

INSTRUCTIONS FOR FLORIDA FAMILY LAW FORM 12.983(c), ANSWER TO PETITION AND COUNTERPETITION TO DETERMINE PATERNITY AND FOR RELATED RELIEF (03/09)

When should this form be used?

This form should be used when you are responding to a **petition** to determine **paternity** and asking the court for something different than what was in the petition, such as parental responsibility, time-sharing, and **child support**. The **answer** is used to admit or deny the allegations contained in the petition, and the **counterpetition** is used to ask for whatever you want the court to do for you. The other party has 20 days to answer your counterpetition after being served with your counterpetition.

This form should be typed or printed in black ink. After completing this form, you should sign the form before a **notary public** or **deputy clerk**. You should then **file** the original with the **clerk of the circuit court** in the county where the petition was filed and keep a copy for your records.

What should I do next?

You have 20 days to file an answer or answer and counterpetition to the other party's petition. A copy of this form, along with all of the other forms required with this answer and counterpetition, must be mailed **or** hand delivered to the other party in your case.

If you deny that the person named in the petition is the child(ren)'s father, a **Motion for Scientific Paternity Testing**, Florida Supreme Court Approved Family Law Form 12.983(e), should be filed. This is used to ask the court to order a scientific test to determine who is the child(ren)'s father.

After you file an answer and counterpetition, the case will then generally proceed as follows:

UNCONTESTED. This case is uncontested if you and the other party agree on all issues raised in the petition and the counterpetition. If this is the case, **and** you and the other party have complied with **mandatory disclosure** and filed all of the required papers, either party may call the clerk, **family law intake staff**, or **judicial assistant** to set a final hearing. If you request the hearing, you must notify the other party of the hearing by using a **Notice of Hearing (General)**, Florida Supreme Court Approved Family Law Form 12.923, or other appropriate notice of hearing form.

CONTESTED. This case is contested if you and the other party disagree on any issues raised in the petition or counterpetition. If you are unable to settle the disputed issues, either party may file a **Notice for Trial**, Florida Supreme Court Approved Family Law Form 12.924, after you have complied with mandatory disclosure and filed all of the required papers. Some circuits may require the completion of **mediation** before a final hearing may be set. You should contact the clerk, family law intake staff, or judicial assistant for instructions on how to set your case for **trial (final hearing)**.

Where can I look for more information?

Before proceeding, you should read General Information for Self-Represented Litigants@ for some basic information. The words that are in **bold underline** in these instructions are defined there. For further information, see chapter 742, Florida Statutes.

Special notes...

If the child(ren)'s father signed papers at the hospital acknowledging that he was the father, paternity was established as a matter of law. This should be checked on page 2, section 9a of the counterpetition part of this form. With this answer, you must file the following:

- X **Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) Affidavit**, Florida Supreme Court Approved Family Law Form 12.902(d).
- X **Notice of Social Security Number** Florida Supreme Court Approved Family Law Form 12.902(j).
- X **Family Law Financial Affidavit**, Florida Family Law Rules of Procedure Form 12.902(b) or (c). (This must be filed within 45 days of **service** of the petition on you if not filed with this answer.)
- X **Certificate of Compliance with Mandatory Disclosure** Florida Family Law Rules of Procedure Form 12.932. (This must be filed within 45 days of service of the petition on you, if not filed with this answer, unless you and the other party have agreed not to exchange these documents.)
 - **Child Support Guidelines Worksheet**, Florida Family Law Rules of Procedure Form 12.902(e). (If you do not know the other party's income, you may file this worksheet after his or her financial affidavit has been filed.)
 - **Parenting Plan**, Florida Supreme Court Approved Family Law Form 12.995(a) or **Supervised/Safety-Focused Parenting Plan**, Form 12.995(b). If the parents have reached an agreement, a signed and notarized Parenting Plan should be attached. If the parents have not reached an agreement, a proposed Parenting Plan **may** be filed.

Many jurisdictions may require the completion of **mediation** before a final hearing may be set. A **parenting course** must be completed prior to entry of the final judgment. You should contact the office of your local clerk of court, family law intake staff, or the judicial assistant about requirements for parenting courses or mediation where you live.

Parenting Plan and Time-Sharing. If the parties are unable to agree on parenting arrangements and a time-sharing schedule, a judge will decide as part of establishing a Parenting Plan. The judge will decide the parenting arrangements and time-sharing schedule based on the child(ren)'s best interests. Regardless of whether there is an agreement between the parties, the court reserves jurisdiction to modify issues relating to minor child(ren).

The judge may request a **parenting plan recommendation** or appoint a **guardian ad litem** in your case. This means that a neutral person will review your situation and report to the judge concerning parenting issues. The purpose of such intervention is to be sure that the best interests of the child(ren) is being served. For more information, you may consult section 61.401 and 61.405, Florida Statutes.

