

**IN THE CIRCUIT COURT OF THE TWENTIETH JUDICIAL CIRCUIT
IN AND FOR CHARLOTTE COUNTY, FLORIDA**

CASE NO.: _____ - DV

Petitioner

and

Respondent

NOTICE OF SOCIAL SECURITY NUMBER

I (full legal name) _____ certify that my social security number is _____, as required in Sections 61.052 (7), Section 61.13 (9) or (10), Section 742.031 (3), Sections 742.032 (1)-(3) and/or Sections 742.10 (1)-(2), Florida Statutes. My date of birth is _____.

This notice is being filed in a domestic violence case. Disclosure of social security numbers shall be limited to the purpose of administration of the Title IV-D program for child support enforcement.

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this notice and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated _____

Signature of Party

Printed Name: _____

Address: _____

City, State, Zip: _____

Telephone No.: _____

**STATE OF FLORIDA
COUNTY OF CHARLOTTE**

Sworn to or affirmed and signed before me this _____ day of _____, 20 _____.

Clerk of the Circuit Court

By: _____

Deputy Clerk
or

Notary Public

[Print, type or stamp commissioned name of notary]

___ Personally known

___ Produced identification

Type of identification produced _____