

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

Case No.: 11DK20078
Division: _____

OMAR MIR SEDDIQUE MATEEN
Petitioner,

and

SITORA ALISHERZODA, YUSUFY
Respondent.

11 JUN 21 PM 12:57
ST. LUCIE COUNTY
CLERK OF CIRCUIT COURT

NOTICE OF SOCIAL SECURITY NUMBER

I, {full legal name} OMAR MIR SEDDIQUE MATEEN
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)B(3), and/or sections
742.10(1)B(2), Florida Statutes. My date of birth is _____.

[✓ one only]

- 1. This notice is being filed in a dissolution of marriage case in which the parties have **no** minor children in common.
- 2. This notice is being filed in a paternity or child support case, or in a dissolution of marriage in which the parties have minor children in common. The minor child(ren)'s name(s), date(s) of birth, and social security number(s) is/are:

Name	Birth date	Social Security Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

{Attach additional pages if necessary.}

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: 5/19/11

[Signature]

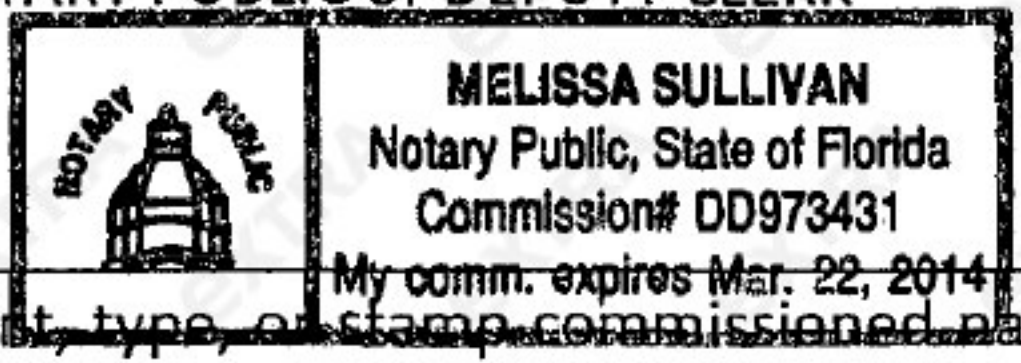
Signature _____
Printed Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____

STATE OF FLORIDA
COUNTY OF St. Lucie

Sworn to or affirmed and signed before me on 5/19/11 by Omar Mateen.

Melissa Sullivan

NOTARY PUBLIC or DEPUTY CLERK



[Print, type, or stamp commissioned name of notary or

clerk]

Personally known
 Produced identification
Type of identification produced FLDL

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [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.

11 JUN 21 PM 12:57

ST. LUCIE COUNTY
CLERK OF CIRCUIT COURT

11 DK d d 29

CASE #

SEALED PURSUANT TO RULE 2.051 (c) (7) RULES OF JUDICIAL ADMINISTRATION

SOCIAL SECURITY DISCLOSURE FORM OF

Omar Mateen

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

Case No.: _____
Division: _____

11 DR 2008

OMAR MUSEDDIQUE MATEEN,
Petitioner,

and

SITORA MUESHERZODA YUSUFY,
Respondent.

CLERK OF CIRCUIT COURT

11 JUN 21 PM 12:57

NOTICE OF SOCIAL SECURITY NUMBER

I, {full legal name} SITORA MUESHERZODA YUSUFY
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. My date of birth is _____.

