

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


**When should this form be used?**

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

**What should I do next?**


A copy of this form must be mailed **or** hand delivered to the other party in your case.

If the respondent has denied that the person named in the petition is the father of the child(ren) and requested a **scientific paternity test**, you must now wait until the test is complete. You should then proceed according to the instructions in **Petition to Determine Paternity and for Related Relief**,  Florida Supreme Court Approved Family Law Form 12.983(a).

**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. For further information, see chapter 742, Florida Statutes.

**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/Counterrespondent,

and

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

### ANSWER TO COUNTERPETITION

I, *{full legal name}* \_\_\_\_\_, Petitioner/  
Counterrespondent, 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 issues: *{indicate section and paragraph number}* \_\_\_\_\_.
3. I currently am 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/Counterrespondent

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~~ 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.