

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

\_\_\_\_\_  
Petitioner, Case No. \_\_\_\_\_  
AND  
\_\_\_\_\_  
Respondent. Division \_\_\_\_\_  
\_\_\_\_\_/

**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} \_\_\_\_\_