

INSTRUCTIONS FOR FLORIDA FAMILY LAW RULES OF PROCEDURE FORM 12.900(c),
CONSENT TO LIMITED APPEARANCE BY ATTORNEY

When should this form be used?

This form should be used for a client to give consent when an **attorney** is making a limited appearance for the client under Florida Family Law Rule of Procedure 12.040.

This form should be typed or printed in black ink. After completing this form, the client should sign it. The attorney or client should then **file** it with the **clerk of the circuit court** in the county in which the action is pending. The attorney and client should each 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**.

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.

CONSENT TO LIMITED APPEARANCE BY ATTORNEY

{Name} _____, the [**one** only] () Petitioner () Respondent, consents to the limited representation by counsel, *{attorney's name}* _____, 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.

I certify that a copy of this consent to 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: _____

Telephone Number: _____

Fax Number: _____

Signature of Petitioner/Respondent

Printed Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Fax Number: _____

**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 [**one** only] ___ petitioner **or** ___ respondent, fill out this form.