[one only]

1. This notice is being filed in a dissolution of marriage case in which the parties have no minor children in common.
2. This notice is being filed in a paternity or child support case, or in a dissolution of marriage in which the parties have minor children in common. The minor child(ren)'s name(s), date(s) of birth, and social security number(s) is/are:

Name	Birth date	Social Security Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

{Attach additional pages if necessary.}

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: 6/2/11

[Signature]
Signature
Printed Name: Sitora Yusefy
Address: [Redacted]
City, State, Zip: [Redacted] NJ
Telephone Number: _____
Fax Number: _____

New York
STATE OF FLORIDA
COUNTY OF Queen

Sworn to or affirmed and signed before me on June 2, 2011 by _____

[Signature]
NOTARY PUBLIC or DEPUTY CLERK

EDWARD SFERRAZZA
Notary Public - State of New York
NO. 01SF6200665
[Print, type, or stamp commissioned name of notary or clerk]
My Commission Expires 2/9/12
Qualified in Queens County

____ 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: [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.

CASE #

11DK2009

SEALED PURSUANT TO RULE 2.051 (c) (7) RULES OF JUDICIAL ADMINISTRATION

SOCIAL SECURITY DISCLOSURE FORM OF

Sitora Yusufiy

11 JUN 21 PM 12:57

ST. LUCIE COUNTY
CLERK OF CIRCUIT COURT

NOTICE OF LIMITATION OF SERVICES PROVIDED

Fla.Fam.L.R.P. 12.750(h)

THE PERSONNEL IN THIS SELF-HELP PROGRAM ARE NOT ACTING AS YOUR LAWYER OR PROVIDING LEGAL ADVICE TO YOU.

SELF-HELP PERSONNEL ARE NOT ACTING ON BEHALF OF THE COURT OR ANY JUDGE. THE PRESIDING JUDGE IN YOUR CASE MAY REQUIRE AMENDMENT OF A FORM OR SUBSTITUTION OF A DIFFERENT FORM. THE JUDGE IS NOT REQUIRED TO GRANT THE RELIEF REQUESTED IN A FORM.

THE PERSONNEL IN THIS SELF-HELP PROGRAM CANNOT TELL YOU WHAT YOUR LEGAL RIGHTS OR REMEDIES ARE, REPRESENT YOU IN COURT, OR TELL YOU HOW TO TESTIFY IN COURT.

SELF-HELP SERVICES ARE AVAILABLE TO ALL PERSONS WHO ARE OR WILL BE PARTIES TO A FAMILY CASE.

THE INFORMATION THAT YOU GIVE TO AND RECEIVE FROM SELF-HELP PERSONNEL IS NOT CONFIDENTIAL AND MAY BE SUBJECT TO DISCLOSURE AT A LATER DATE. IF ANOTHER PERSON INVOLVED IN YOUR CASE SEEKS ASSISTANCE FROM THIS SELF-HELP PROGRAM, THAT PERSON WILL BE GIVEN THE SAME TYPE OF ASSISTANCE THAT YOU RECEIVE.

IN ALL CASES, IT IS BEST TO CONSULT WITH YOUR OWN ATTORNEY, ESPECIALLY IF YOUR CASE PRESENTS SIGNIFICANT ISSUES REGARDING CHILDREN, CHILD SUPPORT, ALIMONY, RETIREMENT OR PENSION BENEFITS, ASSETS, OR LIABILITIES.

PLEASE COMPLETE THE FOLLOWING PARAGRAPH. FILE THE SIGNED DOCUMENT WITH THE CLERK OF COURT.

JUN 21 PM 12:56
ST. LUCAS COUNTY
CLERK OF CIRCUIT COURT

ACKNOWLEDGMENT

I CAN READ ENGLISH.

I CANNOT READ ENGLISH. THIS NOTICE WAS READ TO ME BY _____

IN _____ (language).

I, OMAR MIRSEDDIQUE MATEEN (name)

do acknowledge that I have read this Notice of Limitation of Services Provided. I have received an explanation of the notice above, and I understand the limitation of the services provided. I understand that it is in my best interest to secure an attorney to represent my interest in this case. I understand that this form must be signed and filed with the Clerk before the Self-Help program may provide services to me.

