	114 AND	COUNTY, PLONIDA	
		Case No.:	
	of Florida, Department of Revenue,		
Child	Support Enforcement:		
-	Petitioner,	2	
	and		
		J	
	Respondent.		
	ANSW	ER TO PETITION	
ı		Respondent, being sworn, certify that the	
	ng information is true:	, kespondent, being sworn, certify that the	
1.		in the following numbered paragraphs in the Petition and itions: {indicate section and paragraph number,	
2.		in the following numbered paragraphs in the Petition and adicate section and paragraph number)	
3.	3. I am currently unable to admit or deny the following paragraphs due to lack of information: {Indicate section and paragraph number}		
mpriso		g under oath to the truthfulness of the claims made in this owingly making a false statement includes fines and/or	
		Signature of Respondent	
		Printed Name:	
		Address:	
		City, State, Zip:	
		Telephone Number:	
		Fax Number:	
		Email Address:	

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT

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	
	icate of Service
below this day of	furnished by mail/hand delivery to the person listed, 20, to
	Signature of Respondent
[fill in all blanks] This form was prepared for the: This form was completed with the assistance of:	ORM, HE/SHE MUST FILL IN THE BLANKS BELOW:  (choose only one) ( ) Petitioner ( ) Respondent
(name of business)(address)	
(city)(state)	(telephone number)