INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW FORM 12.903(d), ANSWER TO COUNTERPETITION (05/12)

When should this form be used?

This form should be used by a <u>petitioner</u> to respond to the <u>respondent</u>'s <u>counterpetition</u>. You should use this form to admit or deny the allegations contained in the counterpetition.

This form should be typed or printed in black ink. After completing this form, you should sign the form before a <u>notary public</u> or <u>deputy clerk</u>. You should <u>file</u> the original with the <u>clerk of the circuit court</u> in the county where the case is filed and keep a copy for your records.

What should I do next?

You have 20 days to answer after being served with the other party's counterpetition. A copy of this form must be mailed **or** hand delivered to the other party.

To proceed with your case, you should refer to the instructions to your petition regarding setting a case for trial under **UNCONTESTED** and **CONTESTED**.

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. The words that are in <u>bold underline</u> in these instructions are defined there.

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 a **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.

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11	N THE CIRCUIT COURT OF THE		JUDICIAL CIRCUIT,
IN AND FOR		COUN	ITY, FLORIDA
		Case No.:	
		Division:	
	Petitioner/Counterrespondent,		
	and		
	Respondent/Counterpetitioner.		
	ANSWER TO C	OUNTERPETITION	
I, {full le	egal name}		, being sworn, certify
that the	e following information is true:		
1.	I agree with Respondent as to the alleg the Counterpetition and, therefore, adi number}	mit those allegations: {indico	ate section and paragraph
2.	I disagree with Respondent as to the alle the Counterpetition and, therefore, de number}	_	
3.	I am currently unable to admit or deny the admit		to lack of information:
	fy that a copy of this document and delivered to the person(s) listed below		
-	ndent or his/her attorney:		
Address	s:		
City, Sta	ate, Zip:		
Fax Nur	mber:		
Emaii A	Address:		

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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 Petitioner
	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	
IE A NONI AWYER HELDED VOLLEUL OUT THIS	FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:
	e: {choose only one } () Petitioner () Respondent
This form was completed with the assistance of	
•	
{name of husiness}	
{address}	
{city} ,{state	e} {telephone number} .