Date Case Number

Signature

COVER SHEET FOR FAMILY COURT CASES

I. Case Style

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

Case No.: 11DR0028
Judge: _____

OMAR MIR SEADIQUE MATEEN
Petitioner

and

SITORA ALISHERZODA YUSUFY
Respondent

II. Type of Action/Proceeding. Place a check beside the proceeding you are initiating. If you are simultaneously filing more than one type of proceeding against the same opposing party, such as a modification and an enforcement proceeding, complete a separate cover sheet for each action being filed. **If you are reopening a case, choose one of the three options below it.**

- (A) Initial Action/Petition
- (B) Reopening Case
 - 1. Modification/Supplemental Petition
 - 2. Motion for Civil Contempt/Enforcement
 - 3. Other

III. Type of Case. If the case fits more than one type of case, select the most definitive.

- (A) Simplified Dissolution of Marriage
- (B) Dissolution of Marriage
- (C) Domestic Violence
- (D) Dating Violence
- (E) Repeat Violence
- (F) Sexual Violence
- (G) Support IV-D (Department of Revenue, Child Support Enforcement)
- (H) Support Non-IV-D (not Department of Revenue, Child Support Enforcement)
- (I) UIFSA IV-D (Department of Revenue, Child Support Enforcement)
- (J) UIFSA Non-IV-D (not Department of Revenue, Child Support Enforcement)
- (K) Other Family Court
- (L) Adoption Arising Out Of Chapter 63
- (M) Name Change
- (N) Paternity/Disestablishment of Paternity
- (O) Juvenile Delinquency
- (P) Petition for Dependency
- (Q) Shelter Petition
- (R) Termination of Parental Rights Arising Out Of Chapter 39
- (S) Adoption Arising Out Of Chapter 39
- (T) CINS/FINS

19
CLERK OF CIRCUIT COURT


11 JUN 21 PM 12:56

IV. Rule of Judicial Administration 2.545(d) requires that a Notice of Related Cases Form, Family Law Form 12.900(h), be filed with the initial pleading/petition by the filing attorney or self-represented litigant in order to notify the court of related cases. Is Form 12.900(h) being filed with this Cover Sheet for Family Court Cases and initial pleading/petition?

- No. To the best of my knowledge, no related cases exist.
 Yes. All related cases are listed on Family Law Form 12.900(h).

ATTORNEY OR PARTY SIGNATURE

I CERTIFY that the information I have provided in this cover sheet is accurate to the best of my knowledge and belief.

Signature  FL Bar No.: _____
Attorney or party (Bar number, if attorney)
OMAR MATEEN 5/10/11
(Type or print name) Date

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [fill in all blanks]

I, {full legal name and trade name of nonlawyer} _____, a nonlawyer, whose address is {street} _____, {city} _____, {state} _____, {phone} _____, helped {name} _____, who is the [choose one only] _____ petitioner or _____ respondent, fill out this form.

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

Case No.: 11DK2009
FAMILY DIVISION

OMAR MIR SEDDIQUE MATEEN
Petitioner,

and

SITORA ALISHERZODA YUSUFY
Respondent.

CERTIFICATE OF COMPLIANCE WITH MANDATORY DISCLOSURE

I, {full legal name} OMAR MIR SEDDIQUE MATEEN, certify that I have
complied with the mandatory disclosure required by Florida Family Law Rule 12.285 as follows:

1. FOR TEMPORARY FINANCIAL RELIEF, ONLY:

The date the following documents were served: _____

[V all that apply]

- a. Financial Affidavit (Filing of a Financial Affidavit cannot be waived.)
 - Florida Family Law Rules of Procedure Form 12.902(b) (short form)
 - Florida Family Law Rules of Procedure Form 12.902(c) (long form)
- b. All personal (1040) federal tax, gift tax, and intangible personal property tax returns for the preceding year; or
 - Transcript of tax return as provided by IRS form 4506-T; or
 - IRS forms W-2, 1099, and K-1 for the past year because the income tax return for the past year has not been prepared.
- c. Pay stubs or other evidence of earned income for the 3 months before the service of the financial affidavit.

