	HE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CUIT, IN AND FORCOUNTY, FLORIDA	
	Case No.: Division:	
	Petitioner,	
and		
	Respondent.	
	ANSWER AND WAIVER	
the fo	I, {full legal name}, Respondent, being sworn, certify that dlowing information is true:	
1.	Respondent acknowledges receiving a copy of the Petition for Dissolution of Marriage filed in this action, admits all of its allegations and waives service of process. By admitting all of the allegations in the petition, respondent agrees to all of the relief requested.	
2.	Respondent acknowledges that the parties have voluntarily entered into a Marital Settlemen Agreement and requests that the court incorporate the same into its Final Judgment of Dissolution of Marriage.	
3	Respondent submits himself/herself to the jurisdiction of the court and waives notice of hearing as well as all future notices in connection with the Petition for Dissolution of Marriage, as filed Respondent also waives appearance at the final hearing.	
4	Respondent requests that a copy of the Final Judgment of Dissolution of Marriage entered in thi case be forwarded to Respondent at the address below.	
5	If this case involves minor or dependent child(ren), a completed Uniform Child Custody Jurisdiction Act (UCCJA) Affidavit is filed with this answer.	
6	A completed Financial Affidavit is also filed with this answer.	
hand	I certify that a copy of this document was $[\sqrt{\text{ one only}}]$ () mailed () faxed and mailed (delivered to the person(s) listed below on $\{date\}$	
Name Addre City,	r party or his/her attorney: c: ess: State, Zip: Jumber:	

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

Dated:	
	Signature of Respondent
	Printed Name:
	Address:
	City, State, Zip:
	Telephone Number:
	Fax Number:
STATE OF FLORIDA) COUNTY OF)	
Sworn to or affirmed and signed by	pefore me on, by
	NOTARY PUBLIC—STATE OF FLORIDA
Personally known Produced identification Type of identification produced	[Print, type, or stamp commissioned name of notary.]
IF A NONLAWYER HELPED YOU BLANKS BELOW: [FILL OUT THIS FORM, HE/SHE MUST FILL IN THE
I, [full legal name and trade name of nonl	lawyer},
a nonlawyer, located at {street}	, {city}
{state}, {phone}	, helped <i>{name}</i> , who is the respondent, fill out this form