

IN THE CIRCUIT COURT IN AND FOR ESCAMBIA COUNTY, FLORIDA

_____, Petitioner

Case No. _____
Division _____

vs.

_____, Respondent.

NOTICE OF SOCIAL SECURITY NUMBER

I, {full legal name} _____, certify that my social security number is _____, as required in ' 61.052(7), or (10), ' 742.031(3), ' 742.032(1)-(3), and/or ' 742.10(1)-(2), Florida Statutes. My date of birth is _____.

[U one only]

_____ 1. This notice is being filed in a dissolution of marriage case in which the parties have **no** minor children in common.

_____ 2. This notice is being filed in a paternity or child support case, or in a dissolution of marriage in which the parties have minor children in common. The minor child(ren)-s name(s), date(s) of birth and social security number(s) is/are:

| Name | Birth Date | Social Security Number |
|-------|------------|------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

[Attach additional pages if necessary]

Disclosure of social security numbers shall be limited to the purpose of administration of the Title IV-D program for child support enforcement.

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

DATED this _____ day of _____, 20_____.

SIGNATURE

Printed Name

Address

Telephone: (____) _____

SWORN TO OR AFFIRMED AND SIGNED BEFORE ME
THIS _____ DAY OF _____, 20_____.

(SEAL)
NOTARY PUBLIC - STATE OF FLORIDA

or

ERNIE LEE MAGAHA
CLERK OF THE CIRCUIT COURT & COMPTROLLER

By: _____
Deputy Clerk (SEAL)