exten

| | | OURT OF THE NINETE | | | |
|-------------------------------------|--|--|--------------------|--|--|
| | IN AND FOR | | COUNTY, F | LORIDA | 72 |
| | | Cas | e No.: | DKC | $\frac{1}{2}$ |
| MANAR | MIR SEPOIQUE | Divi | sion: | | |
| ONICE | Petitioner, | 1,44,16,510 | | 2 | |
| Ker | They aller | | | 第 4 | |
| and | | | | | S |
| STTOR | RA ALISHERZOD | A, YUSUFIY | | 50 50 | 2 |
| | Respondent. | | | | 7 |
| | | as as | | 걸폭 | ゔ |
| | | of of i | the other | S | 57 |
| | NOTI | CE OF SOCIAL SECURIT | Y NUMBER | | |
| 1. (| full legal name}OM { | AR MIR SEDY | M 3 Lal | ITEE NI | |
| | | | 8, | | in sectio |
| 1.5 | my social security number | | | | |
| 51.052(7), | sections 61.13(9) or (10 |), section 742. <u>031(3)</u> , | sections 742. | | r section |
| 51.052(7), | |), section 742. <u>031(3)</u> , | sections 742. | | r section |
| 51.052(7), 742.10(1)B | sections 61.13(9) or (10 (2), Florida Statutes. My days |), section 742.031(3), ate of birth is _ | | 032(1)B(3), and/o | |
| 51.052(7), | sections 61.13(9) or (10 (2), Florida Statutes. My days) This notice is being filed in |), section 742.031(3), ate of birth is _ | | 032(1)B(3), and/o | |
| 51.052(7), 742.10(1)B | sections 61.13(9) or (10 (2), Florida Statutes. My days |), section 742.031(3), ate of birth is _ | | 032(1)B(3), and/o | |
| 51.052(7), 742.10(1)B | sections 61.13(9) or (10 (2), Florida Statutes. My day This notice is being filed in children in common. This notice is being filed in the common of the c | n a paternity or child s | iage case in whi | ch the parties have | e no mino |
| 51.052(7), 742.10(1)B one onl | sections 61.13(9) or (10 (2), Florida Statutes. My day This notice is being filed in children in common. This notice is being filed in which the parties have | n a paternity or child see minor child see | iage case in which | ch the parties have | e no mino |
| 51.052(7), 742.10(1)B one onl | sections 61.13(9) or (10 (2), Florida Statutes. My day This notice is being filed in children in common. This notice is being filed in the common of the c | n a paternity or child see minor child see | iage case in which | ch the parties have | e no mino |
| 51.052(7), 742.10(1)B one onl | sections 61.13(9) or (10 (2), Florida Statutes. My day This notice is being filed in children in common. This notice is being filed in which the parties have | n a dissolution of marrials are minor child security number(s) is/ | age case in which | ch the parties have | e no mino of marriag s name(s |
| 51.052(7), 742.10(1)B one onl | sections 61.13(9) or (10.6(2), Florida Statutes. My day This notice is being filed in children in common. This notice is being filed in which the parties have date(s) of birth, and social | n a dissolution of marrials are minor child security number(s) is/ | age case in which | ch the parties have minor child(ren)'s | e no mino of marriag s name(s |
| 51.052(7), 742.10(1)B one onl | sections 61.13(9) or (10.6(2), Florida Statutes. My day This notice is being filed in children in common. This notice is being filed in which the parties have date(s) of birth, and social | n a dissolution of marrials are minor child security number(s) is/ | age case in which | ch the parties have minor child(ren)'s | e no mino of marriag s name(s |
| 1.052(7), 42.10(1)B one onl | sections 61.13(9) or (10.6(2), Florida Statutes. My day This notice is being filed in children in common. This notice is being filed in which the parties have date(s) of birth, and social | n a dissolution of marrials are minor child security number(s) is/ | age case in which | ch the parties have minor child(ren)'s | e no mino of marriag s name(s |

e Kirk

EXTRA

extra

exten

e Kirk

{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. Signature Printed Name: Address: City, State, Zip: Telephone Number: Fax Number: STATE OF FLORIDA COUNTY OF 5t. Wie Sworn to or affirmed and signed before me on 51911 by OMAR Mafeer. NOTARY PUBLIC or DEPUTY CLERK **MELISSA SULLIVAN** Notary Public, State of Florida Commission# DD973431 My comm. expires Mar. 22, 2014 Stamp commissioned pame of notary or clerk]