2. FOR INITIAL, SUPPLEMENTAL, AND PERMANENT FINANCIAL RELIEF:

The date the following documents were served: _____

[V all that apply]

- a. Financial Affidavit (Filing of a Financial Affidavit cannot be waived.)
 - Florida Family Law Rules of Procedure Form 12.902(b) (short form)
 - Florida Family Law Rules of Procedure Form 12.902(c) (long form)
- b. All personal (1040) federal and state tax income returns, gift tax returns, and intangible personal property tax returns for the preceding 3 years;
 - IRS forms W-2, 1099, and K-1 for the past year because the income tax return for the past year has not been prepared.
- c. Pay stubs or other evidence of earned income for the 3 months before the service of the financial affidavit.
- d. A statement identifying the source and amount of all income for the 3 months before the service of the financial affidavit, if not reflected on the pay stubs produced.

11 JUN 21 PM 12:57
ST. LUCIE COUNTY
CLERK OF CIRCUIT COURT

- e. All loan applications and financial statements prepared for any purpose or used for any purpose within the 12 months preceding the service of the financial affidavit.
- f. All deeds to real estate in which I presently own or owned an interest within the past 3 years. All promissory notes in which I presently own or owned an interest within the last 12 months. All present leases in which I own an interest.
- g. All periodic statements for the last 3 months for all checking accounts and for the last year for all savings accounts, money market funds, certificates of deposit, etc.
- h. All brokerage account statements for the last 12 months.
- i. Most recent statement for any pension, profit sharing, deferred compensation, or retirement plan (for example, IRA, 401(k), 403(b), SEP, KEOGH, etc.) and summary plan description for any such plan in which I am a participant or alternate payee.
- j. The declaration page, the last periodic statement, and the certificate for any group insurance for all life insurance policies insuring my life or the life of me or my spouse.
- k. All health and dental insurance cards covering either me or my spouse and/or our dependent child(ren).
- l. Corporate, partnership, and trust tax returns for the last 3 tax years, in which I have an ownership or interest greater than or equal to 30%.
- m. All credit card and charge account statements and other records showing my (our) indebtedness as of the date of the filing of this action and for the prior 3 months. All promissory notes on which I presently owe or owned within the past year. All lease agreements I presently owe.
- n. All premarital and marital agreements between the parties to this case.
- o. If a modification proceeding, all written agreements entered into between the parties at any time since the order to be modified was entered.
- p. All documents and tangible evidence relating to claims for an unequal distribution of marital property, enhancement or appreciation in nonmarital property, or nonmarital status of an asset or debt.
- q. Any court order directing that I pay or receive spousal support (alimony) or child support.

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} _____.

I understand that I am swearing or affirming under oath to the accuracy of my compliance with the mandatory disclosure requirements of Fla. Fam. L. R. P. 12.285 and that, unless otherwise indicated with specificity, this disclosure is complete. I further understand that the punishment for knowingly making a false statement or incomplete disclosure includes fines and/or imprisonment.

Other party or his/her attorney:

