

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA

Case No.: _____

Division: _____

_____,
Petitioner,

and

_____,
Respondent.

**ANSWER TO PETITION
FOR SUPPORT UNCONNECTED TO DISSOLUTION**

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

1. I **agree** with Petitioner as to the allegations raised in the following numbered paragraphs in the Supplemental Petition and, therefore, **admit** those allegations: {indicate section and paragraph number} _____
_____.
2. I **disagree** with Petitioner as to the allegations raised in the following numbered paragraphs in the Supplemental Petition and, therefore, **deny** those allegations: {indicate section and paragraph number} _____
_____.
3. I currently am unable to admit or deny the following paragraphs due to lack of information:
{indicate section and paragraph number} _____
_____.
4. A completed Financial Affidavit, is, or will be, filed.
5. A completed Notice of Social Security Number is filed with this answer, if one has not been previously filed in this case.

[/ if applies]

- _____ 6. This case involves custody or visitation with a minor child(ren), and a completed Uniform Child Custody Jurisdiction Act (UCCJA) Affidavit, is filed with this answer.
- _____ 7. This case involves child support, and a completed **Child Support Guidelines Worksheet**, is filed or will be filed with the court.

I certify that a copy of this document was [**one** only] () mailed () faxed and mailed () hand delivered to the person(s) listed below on {date} _____.

Petitioner or his/her attorney:

Name: _____
Address: _____
City, State, Zip: _____
Fax Number: _____

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

Dated: _____

Signature of Respondent
Printed Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____

STATE OF FLORIDA
COUNTY OF _____

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

NOTARY PUBLIC - STATE OF FLORIDA

[Print, type, or stamp commissioned name of notary.]

____ 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: [N fill in **all** blanks]

I, {full legal name and trade name of nonlawyer} _____,
a nonlawyer, located at {street} _____, {city} _____,
{state} _____, {phone} _____, helped {name} _____,
who is the respondent, fill out this form.