

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

Case No.: _____

Division: _____

_____,
Petitioner,

and

_____,
Respondent.

NOTICE OF SOCIAL SECURITY NUMBER

I, *{full legal name}* _____,
the [**one** only] () Plaintiff () Respondent in the above styled action, 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.
Disclosure of my social security number shall be limited to the purpose of administration of the Title
IV-D program for child support enforcement as well as enforcement of other court approved support.

Dated: _____

Signature of Party

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