

REQUEST FOR ACTION – CIVIL MATTERS (Pro Se)

Today's Date: _____

Case Number: _____

TYPE OF CASE:

Check appropriate box below

- Uncontested Divorce (agreed upon)
 - Contested Divorce (no agreement)
 - Paternity/Visitation
 - Supplemental Petition (Modification)
 - OTHER _____
- Motion Temporary Relief
 - Motion Contempt/Enforce
 - Motion to Compel
 - Child Support (This form is not to be used for DOR cases)
- Adoption
 - Name Change

YOUR REQUEST:

- A Hearing Date
- A Case Management Conference
- File Review
(reason for review) _____
- A Follow-up Hearing with General Magistrate (Include your last hearing date _____ and Magistrate's name _____)

~ PLEASE PRINT YOUR CONTACT INFORMATION ~

PLEASE TYPE OR WRITE LEGIBLY

Printed Name (required)

Email

Signature

Daytime Phone (required)

Address (required)

Cell Phone

City (required)

State/Zip (required)

FAX Number

Please Note: All completed forms must be returned to the Clerk of the Court located at the Downtown Civil Courthouse or by mail to P.O. Box 819 Sanford, FL 32772 or electronically filed through the Florida State e-Filing Portal (www.myflcourtagency.com). Due to the volume of requests filed by *pro se litigants*, it may take over thirty (30) days for you to receive a response. **Do not file another Request for Action Form (Form A). Make sure that you have filed all the required documents listed on the attached checklist. A Case Manager will review your case and schedule your case for a hearing or contact you by phone if needed. PLEASE INCLUDE AN EMAIL ADDRESS ABOVE. WE MAY RESPOND TO YOUR REQUEST VIA OUR NO-REPLY EMAIL ADDRESS.**

IMPORTANT!!! IF YOUR ADDRESS CHANGES BEFORE YOUR CASE IS SCHEDULED, IT IS YOUR RESPONSIBILITY TO FILE A CHANGE OF ADDRESS WITH THE COURT.

Thank you

IN THE CIRCUIT COURT OF THE 18th JUDICIAL CIRCUIT,
IN AND FOR SEMINOLE COUNTY, FLORIDA

Case No.: _____

Division: _____

Petitioner,

and

Respondent.

DESIGNATION OF CURRENT MAILING AND E-MAIL ADDRESS

I, {full legal name}, _____, being sworn, certify that:

MAILING ADDRESS:

My current mailing address is:

{Street or Post Office Box} _____,

{City}, _____, {State}, _____, {Zip} _____.

{Telephone No.} _____ {Fax No.} _____.

E-MAIL ADDRESS:

{Do not provide an e-mail address unless you choose to serve and receive all documents in the future only by e-mail. If you are a self-represented litigant (appearing without an attorney), you are not required to serve or receive documents by electronic mail (e-mail); however, once you designate an e-mail address, that address will be the exclusive means of serving and receiving documents. Once you choose to serve and receive documents by e-mail, you cannot change your decision.}

I wish to designate the following e-mail address(es) for the purposes of serving and receiving documents:

I understand that I must keep the clerk's office and the opposing party or parties notified of my current mailing and e-mail address(es) and that all future papers in this lawsuit will be served at the address(es) on record at the clerk's office.

I certify that a copy of this document was _____ e-mailed _____ mailed _____ faxed and 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): _____

Signature of Party

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 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: *{choose only one}* _____ Petitioner _____ Respondent

This form was completed with the assistance of:

{name of individual} _____,
{name of business} _____,
{street} _____
{city} _____, *{state}* _____, *{zip code}* _____, *{telephone number}* _____