

INSTRUCTIONS FOR FLORIDA FAMILY LAW RULES OF PROCEDURE FORM 12.900(b),
NOTICE OF LIMITED APPEARANCE

When should this form be used?

This form should be used to provide notice to the court and the other **attorney** or **party** when an attorney is making a limited appearance for a client under Florida Family Law Rule of Procedure 12.040.

This form should be typed or printed in black ink. After completing and signing this form, the attorney should **file** the original with the **clerk of the circuit court** in the county in which the action is pending and keep a copy for his or her records.

What should I do next?

A copy of this form must be mailed or hand delivered to the other **party** or his or her **attorney** and to the attorney's client.

Where can I look for more information?

See Florida Family Law Rule of Procedure 12.040.

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

Case No.: _____

Division: _____

Petitioner,

and

Respondent.

NOTICE OF LIMITED APPEARANCE

{Attorney's name} _____ files this Notice of Limited Appearance on behalf of *{name}* _____, [**one** only] () Petitioner () Respondent, for the following limited purpose(s) [**all** that apply]:

- ___ 1. The hearing set for *{date}* _____, at *{time}* _____ on the issue(s) of *{specify}* _____.
- ___ 2. To represent [**one** only] () Petitioner () Respondent on the following issues throughout the proceedings:
- ___ a. Parental responsibility, including custody and shared parenting time.
- ___ b. Equitable distribution of marital assets and liabilities.
- ___ c. Alimony.
- ___ d. Child support.
- ___ e. Other *{specify}*: _____

The clerk of the above-styled court is requested to enter this notice of record.

Copies of all future court papers should be mailed to the undersigned attorney at the address listed and to the [**one** only] () Petitioner () Respondent at *{name, address, and telephone number}* _____.

I certify that a copy of this notice of limited appearance was: () mailed, () faxed and mailed, or () hand delivered to the person(s) listed below on *{date}* _____.

Other party or his/her attorney:

Name: _____

Address: _____

City, State, Zip: _____

Fax Number: _____

Signature of Attorney

Printed Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Florida Bar Number: _____

Signature of Petitioner/Respondent

Printed Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____