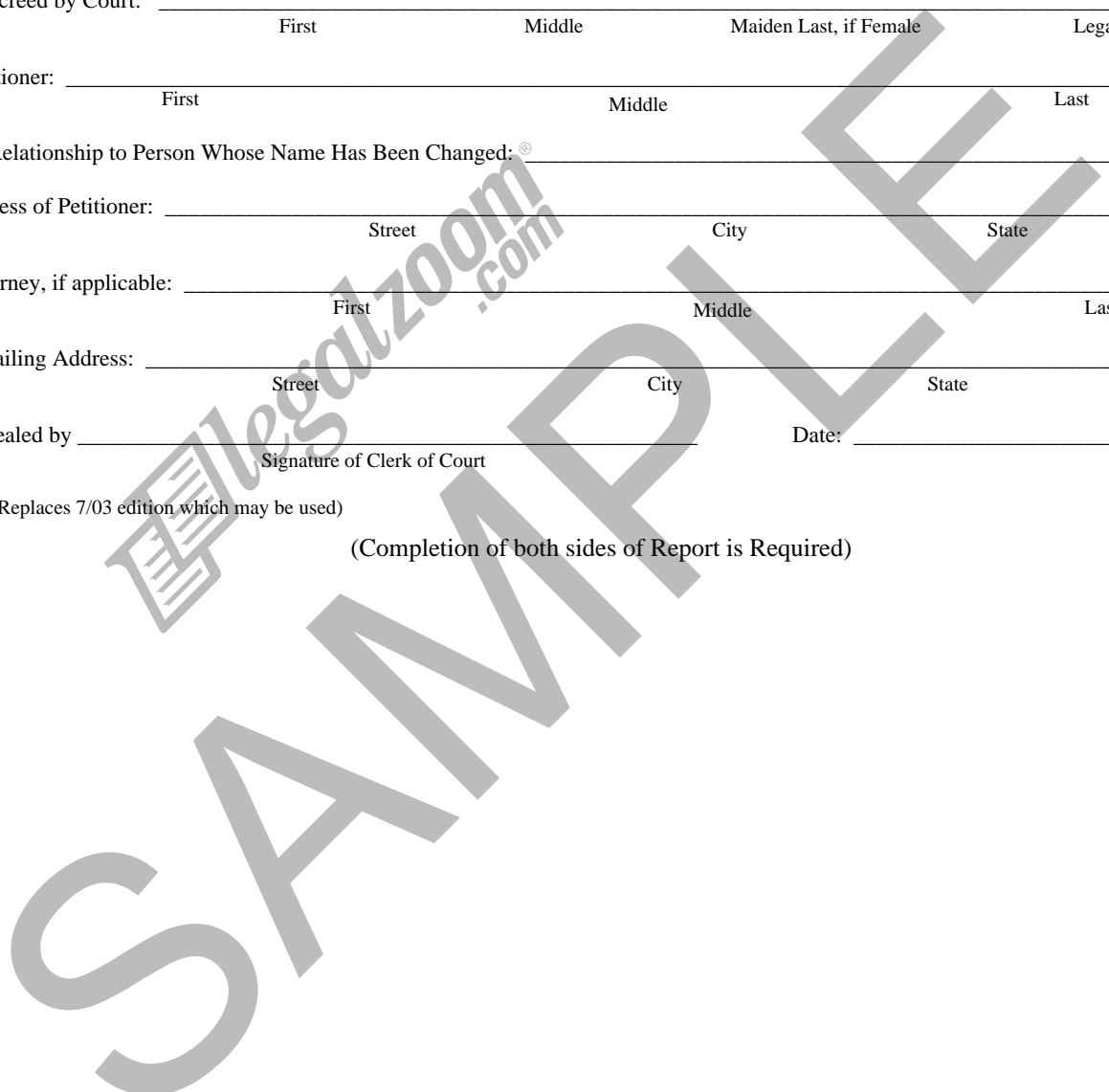
Name of Attorney, if applicable: _____
First Middle Last

Attorney's Mailing Address: _____
Street City State Zip Code

Signed and Sealed by _____ Date: _____
Signature of Clerk of Court

DH 427, 7/06 (Replaces 7/03 edition which may be used)

(Completion of both sides of Report is Required)



Persuant to section 68.07(4) , on filing the final judgment, the clerk shall, if the birth occurred in this state, send a report of the judgment to the Department of Health, Office of Vital Statistics. The form shall contain sufficient information to identify the original birth certificate of the person, the new name, and the file number of the judgment. MAIL COMPETED AND CERTIFIED FORMS TO: Department of Health, Office of Vital Statistics, P. O. Box 210, Jacksonville, Florida 32231-0042, ATTN: Corrections Unit.

Provide the following information to identify the birth certificate of the person whose name has been changed.

Name at Birth: _____
First Middle Last Maiden, if Female

Subsequent Name Change, if applicable: _____
First Middle Last Maiden, if Female

Date of Birth: _____ Place of Birth: _____
City County State

Full Name of Mother, including Maiden Last: _____
First Middle Maiden Last

INSTRUCTIONS

Please type using black ribbon. Alteration of information by use of correction fluid or other methods will make this form unacceptable for filing by Vital Statistics and the form will be returned

If the person whose name has been changed is female, please list both her legal maiden last name and her legal last name under "Name as Decreed by Court." If name change is to restore a maiden surname, this report will not be attached to the original birth record, but will be retained in the files of the Office of Vital Statistics.

PHOTOCOPIES OF THIS FORM WILL NOT BE ACCEPTED by Vital Statistics and will be returned. To obtain a supplies of this form, submit your request specifying the quantity desired in writing to the Office of Vital Statistics, P. O. Box 210, Jacksonville, Florida 32231-0042, ATTN: Administrative Services.

DH 427, 7/06 (Replaces 7/03 edition which may be used)

FORM 1.998. FINAL DISPOSITION FORM

This form shall be filed by the prevailing party for the use of the Clerk of Court for the purpose of reporting judicial workload data pursuant to Florida Statutes section 25.075. (See instructions on the reverse of the form.)

I. CASE STYLE

IN THE CIRCUIT COURT OF 11th JUDICIAL CIRCUIT
IN AND FOR MIAMI-DADE COUNTY, FLORIDA

Plaintiff Jane Doe

Case #: _____

Judge: _____

vs.

Defendant _____

II. MEANS OF FINAL DISPOSITION (Place an "x" in one box for major category and one subcategory, if applicable, only)

- Dismissed Before Hearing
 - Dismissed Pursuant to Settlement – Before Hearing
 - Dismissed Pursuant to Mediated Settlement – Before Hearing
 - Other – Before Hearing
- Dismissed After Hearing
 - Dismissed Pursuant to Settlement – After Hearing
 - Dismissed Pursuant to Mediated Settlement – After Hearing
 - Other After Hearing – After Hearing
- Disposed by Default
- Disposed by Judge
- Disposed by Non-jury Trial
- Disposed by Jury Trial
- Other

DATE _____

SIGNATURE OF ATTORNEY FOR PREVAILING PARTY _____

These are sample documents for the state of Florida. Actual content differs by state and may vary based on your answers to the LegalZoom questionnaire.

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