

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

Case No.: _____

State of Florida, Department of Revenue,
Child Support Enforcement:

Petitioner,

and

Respondent.

ANSWER TO SUPPLEMENTAL PETITION

I, _____, being sworn, certify that the following information is true:

1. I **agree** with 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 the allegations raised in the following numbered paragraphs in the Supplemental Petition and, therefore, **deny** those allegations: *{indicate section and paragraph number}*

3. I am currently unable to admit or deny the following paragraphs due to lack of information: *{indicate section and paragraph 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 Party

Printed Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Fax Number: _____

Email Address: _____

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 _____

Certificate of Service

I HEREBY CERTIFY that a copy has been furnished by mail/hand delivery to the person listed below this _____ day of _____, 20____, to _____
(address) _____.

Signature of Party

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:

[fill in all blanks] This form was prepared for the: {choose only one} () Petitioner () Respondent

This form was completed with the assistance of:

{name of individual} _____

{name of business} _____

{address} _____

{city} _____, {state} _____ {telephone number} _____.