

INSTRUCTIONS FOR DEPENDENCY SELF-REPRESENTED LITIGANT MOTION

Who should use these forms?

The forms included in this packet are for those who choose to represent themselves in court without a lawyer, referred to as a self-represented litigant.

Before you choose to represent yourself in any action, it is strongly recommended that you seek the advice of a lawyer. If you do not know a lawyer, you may call the Hillsborough County Bar Association Lawyer Referral Service at (813) 221-7780. If you cannot afford a lawyer, you may wish to see if you are eligible for free legal assistance by contacting the Bay Area Legal Services Legal Aid Line at (813) 232-1343, certain guidelines and restrictions apply.

**** The clerk's office and Dependency Case Management Unit cannot give you legal advice, tell you how to fill out the packet, or assist you with filling out the packet. ****

When should these forms be used?

These instructions are for a motion related to children that the court has adjudicated dependent and placed in the custody of someone other than the person filing this motion.

This motion can help you ask the court to:

- Reunite you with the child(ren)
- Enforce the court order regarding the child(ren)
- Change the custody of the child(ren)
- Change the visitation with the child(ren)
- Take other action regarding the child(ren)

Documents to be filed

Below is a list of documents to be completed and filed with the Clerk of Court.

1. Dependency Self-Represented Litigant Motion
2. Permanent Mailing Address Designation and Warning Form.

What should I do next?

You should file the completed forms with the Clerk of Court in person at the George E. Edgecomb Courthouse, 800 E. Twiggs Street, 1st Floor, Room 101, Tampa, FL 33602 or mail the completed forms to the Clerk of Court- Juvenile Division, P.O. Box 3360, Tampa, FL 33601.

Once filed, your motion will be processed and you will be contacted by mail. If your paperwork is not complete and correct, you will receive further instructions by mail.

For your case to proceed you must provide all parties a copy of your motion at the current address of each party.

If you are an individual with a disability who needs an accommodation in order to participate in a court proceeding or other court service, program, or activity, you are entitled, at no cost to you, to the provision of certain assistance. Please contact the ADA Coordinator, 800 E. Twiggs Street, Room 604, Tampa, FL 33602, (813) 272-7040 or by e-mail at ADA@fljud13.org as far in advance as possible, but preferably at least seven (7) days before your scheduled court appearance or other court activity. If you are hearing or voice impaired, call 711.

IN THE CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT
HILLSBOURGH COUNTY, STATE OF FLORIDA
JUVENILE DIVISION

IN THE INTEREST OF:

_____ DOB: _____ CASE NO.: _____
MINOR CHILD

_____ DOB: _____ DIVISION: _____
MINOR CHILD

_____ DOB: _____ FFN: _____
MINOR CHILD

_____ DOB: _____
MINOR CHILD

DEPENDENCY SELF-REPRESENTED LITIGANT MOTION

1. _____ is/are
[Print your name(s)]
() the natural parent(s) of the above named child(ren).
() other _____ of the above named child(ren).
[List relationship to child(ren) if not natural parent(s)]
2. The minor child(ren) was/were adjudicated dependent on _____
[Date adjudicated dependent, if known]
3. Protective Services Supervision was terminated () No () Yes _____
[Date terminated, if known]
4. The person(s) having primary parental responsibility/custody of the minor child(ren) currently is/are
[Names] _____
_____ who is/are the child(ren)'s, **please check** **applicable:**
() Natural Mother () Natural Father () Maternal Grandparent(s) () Paternal Grandparent(s)
() Maternal Aunt () Maternal Uncle () Paternal Aunt () Paternal Uncle () Non-Relative.
5. The name, date of birth and last known or current address of each child under age 18 is as follows:
Attach a separate sheet of paper if more space is needed for information.

Name	Date of Birth	Address

6. The name, date of birth, last known or current address and phone number of the Mother of the child(ren) is:

Name	Date of Birth	Address & Phone Number

7. The name(s), date of birth, last known or current address(es) and phone number(s) of the Father(s) of each of the child(ren) is/are:

Attach a separate sheet of paper if more space is needed for information.

Name	Date of Birth	Father of (child's name)	Address & Phone Number

8. Participation in custody proceeding(s):

[**Check only one**]

_____ I have NOT previously participated as a party, a witness, or in any other capacity in any litigation or custody proceeding in this or any other state, related to the custody of any child subject to this proceeding.

_____ I have participated as a party, a witness, or in some other capacity in other litigation or custody proceedings concerning custody of a child or children subject to this proceeding.