Listed below are some terms with which you should become familiar before completing your petition. **If you do not fully understand any of the terms below or their implications, you should speak with an**

attorney before going any further.

- X **Shared Parental Responsibility**
- X **Sole Parental Responsibility**
- X **Supervised Time-Sharing**
- X **No contact**
- X **Parenting Plan**
- X **Parenting Plan Recommendations**
- X **Time-Sharing Schedule**

Child Support. The court may order one parent to pay child support to assist the other parent in meeting the child(ren)'s material needs. **Both parents are required to provide financial support**, but one parent may be ordered to pay a portion of his or her support for the child(ren) to the other parent.

Florida has adopted guidelines for determining the amount of child support to be paid. These guidelines are based on the combined income of **both** parents and take into account the financial contributions of both parents. You should file a **financial affidavit**, and the other parent will be required to do the same. From your financial affidavits, you should be able to calculate the amount of child support that should be paid. Because the child support guidelines take several factors into consideration, change over time, and vary from state to state, your child support obligation may be more or less than that of other people in seemingly similar situations.

Parenting Plan. In all cases involving minor or dependent child(ren), a Parenting Plan shall be approved or established by the court. If the parties have reached an agreement, you should file a **Parenting Plan**, Florida Supreme Court Approved Family Law Form 12.995(a) or a **Supervised/Safety Focused Parenting Plan**, Florida Supreme Court Approved Family Law Form 12.995(b) which addresses the time-sharing schedule for the child(ren). If you have not reached an agreement, a proposed Parenting Plan **may** be filed. **A Parenting Plan will be established by the court.**

Final Judgments. These family law forms contain a **Final Judgment of Paternity**, Florida Supreme Court Approved Family Law Form 12.983(g), which the judge may use. You should check with the clerk, family law intake staff, or judicial assistant to see if you need to bring it with you to the hearing. If so, you should type or print the heading, including the circuit, county, case number, division, and the parties' names, and leave the rest blank for the judge to complete at your hearing or trial.

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 a **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: _____

Petitioner/Counterrespondent,
and

Respondent/Counterpetitioner.

**ANSWER TO PETITION AND COUNTERPETITION
TO DETERMINE PATERNITY AND FOR RELATED RELIEF**

I, {full legal name} _____, Respondent,
being sworn, certify that the following information is true:

ANSWER TO PETITION

1. I **agree** with Petitioner as to the allegations raised in the following numbered paragraphs in the Petition and, therefore, **admit** those allegations: {indicate section and paragraph number}

_____.

2. I **disagree** with Petitioner as to the allegations raised in the following numbered paragraphs in the Petition and, therefore, **deny** those issues: {indicate section and paragraph number}.

_____.

3. I currently am unable to admit or deny the following paragraphs due to lack of information:
{indicate section and paragraph number} _____

_____.

**COUNTERPETITION TO DETERMINE PATERNITY
AND FOR RELATED RELIEF**

SECTION I. PATERNITY

1. Respondent is the [] mother [] father of the following minor child(ren):

	Name	Place of Birth	Birth Date	Sex
(1).	_____	_____	_____	_____
(2).	_____	_____	_____	_____
(3).	_____	_____	_____	_____
(4).	_____	_____	_____	_____
(5).	_____	_____	_____	_____
(6).	_____	_____	_____	_____

2. Petitioner's current address is: *{street address, city, state}*

 _____.
3. Respondent's current address is: *{street address, city, state}*

 _____.
4. Both parties are over the age of 18, and neither is, nor has been within a 30 day period immediately prior to this date, a person in the military service of the United States as defined by Section 521 of the Servicemembers Civil Relief Act.
5. Neither Petitioner nor Respondent is mentally incapacitated.
6. A completed Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) Affidavit, Florida Supreme Court Approved Family Law Form 12.902(d), is filed with this counterpetition.
7. A completed Notice of Social Security Number, Florida Supreme Court Approved Family Law Form 12.902(j), is filed with this counterpetition.
8. A completed Family Law Financial Affidavit, Florida Family Law Rules of Procedure Form 12.902(b) or (c), is, or will be, filed.

9. **Paternity Facts.**

[one only]

- a. ___ Paternity has previously been established as a matter of law.
- b. ___ The parties engaged in sexual intercourse with each other in the month(s) of *{list month(s) and year(s)}* _____, in: *{city and state}*
 _____.

