

IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

CASE NO: \_\_\_\_\_

IN THE INTEREST OF

\_\_\_\_\_  
A MINOR CHILD

**ANSWER TO PETITION FOR TEMPORARY LEGAL CUSTODY**

I, {full legal name} \_\_\_\_\_ [ ] Natural Father [ ]  
Natural Mother of the above-named minor child, being sworn, certify that the following  
information is true:

1. \_\_\_\_\_ I **agree** with the statements made by the Petitioner in the Petition for  
Temporary Custody. Attached is my written, notarized consent for the Petitioner to  
have legal custody of \_\_\_\_\_ {name of  
child}.
2. \_\_\_\_\_ I **disagree** with the statements made in the following paragraphs by the  
Petitioner in the Petition for Temporary Custody and therefore deny the statements  
upon which the Petitioner relies. {Indicate paragraph number}  
\_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_ I am without sufficient knowledge to admit or deny the statements raised in  
the following paragraphs of the Petition for Temporary Custody. {Indicate section and  
paragraph number}  
\_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_ A completed Uniform Child Custody Jurisdiction and Enforcement Act  
(UCCJEA) Affidavit, Florida Family Law Form 12.901(f), is filed with this Answer.

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

**Petitioner or his/her attorney:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone No: \_\_\_\_\_

**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 Natural Parent

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone 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:** [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.