

**INSTRUCTIONS FOR FLORIDA FAMILY LAW RULES OF PROCEDURE
FORM 12.951(a)
PETITION TO DISESTABLISH PATERNITY AND/OR TERMINATE
CHILD SUPPORT OBLIGATION
(06/18)**

When should this form be used?

This form should be used by a man who wishes to disestablish paternity or terminate a child support obligation because he is not the biological father of the child(ren). The petition must be **filed**

- in the circuit court having jurisdiction over the child support obligation; or
- if the child support was determined administratively and has not been ratified by a court, in the circuit court in which the mother or legal guardian or custodian of the child(ren) resides; or
- if the mother or legal guardian or custodian no longer resides in the state, in the circuit court in the county in which the petitioner resides.

This form should be typed or printed in black ink. After completing the form, you should sign the form before a **notary public** or **deputy clerk**.

A copy of any judgment or order regarding paternity or child support and a copy of any scientific test results showing that you cannot be the father of the child(ren) must be attached to the petition and filed with the court.

IMPORTANT INFORMATION REGARDING E-FILING

The Florida Rules of Judicial Administration now require that all petitions, pleadings, and documents be filed electronically except in certain circumstances. **Self-represented litigants may file petitions or other pleadings or documents electronically; however, they are not required to do so.** If you choose to file your pleadings or other documents electronically, you must do so in accordance with Florida Rule of Judicial Administration 2.525, and you must follow the procedures of the judicial circuit in which you file. **The rules and procedures should be carefully read and followed.**

What should I do next?

The petition must be served on the mother or legal guardian or custodian of the child(ren). If the child support obligation was determined administratively and has not been ratified by a court, the petition must also be served on the Department of Revenue.

IMPORTANT INFORMATION REGARDING E-SERVICE ELECTION

After the initial service of process of the petition or supplemental petition by the Sheriff or certified process server, the Florida Rules of Judicial Administration now require that all documents required or permitted to be served on the other party must be served by electronic mail (e-mail) except in certain circumstances. **You must strictly comply with the format requirements set forth in the Rules of Judicial Administration.** If you elect to participate in electronic service, which means serving or receiving pleadings by electronic mail (e-mail), or through the Florida Courts E-Filing Portal, you **must** review Florida Rule of Judicial Administration 2.516. You may find this rule at www.flcourts.org through the link to the Rules of Judicial Administration provided under either Family Law Forms: Getting Started, or Rules of Court in the A-Z Topical Index.

SELF-REPRESENTED LITIGANTS MAY SERVE DOCUMENTS BY E-MAIL; HOWEVER, THEY ARE NOT REQUIRED TO DO SO. If a self-represented litigant elects to serve and receive documents by e-mail, the procedures must always be followed once the initial election is made.

To serve and receive documents by e-mail, you must designate your e-mail addresses by using the **Designation of Current Mailing and E-mail Address**, Florida Supreme Court Approved Family Law Form 12.915, and you must provide your e-mail address on each form on which your signature appears. Please **CAREFULLY** read the rules and instructions for: **Certificate of Service (General)**, Florida Supreme Court Approved Family Law Form 12.914; **Designation of Current Mailing and E-mail Address**, Florida Supreme Court Approved Family Law Form 12.915; and Florida Rule of Judicial Administration 2.516.

Where can I look for more information?

Before proceeding, you should read “General Information for Self-Represented Litigants” found at the beginning of these forms. For further information, see Section 742.18, Florida Statutes.

Special notes . . .

Remember, a person who is NOT an attorney is called a nonlawyer. If a nonlawyer helps you fill out these forms, that person must give you a copy of **Disclosure from Nonlawyer**, Florida Family Law Rules of Procedure Form 12.900(a), before he or she helps you. A nonlawyer helping you fill out these forms also **must** put his or her name, address, and telephone number on the bottom of the last page of every form he or she helps you complete.

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA

Case No.: _____

Division: _____

DISESTABLISHMENT OF PATERNITY PROCEEDINGS

Petitioner,

and

Respondent.

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

I, {full legal name} _____, Petitioner, certify that the following information is true.

1. **Paternity.** My paternity of the child(ren), {name(s) and birth date(s)} _____

_____ was established by {Choose only one}

- a. _____ operation of law because I was married to the child(ren)'s other parent .
- b. _____ adjudication of paternity, entered by {court} _____ on {date} _____.
- c. _____ acknowledgment of paternity executed on {date} _____.
- d. _____ other: {specify} _____.

A copy of any judgment is attached.

2. **Child support.** My child support obligation for the child(ren), {name(s) and birth date(s)}, _____

_____ was established by {Choose only one}

- a. _____ a final judgment of dissolution of marriage, entered by {court} _____ on {date} _____ .
- b. _____ an administrative proceeding to establish child support in {location} _____ on {date} _____.

c. ____ a paternity proceeding in {court} _____ on {date} _____.

d. ____ other {specify} _____.

A copy of any judgment is attached.

3. **Newly discovered evidence.** Newly discovered evidence concerning the paternity of this/these child(ren) has come to my knowledge since the initial paternity determination or establishment of the child support obligation. {Explain}

_____.

4. **Scientific tests.**

a. ____ The results of scientific tests that are generally acceptable within the scientific community to show a probability of paternity, administered within 90 days prior to the filing of this petition, indicate that I cannot be the father of the child(ren) for whom support is required. A copy of the test results is attached.

b. ____ I did not have access to the child(ren) to have scientific testing performed before the filing of this petition and I request that the court order the child(ren) to be tested.

5. **Fulfillment of child support obligation.**

{Choose only one}

a. ____ I am current on all child support payments for the child(ren) for whom relief is sought.

b. ____ I have substantially complied with my child support obligation for the child(ren) and any delinquency in my child support obligation for the child(ren) arose from my inability for just cause to pay the delinquent child support when the delinquent child support became due.

I ask the court to enter an order to:

{Indicate all that apply}

a. ____ disestablish my paternity to {name(s) of child(ren)} _____

b. ____ terminate my obligation to pay child support for {name(s) of child(ren)}: _____

c. ____ other: _____

_____.

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} _____.

Respondent or his/her attorney:

Name: _____

Address: _____

City, State, Zip: _____

Fax Number: _____

Designated E-mail Address(es): _____

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: _____

Designated E-mail Address(es): _____

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 YOUR FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:

[fill in **all** blanks] This form was prepared for the Petitioner.

This form was completed with the assistance of:

{name of individual} _____

{name of business} _____

{address} _____

{city} _____, {state} _____, {zip code} _____, {telephone number} _____.