IN THE CIRCUIT COURT OF THE JUDICIAL CIRCUIT,

IN AND FOR COUNTY, STATE OF FLORIDA

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

# Petitioner, Case No.

AND

Division

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Respondent.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/

## **ANSWER / RESPONSE TO: [check one]**

## **PETITION/COMPLAINT TO/FOR:**

* **REQUEST FOR ADMISSIONS**

I, *{full legal name}* , being sworn, certify that the following information is true:

1. I **agree** with the allegations raised in the following numbered paragraphs in the document I am answering and, therefore, **admit** those allegations: *{indicate section and paragraph number}*
2. I **disagree** with the allegations raised in the following numbered paragraphs in the document I am answering and, therefore, **deny** those allegations: *{indicate section and paragraph number}*
3. I currently am unable to admit or deny the following paragraphs due to lack of information: *{indicate section and paragraph number}*

I certify that a copy of this document was ( ) mailed ( ) faxed and mailed ( ) e-mailed ( ) hand delivered to the person(s) listed below on *{date}*

**Other Party or his/her attorney:**

Name:

Address:

City, State, Zip:

Fax Number:

Designated E-mail Address(es):

**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:

Designated E-mail Address(es):

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] This form was prepared for the Respondent. This form was completed with the assistance of:

*{name of individual}*

*{name of business}*

*{address}*

*{city} , {state} , {zip code} , {telephone number}*