As a result of the sexual intercourse, [] Petitioner [] Respondent conceived and gave birth to the minor child(ren) named in paragraph 1. [] Petitioner [] Respondent is the natural father of the minor child(ren). The mother [] was [] was not married at the time of the conception and/or birth of the minor child(ren) named in paragraph 1. If the mother was married, the name and address of her husband at the time of conception and/or birth is:

 _____.

SECTION II. PARENTING PLAN ESTABLISHING PARENTAL RESPONSIBILITY AND TIME-SHARING

1. The minor child(ren) currently reside(s) with [] Mother [] Father [] Other: *{explain}* _____
 _____.
2. **Parental Responsibility.** It is in the child(ren)'s best interests that parental responsibility be:
 [one only]
 - a. ___ shared by both Father and Mother.

b. ___ awarded solely to [] Father [] Mother. Shared parental responsibility would be detrimental to the child(ren) because: _____

_____.

3. **Parenting Plan and Time-Sharing.** It is in the best interests of the child(ren) that the family be ordered to comply with a Parenting Plan that [] includes [] does not include parental time-sharing with the child(ren). The Respondent states that it is in the best interests of the child(ren) that:

[one only]

a. ___ The attached proposed Parenting Plan should be adopted by the court.

The parties [] have [] have **not** agreed to the Parenting Plan.

b. ___ The court should establish a Parenting Plan with the following provisions:

- [] No time-sharing for the [] Father [] Mother.
- [] Limited time-sharing with the [] Father [] Mother.
- [] Supervised time-sharing for the [] Father [] Mother
- [] Supervised or third-party exchange for the child(ren).
- [] Time-sharing schedule as follows:

_____.

4. **Explain why this request is in the best interests of the child(ren):**

_____.

5. The minor child(ren) should:

[one only]

a. retain his/her (their) present name(s).

b. receive a change of name as follows:

present name(s)	be changed to
(1). _____	(1). _____
(2). _____	(2). _____
(3). _____	(3). _____
(4). _____	(4). _____
(5). _____	(5). _____
(6). _____	(6). _____

SECTION III. CHILD SUPPORT

[all that apply]

1. Respondent requests that the court award child support as determined by Florida's child support guidelines, section 61.30, Florida Statutes. A completed **Child Support Guidelines Worksheet**, Florida Family Law Rules of Procedure Form 12.902(e), is, or will be, filed. Such support should be ordered retroactive to:
 [one only]
 - a. the date when the parents did not reside together in the same household with the child, not to exceed a period of 24 months before the date of filing of this counterpetition.
 - b. the date of the filing of this petition.
 - c. other: *{date}* _____. *{Explain}* _____

2. Respondent requests that the Court award a child support amount that is more than or less than Florida's child support guidelines. Respondent understands that a **Motion to Deviate from Child Support Guidelines**, -Florida Supreme Court Approved Family Law Form 12.943, **must** be completed before the Court will consider this request.

3. Respondent requests that medical/dental insurance coverage for the minor child(ren) be provided by:
 [one only]
 - a. Father.
 - b. Mother.

4. Respondent requests that uninsured medical/dental expenses for the child(ren) be paid by:
 [one only]
 - a. Father.
 - b. Mother.
 - c. Father and Mother each pay one-half.
 - d. Father and Mother each pay according to the percentages in the **Child Support Guidelines Worksheet**, Florida Family Law Rules of Procedure Form 12.902(e).
 - e. Other *{explain}*: _____

5. Respondent requests that life insurance to secure child support be provided by:
 [one only]
 - a. Father.
 - b. Mother.
 - c. Both.

6. [] Petitioner [] Respondent [] Both has (have) incurred medical expenses in the amount of \$_____ on behalf of the minor child(ren), including hospital and other expenses incidental to the birth of the minor child(ren). There should be an appropriate allocation or apportionment of these expenses.

7. [] Petitioner [] Respondent [] Both has (have) received past public assistance for this

(these) minor child(ren).

RESPONDENT'S REQUEST

1. Respondent requests a hearing on this petition and understands that he or she must attend the hearing.

2. Respondent requests that the Court enter an order that:
[all that apply]
 - a. ___ establishes paternity of the minor child(ren), ordering proper scientific testing, if necessary;
 - b. ___ establishes a Parenting Plan containing provisions for parental responsibility and time-sharing for the minor or dependent child(ren);
 - c. ___ awards child support, including medical/dental insurance coverage, for the minor child(ren);
 - d. ___ determines the appropriate allocation or apportionment of all expenses incidental to the birth of the child(ren), including hospital and medical expenses;
 - e. ___ determines the appropriate allocation or apportionment of all other past, present, and future medical and dental expenses incurred or to be incurred on behalf of the minor child(ren);
 - f. ___ changes the child(ren)'s name(s); and
 - g. ___ other relief as follows: _____

_____;and grants such other relief as may be appropriate and in the best interests of the minor child(ren).

I certify that a copy of this document was [one only] [] mailed [] faxed and mailed [] hand delivered to the person(s) listed below on {date} _____.

Petitioner or his/her attorney:

Name: _____
Address: _____
City, State, Zip: _____
Fax Number: _____

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

Dated: _____

Signature of Respondent/Counterpetitioner
Printed Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____

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]

I, {full legal name and trade name of nonlawyer} _____,
a nonlawyer, located at {street} _____, {city} _____,
{state} _____, {phone} _____, helped {name} _____
who is the respondent, fill out this form.