	IN AND	COUNTY, FLORIDA
State of Florida, Department of Revenue, Child Support Enforcement:		Case No.:
	Petitioner,	
	and	
	Respondent.	
	ANSWI	ER TO PETITION
l,		, Respondent, being sworn, certify that the
follow	ing information is true:	
1.	_	the following numbered paragraphs in the Petition and, ions: {indicate section and paragraph number}
2.	I disagree with the allegations raised therefore, deny those allegations: {ina	in the following numbered paragraphs in the Petition and, dicate section and paragraph number}
3.	I am currently unable to admit or deny the following paragraphs due to lack of information: {indicate section and paragraph number}	
answe impris	r and that the punishment for knownonment.	under oath to the truthfulness of the claims made in this wingly making a false statement includes fines and/or
Dated:	<u>:</u>	Signature of Respondent
		Printed Name:
		Printed Name:Address:
		City, State, Zip:
		Telephone Number:
		Fax Number:
		Email Address:

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT

COUNTY OF	-
Sworn to or affirmed and signed before me on	by
	NOTARY PUBLIC or DEPUTY CLERK
Personally known Produced identification	[Print, type, or stamp commissioned name of notary or clerk.]
Type of identification produced	
I HEREBY CERTIFY that a copy has been below this day of	ficate of Service n furnished by mail/hand delivery to the person listed
	Signature of Respondent
[fill in all blanks] This form was prepared for the This form was completed with the assistance of <i>{name of individual}</i>	e: {choose only one} () Petitioner () Respondent
{address}	<i></i>
[Sity]	j [telephone nambel] .

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Answer to Petition