Attach a separate sheet of paper if more space is needed for information.

Explain:

- a. Name of each child: _____
- b. Type of proceeding: _____
- c. Court and State: _____
- d. Date of court order or judgment (if any): _____

9. Information about custody proceeding(s):

[**Check only one**]

_____ I have NO information about any custody proceeding pending in a court of this or any other state concerning a child subject to this proceeding.

_____ I have the following information concerning a custody proceeding pending in a court of this or any other state concerning a child subject to this proceeding.

Attach a separate sheet of paper if more space is needed for information.

Explain:

- a. Name of each child: _____
- b. Type of proceeding: _____
- c. Court and State: _____
- d. Date of court order or judgment (if any): _____

10. Persons not a party to this proceeding:

[Check only one]

_____ I DO NOT KNOW OF ANY PERSON(S) not a party to this proceeding who has physical custody or claims to have custody or visitation rights with respect to any child subject to this proceeding.

_____ I KNOW THAT THE FOLLOWING NAMED PERSON(S) not a party to this proceeding has/have physical custody or claim(s) to have custody or visitation rights with respect to a child subject to this proceeding:

a. Name, address and phone number of person: _____

() has physical custody () claims custody rights () claims visitation rights

b. Name, address and phone number of person: _____

() has physical custody () claims custody rights () claims visitation rights

c. Name, address and phone number of person: _____

() has physical custody () claims custody rights () claims visitation rights.

11. I acknowledge that I have a continuing duty to advise this court of any custody, visitation, child support, or guardianship proceeding (including dissolution of marriage, separate maintenance, child neglect, or dependency) concerning the child(ren) in this state or any other state about which information is obtained during this proceeding.

12. Since the child(ren) were adjudicated dependent, there has been a substantial change in circumstances. (List the changes that have taken place justifying a change in primary parental responsibility/custody of the minor child and/or visitation.) **Attach a separate sheet of paper if more space is needed for information.**

[Check all that apply]

_____ I have completed the court ordered Case Plan () Yes () No.

_____ I request a review of this matter so that the minor child(ren) may be reunited with the natural parent(s).

_____ I request that I be designated the primary residential custodial parent of the minor child(ren).

_____ I request that [name] _____

_____ be designated the primary residential custodial parent of the minor child(ren).

_____ I request that I be allowed to visit with the minor child(ren) and that the court establish a visitation schedule.

_____ I request that the court ordered visitation be enforced.

_____ I requests that Protective Service Supervision be reinstated.

_____ Other: _____

The other party has failed to comply with the court's order by failing to do the following:

() a. Abide by the court ordered visitation.

() b. Other: _____

I CERTIFY that a copy of this motion has been furnished to the Department of Children and Families, and to the Custodial Parent by () U.S. Mail () Sheriff's Service of Process () Hand Delivery on this _____ day of _____, 20____.

Signature

Name Printed

Address

City, State and Zip Code

Telephone Number

E-Mail Address

IN THE CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT
HILLSBOROUGH COUNTY, STATE OF FLORIDA
JUVENILE DIVISION

IN RE: THE INTEREST OF:

CASE NO.:

FFN:

A MINOR CHILD(REN)

DIVISION:

PERMANENT MAILING ADDRESS DESIGNATION AND WARNING

1. You must always keep the Juvenile Division Clerk's Office, the Department of Children and Families and Eckerd Community Alternatives informed of any changes to your mailing address. If your mailing address changes, you must **WRITE** to the Juvenile Division Clerk's Office, and the Department of Children and Families and Eckerd Community Alternatives in care of The Office of the Attorney General at the addresses listed at the bottom of this sheet and give them your new address, as required by section 39.0131, Florida Statutes, **within 7 days of the address change**.
2. The Court and the parties will mail ALL notices of hearing to the address you list below. If you do not appear or respond to notices mailed to this address, the Court may make decisions affecting the custody of your children or other matters under Chapter 39 of the Florida Statutes without you.

Date	Print your name	Relationship to the child
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Address	City	State	Zip Code
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Telephone Number

Signature of addressee

Deputy Clerk

Written notification of your address changes must be mailed to:

Clerk of the Circuit Court
Juvenile Division
P.O. Box 3360
Tampa, FL 33601

Department of Children and Families
& Eckerd Community Alternatives
c/o The Office of the Attorney General
Children's Legal Services
510 E. Kennedy Blvd., Suite 1100
Tampa, FL 33602