Name: SITORA YUSUFIY

Address: _____

City, State, Zip: LAWRENCEVILLE, NJ 08648

Fax Number: _____

Dated: 5/19/11



Signature of Party OMAR MATEEN

Printed Name: _____

Address: _____

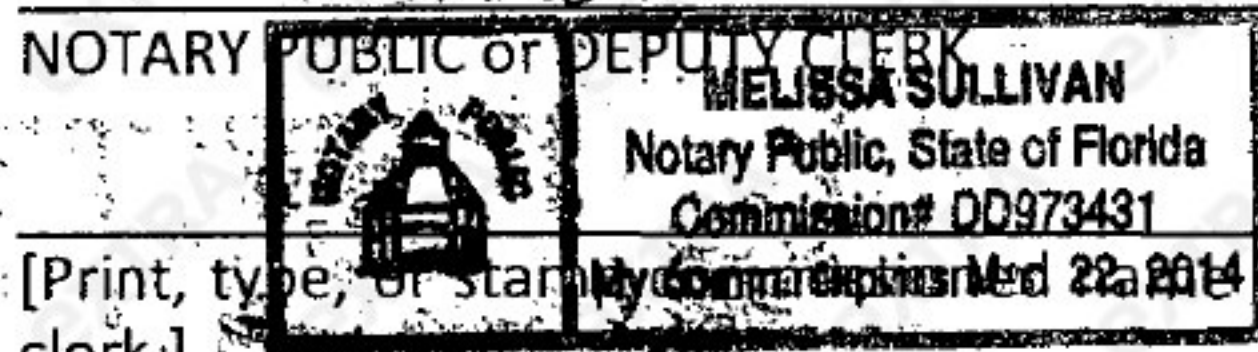
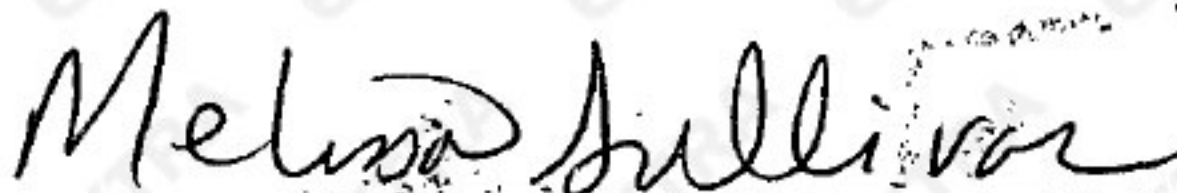
City, State, Zip: FOOT PIECE, FL 34

Telephone Number: _____

Fax Number: _____

STATE OF FLORIDA
COUNTY OF St. Lucie

Sworn to or affirmed and signed before me on 5/19/11 by Omar Mateen



[Print, type, or stamp name and expiration date of notary or clerk]

Personally known
 Produced identification
Type of identification produced FLDL

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [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.

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

Case No.: 11DR 2008

Division: _____

OMAR MIR SEDDIQUE MATEEN,
Petitioner,

and

SITORA ALISHERZODA YUSUFY,
Respondent.

11 JUN 21 PM 12:57
CLERK OF CIRCUIT COURT
ST. LUCIE COUNTY

CERTIFICATE OF COMPLIANCE WITH MANDATORY DISCLOSURE

I, {full legal name} SITORA ALISHERZODA YUSUFY, certify that I have complied with the mandatory disclosure required by Florida Family Law Rule 12.285 as follows:

1. FOR TEMPORARY FINANCIAL RELIEF, ONLY:

The date the following documents were served: _____

[all that apply]

- a. Financial Affidavit (Filing of a Financial Affidavit cannot be waived.)
 - Florida Family Law Rules of Procedure Form 12.902(b) (short form)
 - Florida Family Law Rules of Procedure Form 12.902(c) (long form)
- b. All personal (1040) federal tax, gift tax, and intangible personal property tax returns for the preceding year; or
 - Transcript of tax return as provided by IRS form 4506-T; or
 - IRS forms W-2, 1099, and K-1 for the past year because the income tax return for the past year has not been prepared.
- c. Pay stubs or other evidence of earned income for the 3 months before the service of the financial affidavit.

2. FOR INITIAL, SUPPLEMENTAL, AND PERMANENT FINANCIAL RELIEF:

The date the following documents were served: _____

[all that apply]

- a. Financial Affidavit (Filing of a Financial Affidavit cannot be waived.)
 - Florida Family Law Rules of Procedure Form 12.902(b) (short form)
 - Florida Family Law Rules of Procedure Form 12.902(c) (long form)
- b. All personal (1040) federal and state tax income returns, gift tax returns, and intangible personal property tax returns for the preceding 3 years;
 - IRS forms W-2, 1099, and K-1 for the past year because the income tax return for the past year has not been prepared.
- c. Pay stubs or other evidence of earned income for the 3 months before the service of the financial affidavit.
- d. A statement identifying the source and amount of all income for the 3 months before the service of the financial affidavit, if not reflected on the pay stubs produced.
- e. All loan applications and financial statements prepared for any purpose or used for any purpose within the 12 months preceding the service of the financial affidavit.

