

INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW FORM
12.902(j),
NOTICE OF SOCIAL SECURITY NUMBER

When should this form be used?

This form must be completed and filed by each party in all **paternity**, **child support**, and **dissolution of marriage** cases, regardless of whether the case involves a minor child(ren) and/or property.

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

What should I do next?

A copy of this form must be mailed or hand delivered to the other party in your case, if it is not **served** on him or her with your initial papers.

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. The words that are in “**bold underline**” in these instructions are defined there. For further information, see sections 61.052 and 61.13, Florida Statutes.

Special notes...

If this is a domestic violence case and you want to keep your address confidential for safety reasons, do not enter the address, telephone, and fax information at the bottom of this form. Instead, file **Petitioner’s Request for Confidential Filing of Address, O’** Florida Supreme Court Approved Family Law Form 12.980(i).

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, O’** 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,

and

_____,
Respondent.

NOTICE OF SOCIAL SECURITY NUMBER

I, *{full legal name}* _____,
certify that my social security number is _____, as required in section
61.052(7), sections 61.13(9) or (10), section 742.031(3), sections 742.032(1)–(3), and/or sections
742.10(1)–(2), Florida Statutes. My date of birth is _____.

[/ 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: _____

Signature
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 of 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: [N 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 [/ one only] ___ petitioner **or** ___ respondent, fill out this form.