

INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW FORM  
12.903(d),  
ANSWER TO COUNTERPETITION

**When should this form be used?**

This form should be used by a **petitioner** to respond to the **respondent**'s **counterpetition**. You should use this form to admit or deny the allegations contained in the 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 **file** the original with the **clerk of the circuit court** in the county where the case is filed and keep a copy for your records.

**What should I do next?**


You have 20 days to answer after being served with the other party's counterpetition. A copy of this form must be mailed **or** hand delivered to the other party.

To proceed with your case, you should refer to the instructions to your petition regarding setting a case for trial under "**UNCONTESTED**" and "**CONTESTED**."

**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.

**Special notes...**

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/Counter respondent,

and

\_\_\_\_\_,  
Respondent/Counterpetitioner.

### ANSWER TO COUNTERPETITION

I, *{full legal name}* \_\_\_\_\_, being sworn, certify that the following information is true:

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

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}* \_\_\_\_\_.

**Respondent 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 that the punishment for knowingly making a false statement includes fines and/or imprisonment.**

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Petitioner

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:** [ *do not* 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 petitioner, fill out this form.