- ___ f. All deeds to real estate in which I presently own or owned an interest within the past 3 years. All promissory notes in which I presently own or owned an interest within the last 12 months. All present leases in which I own an interest.
- ___ g. All periodic statements for the last 3 months for all checking accounts and for the last year for all savings accounts, money market funds, certificates of deposit, etc.
- ___ h. All brokerage account statements for the last 12 months.
- ___ i. Most recent statement for any pension, profit sharing, deferred compensation, or retirement plan (for example, IRA, 401(k), 403(b), SEP, KEOGH, etc.) and summary plan description for any such plan in which I am a participant or alternate payee.
- ___ j. The declaration page, the last periodic statement, and the certificate for any group insurance for all life insurance policies insuring my life or the life of me or my spouse.
- ___ k. All health and dental insurance cards covering either me or my spouse and/or our dependent child(ren).
- ___ l. Corporate, partnership, and trust tax returns for the last 3 tax years, in which I have an ownership or interest greater than or equal to 30%.
- ___ m. All credit card and charge account statements and other records showing my (our) indebtedness as of the date of the filing of this action and for the prior 3 months. All promissory notes on which I presently owe or owned within the past year. All lease agreements I presently owe.
- ___ n. All premarital and marital agreements between the parties to this case.
- ___ o. If a modification proceeding, all written agreements entered into between the parties at any time since the order to be modified was entered.
- ___ p. All documents and tangible evidence relating to claims for an unequal distribution of marital property, enhancement or appreciation in nonmarital property, or nonmarital status of an asset or debt.
- ___ q. Any court order directing that I pay or receive spousal support (alimony) or child support.

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} _____.

I understand that I am swearing or affirming under oath to the accuracy of my compliance with the mandatory disclosure requirements of Fla. Fam. L. R. P. 12.285 and that, unless otherwise indicated with specificity, this disclosure is complete. I further understand that the punishment for knowingly making a false statement or incomplete disclosure includes fines and/or imprisonment.

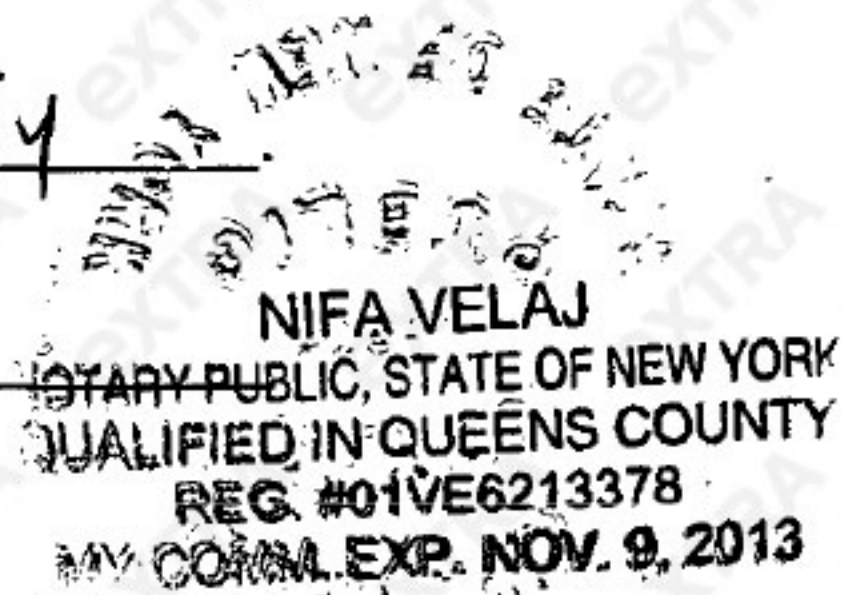
Other party or his/her attorney:
 Name: OMAR MATEEN
 Address: _____
 City, State, Zip: FOOT PIERCE, FL 34932
 Fax Number: _____
 Dated: 5/19/11

