

FAMILY COURT SERVICES
501 WEST ADAMS STREET, ROOM 2150
JACKSONVILLE, FL 32202
(904) 255-1060 MAIN

CHECKLIST FOR:
ANSWER/RESPONSE

Use this form if you were served or notified of an action placed against you and you wish to respond.

ALL FORMS MUST BE COMPLETED TO START YOUR CASE

- Local Form (attached)
 - Answer/Response

INSTRUCTIONS:

1. **Fully complete** the above forms.
2. Make **two (2) copies** of each form.
3. File your **original documents** with the **Family Law Clerk of Courts Room 2474 - 2nd floor.**

**IN THE CIRCUIT COURT OF THE FOURTH JUDICIAL CIRCUIT
IN AND FOR DUVAL COUNTY, FLORIDA**

CASE NO.: _____

DIVISION: _____

_____,

Petitioner

and

_____,

Respondent

ANSWER/RESPONSE

COMES NOW, the () Petitioner () Respondent, _____
in proper person, and therefore state:

[] Please See Attached

CERTIFICATE OF SERVICE

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: _____

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this motion and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: _____

Signature of Party

Name: _____

Address: _____

City, State, Zip: _____

Tel: _____

E-Mail: _____