

IN THE CIRCUIT COURT
 OF THE FIRST JUDICIAL CIRCUIT,
 IN AND FOR ESCAMBIA COUNTY, FLORIDA

Case No.:
 Division:

_____,
 Petitioner,

and

_____,
 Respondent.

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

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

SECTION I.

1. THIS ACTION EFFECTS THE FOLLOWING CHILD(REN):

Name	Place of Birth	Date of Birth	Sex
(1) _____	_____	_____	
(2) _____	_____	_____	
(3) _____	_____	_____	
(4) _____	_____	_____	

2. PATERNITY OF CHILD(REN) WAS ESTABLISHED BY:

{check all that apply}

- Operation of law because I was married to the child(ren)'s biological mother.
- Court Order dated _____ Case Number _____
- Administrative Order by Child Support Enforcement Office (Department of Revenue)
 Entered _____ Case Number _____
- Acknowledgment of paternity executed on {date} _____

A copy of the judgment or acknowledgment is attached.

3. CHILD SUPPORT FOR CHILD(REN) WAS ESTABLISHED BY:

{check one}

- A Final Judgment of Dissolution of Marriage, entered on {date} _____,
 at {location} _____, {case
 number} _____.
- A Order Establishing Paternity entered on {date} _____, {location}
 _____, {case
 number} _____.
- Other Court Proceeding, {type} _____, {date} _____,
 {location} _____, {case number} _____.

() Administrative proceeding by the Department of Revenue, Child Support Enforcement Office on {date} _____, at {location} _____, {case number} _____.

A copy of the judgment/order is attached.

SECTION II.

1. NEWLY DISCOVERED EVIDENCE

I hereby affirm that newly discovered evidence relating to the paternity of the child(ren) listed above has come to my knowledge, since the initial paternity determination or establishment of a child support obligation.

{Explain} _____

2. SCIENTIFIC TESTING FOR PATERNITY

{check one}

() Results of paternity testing of petitioner and child(ren) acceptable within the scientific community administered within 90 days prior to filing of this petition, indicate that petitioner cannot be the father of the child(ren) for whom support is required. Documentation of scientific testing is filed with this petition.

OR

() Petitioner did not have access to the child to have scientific testing performed prior to the filing of the petition.

3. FULFILLMENT OF CHILD SUPPORT OBLIGATIONS

{check one}

() I **am current** on all child support payments for the child(ren) whom relief is sought and has substantially complied with the child support obligations for the child(ren).

OR

() I **am not current** on the child support obligation for the applicable child(ren). The delinquency in the child support obligation is due to the inability to pay the child support for the following just cause {reason}:

A copy of my child support payment history is attached.

SECTION III.

1. ALL OF THE FOLLOWING ARE TRUE TO THE BEST OF MY KNOWLEDGE {By initialing each statement below, I am affirming it to be true}

_____ a. I have not adopted the child (ren).

_____ b. The child(ren) was not conceived by artificial insemination while I was married to the child's mother.

_____ c. I did not act to prevent the biological father of the child(ren) from asserting his parental rights with respect to the child(ren).

___ d. The child(ren) was/were younger than 18 years of age when the petition was filed.

2. SINCE LEARNING THAT I AM NOT THE BIOLOGICAL FATHER OF THE CHILD(REN) I HAVE NOT DONE ANY OF THE FOLLOWING :

{By initialing each statement below, I am affirming it to be true}

___ a. I did not marry the mother of the child(ren) while known as the reputed father and voluntarily assumed the parental obligation and duty to pay child support.

___ b. I have not acknowledged paternity of the child(ren) in a sworn statement.

___ c. I have not consented to be named as the child(ren)'s biological father on the child(ren)'s birth certificate(s).

___ d. I did not voluntarily promise in writing to support the child(ren) and was not required to support the child(ren) based on any written promise.

___ e. I have not disregarded a written notice from a state agency or any court directing me to submit to scientific testing.

___ f. I have not signed a voluntarily acknowledgment of paternity.

PETITIONER'S REQUEST

1. I hereby request a hearing on this petition and understand that I must attend the hearing.

2. I am requesting that the Court enter an order to do the following:

{check all that apply}

a. Disestablish paternity of the minor child(ren), ordering proper scientific testing, if necessary;

___ b. Terminate visitation of the minor child(ren)

___ c. Terminate child support, including medical/dental insurance coverage for the minor child(ren)

___ f. Changes the child(ren)'s name(s) to the following:

___ g. Other relief as follows: _____

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this petition 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 petitioner, fill out this form.