 Signature of Party
 Printed Name: Sitora Jusufi
 Address: _____
 City, State, Zip: Lawrenceville NJ 08648
 Telephone Number: _____
 Fax Number: _____

STATE OF New York
COUNTY OF New York

Sworn to or affirmed and signed before me on 6th day of June ²⁰¹¹ by SITORA YUSUFIY

Nifa Vela
NOTARY PUBLIC or DEPUTY CLERK



Nifa Vela
[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: [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.

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

Case No.: 11DR00028
Division: _____

OMAR MIR SEDDIQUE MATSEEN
Petitioner,

and

SITORA ALISHERZODA YUSUFY
Respondent.

11 JUN 21 PM 12:56
CLERK OF CIRCUIT COURT
ST. LUCIE COUNTY

**PETITION FOR DISSOLUTION OF MARRIAGE
WITH PROPERTY BUT NO DEPENDENT OR MINOR CHILD(REN)**

I, {full legal name} OMAR MIR SEDDIQUE MATSEEN, the
[one only] () Husband () Wife, being sworn, certify that the following statements are true:

1. JURISDICTION/RESIDENCE

() Husband () Wife () Both has (have) lived in Florida for at least 6 months before the filing of this Petition for Dissolution of Marriage.

2. The husband [one only] () is () is not a member of the military service.
The wife [one only] () is () is not a member of the military service.

3. MARRIAGE HISTORY

Date of marriage: {month, day, year} 04/16/09
Place of marriage: {city, state, country} PORT ST LUCIE, FL, ST LUCIE COUNTY
Date of separation: {month, day, year} 01/10/10 (if approximate)

4. THERE ARE NO MINOR (under 18) OR DEPENDENT CHILD(REN) COMMON TO BOTH PARTIES AND THE WIFE IS NOT PREGNANT.

5. A completed Notice of Social Security Number, Florida Supreme Court Approved Family Law Form 12.902(j), is filed with this petition.

6. THIS PETITION FOR DISSOLUTION OF MARRIAGE SHOULD BE GRANTED BECAUSE:
[one only]

- a. The marriage is irretrievably broken.
- b. One of the parties has been adjudged mentally incapacitated for a period of 3 years before the filing of this petition. A copy of the Judgment of Incapacity is attached.

SECTION I MARITAL ASSETS AND LIABILITIES

[one only]

1. There are no marital assets or liabilities.
2. There are marital assets or liabilities. All marital and nonmarital assets and liabilities are (or will be) listed in the financial affidavits, Florida Family Law Rules of Procedure Form 12.902(b) or (c), to be filed in this case.

[all that apply]

- a. All marital assets and debts have been divided by a written agreement between the parties, which is attached to be incorporated into the final judgment of dissolution of marriage. (The parties may use Marital Settlement Agreement for Simplified Dissolution of Marriage, Florida Family Law Rules of Procedure Form 12.902(f)(3) or Marital Settlement Agreement for Dissolution of Marriage with No Dependent or Minor Child(ren), Florida Supreme Court Approved Family Law Form 12.902(f)(2).
- b. The Court should determine how the assets and liabilities of this marriage are to be distributed, under section 61.075, Florida Statutes.
- c. Petitioner should be awarded an interest in Respondent's property because:

SECTION II SPOUSAL SUPPORT (ALIMONY)

[one only]

1. **Petitioner forever gives up his/her right to spousal support (alimony) from Respondent.**
2. Petitioner requests that the Court order Respondent to pay the following spousal support (alimony) and claims that he or she has a need for the support that he or she is requesting **and Respondent has the ability to pay that support.** Spousal support (alimony) is requested in the amount of \$ _____ every () week () other week () month, beginning {date} and continuing until {date or event} _____.

