

# **INSTRUCTIONS FOR FLORIDA FAMILY LAW RULES OF PROCEDURE FORM 12.951(a), PETITION TO DISESTABLISH PATERNITY AND/OR TERMINATE CHILD SUPPORT OBLIGATION (09/10)**

## **When should this form be used?**

This form should be used by a man who wishes to disestablish paternity or terminate a child support obligation because he is not the biological father of the child(ren). The petition must be **filed**

- in the circuit court having jurisdiction over the child support obligation; or
- if the child support was determined administratively and has not been ratified by a court, in the circuit court in which the mother or legal guardian or custodian of the child(ren) resides; or
- if the mother or legal guardian or custodian no longer resides in the state, in the circuit court in the county in which the petitioner resides.

This form should be typed or printed in black ink. After completing the form, you should sign the form before a **notary public** or **deputy clerk**.

A copy of any judgment or order regarding paternity or child support and a copy of any scientific test results showing that you cannot be the father of the child(ren) must be attached to the petition and filed with the court.

## **What should I do next?**

The petition must be served on the mother or legal guardian or custodian of the child(ren). If the child support obligation was determined administratively and has not been ratified by a court, the petition must also be served on the Department of Revenue.

## **Where can I look for more information?**

**Before proceeding, you should read “General Information for Self-Represented Litigants” found at the beginning of these forms.** For further information, see Section 742.18, Florida Statutes.

## **Special notes . . .**

Remember, a person who is NOT an attorney is called a nonlawyer. If a nonlawyer helps you fill out these forms, that person must give you a copy of **Disclosure from Nonlawyer**, Florida Family Law Rules of Procedure Form 12.900(a), before he or she helps you. A nonlawyer helping you fill out these forms also **must** put his or her name, address, and telephone number on the bottom of the last page of every form he or she helps you complete.

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

Case No.: \_\_\_\_\_

Division: \_\_\_\_\_

\_\_\_\_\_  
Petitioner,

and

\_\_\_\_\_  
Respondent.

**PETITION TO DISESTABLISH PATERNITY AND/OR TERMINATE CHILD SUPPORT OBLIGATION**

I, *{full legal name}* \_\_\_\_\_, certify that the following information is true.

1. **Paternity.** My paternity of the child(ren), *{name(s) and birth date(s)}* \_\_\_\_\_  
\_\_\_\_\_ was established by

[Choose only one]

- \_\_\_ operation of law because I was married to the child(ren)'s mother.
- \_\_\_ adjudication of paternity, entered by *{court}* \_\_\_\_\_ on *{date}* \_\_\_\_\_.
- \_\_\_ acknowledgment of paternity executed on *{date}* \_\_\_\_\_.
- \_\_\_ other: *{specify}* \_\_\_\_\_

A copy of any judgment is attached.

2. **Child support.** My child support obligation for the child(ren), *{name(s) and birth date(s)}*, \_\_\_\_  
\_\_\_\_\_ was established by

[Choose only one]

- \_\_\_ a final judgment of dissolution of marriage, entered by *{court}* \_\_\_\_\_ on *{date}* \_\_\_\_\_.
- \_\_\_ an administrative proceeding to establish child support in *{location}* \_\_\_\_\_ on *{date}* \_\_\_\_\_.
- \_\_\_ a paternity proceeding in *{court}* \_\_\_\_\_ on *{date}* \_\_\_\_\_.
- \_\_\_ other *{specify}* \_\_\_\_\_

A copy of any judgment is attached.

3. **Newly discovered evidence.** Newly discovered evidence concerning the paternity of this/these child(ren) has come to my knowledge since the initial paternity determination or establishment of the child support obligation. *{Explain}* \_\_\_\_\_

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4. **Scientific tests.**

\_\_\_ The results of scientific tests that are generally acceptable within the scientific community to show a probability of paternity, administered within 90 days prior to the filing of this petition, indicate that I cannot be the father of the child(ren) for whom support is required. A copy of the test results is attached.

\_\_\_ I did not have access to the child(ren) to have scientific testing performed before the filing of this petition and I request that the court order the child(ren) to be tested.

5. **Fulfillment of child support obligation.**

[Choose only **one**]

\_\_\_ I am current on all child support payments for the child(ren) for whom relief is sought.

\_\_\_ I have substantially complied with my child support obligation for the child(ren) and any delinquency in my child support obligation for the child(ren) arose from my inability for just cause to pay the delinquent child support when the delinquent child support became due.

I ask the court to enter an order to:

[Choose **all** that apply]

\_\_\_ disestablish my paternity to *{name(s) of child(ren)}* \_\_\_\_\_

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\_\_\_ terminate my obligation to pay child support for *{name(s) of child(ren)}* \_\_\_\_\_

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\_\_\_ other: \_\_\_\_\_

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

**Respondent 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 affidavit and that the punishment for knowingly making a false statement includes fines and/or imprisonment.**

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Petitioner  
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 or DEPUTY CLERK

\_\_\_\_\_  
[Print, type, or stamp commissioned name of notary or deputy 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} \_\_\_\_\_,  
a nonlawyer, located at {street} \_\_\_\_\_, {city} \_\_\_\_\_,  
{state} \_\_\_\_\_, {phone} \_\_\_\_\_, helped {name} \_\_\_\_\_,  
who is the [Choose only **one**] \_\_\_\_\_ petitioner **or** \_\_\_\_\_ respondent, fill out this form.