Explain why the Court should order Respondent to pay and any specific request(s) for type of alimony (temporary, permanent, rehabilitative, and/or lump sum): _____

[if applies] () Petitioner requests life insurance on Respondent's life, provided by Respondent, to secure such support.

SECTION III OTHER

1. [If Petitioner is also the Wife] () yes () no Petitioner/Wife wants to be known by her former name, which was {full legal name} _____
2. Other relief {specify}: _____
- _____
- _____

SECTION IV PETITIONER'S REQUEST (This section summarizes what you are asking the Court to include in the final judgment of dissolution of marriage.)


Petitioner requests that the Court enter an order dissolving the marriage and:

[all that apply]

- 1. Distributing marital assets and liabilities as requested in Section I of this petition;
- 2. Awarding spousal support (alimony) as requested in Section II of this petition;
- 3. Restoring Wife's former name as requested in Section III of this petition;
- 4. Awarding other relief as requested in Section III of this petition; and any other terms the Court deems necessary.

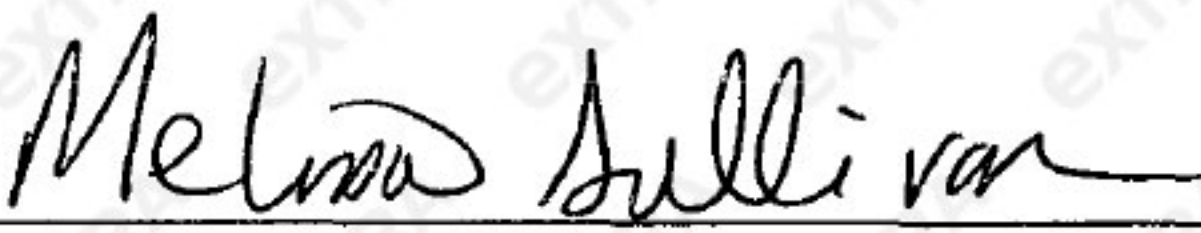
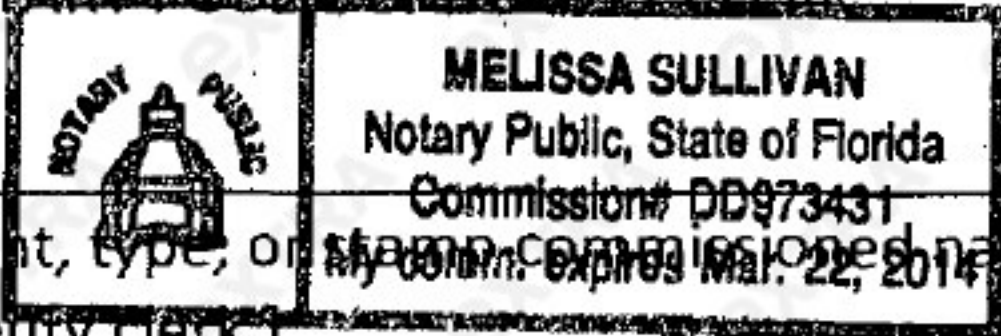
I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this petition and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: 5/19/11


 Signature of Petitioner
 Printed Name: OMAR MATSEU
 Address: [REDACTED]
 City, State, Zip: FORT PIERCE FL, 34982
 Telephone Number: [REDACTED]
 Fax Number: _____

STATE OF FLORIDA
COUNTY OF St. Lucie

Sworn to or affirmed and signed before me on 5/19/11 by Omar Mateen


 NOTARY PUBLIC or DEPUTY CLERK

 [Print, type, or stamp name of notary or deputy clerk.]

Personally known
 Produced identification
 Type of identification produced FLDL

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [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.