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

Personally known

all blanks]

Produced identification

Type of identification produced

I, {full legal name and trade name of nonlawyer}_____

{state} ______, {phone} _______, helped {name} _____

who is the [✓ one only] ___ petitioner or ___ respondent, fill out this form.

11 JUN 21 PM 12: 57

CLERK OF CIRCUIT COURT

2.051 (c) (7) RULES OF SEALED

EXIRA EXIRA

AL SECURITY DISCLOSURE FORM OF

ASE#

| IN TH | IE CIRCUIT COUR IN AND FOR | | CC | UNTY, FLORID | CIRCUIT | , |
|--------------------------|---|--|--|--|-------------------------------|----------------|
| | in this i on | er er | et et e | 111 | _0/ | m) 8 |
| | | | Case No.: Division: | 4 1 1 | | |
| OMAR | MIR SEDDIOUE | | · of of | the other | 2 | E 4 |
| | | Petitioner, | | | 72 | _ |
| | and | | | The The | <u> </u> | X |
| SITOR | A ALISHERZODA | YUSUFEY | _, | | CIX . | 2 |
| | | Respondent. | | | S | PH 12: |
| | NO | TICE OF SOC | CIAL SECURITY NU | MBER | <u> </u> | <u>25</u> |
| er er | {full legal name} | SITORA | ALECHERZODA | YUSUFEY | בט | 57 |
| certify tha | t my social security r | number is | n 742.031(3), sections | , as requ | ired in sec | tion |
| 61.052(7), 742.10(1)- | , sections 61.13(9) -(2), Florida Statutes. | or (10), section My date of birt | n 742.031(3), sections | 742.032(1)-(3), | and/or sect | tions |
| | (-), | 40, 40, | 10, 10, | 70. TQ. | 10, | F 4 |
| | .05 | | | | | |
| [√ one on | • | g filed in a disso | lution of marriage case i | n which the parties | have no m | ninor |
| [√ one on 1. | • | | lution of marriage case i | n which the parties | have no m | ninor |
| [√ one on 1. | This notice is being children in common | of the | exite exite | skin ekin | | |
| [√ one on 1. | This notice is being children in common This notice is being which the parties h | n. g filed in a paten ave minor childs | nity or child support case ren in common. The mi | e, or in a dissolution | of marriag | ge in |
| [√ one on 1. | This notice is being children in common This notice is being | n. g filed in a paten ave minor childs | nity or child support case ren in common. The mi | e, or in a dissolution | of marriag | ge in |
| [√ one on 1. | This notice is being children in common the common that the parties had birth, and social second the common that the parties had birth, and social second the common that the common that the parties had birth, and social second the common that the common | n. g filed in a paten ave minor childs | nity or child support case ren in common. The mi | e, or in a dissolution | n of marriag ne(s), date(s | ge in s) of |
| 1. | This notice is being children in common the common that the parties had birth, and social second the common that the parties had birth, and social second the common that the common that the parties had birth, and social second the common that the common | n. g filed in a paten ave minor childs | nity or child support case ren in common. The mi is/are: | e, or in a dissolution nor child(ren)'s nar | n of marriag ne(s), date(s | ge in s) of |
| 1. | This notice is being children in common the common that the parties had birth, and social second the common that the parties had birth, and social second the common that the common that the parties had birth, and social second the common that the common | n. g filed in a paten ave minor childs | nity or child support case ren in common. The mi is/are: | e, or in a dissolution nor child(ren)'s nar | n of marriag ne(s), date(s | ge in s) of |

Disclosure of social security numbers shall be limited to the purpose of administration of the Title IV-D program for child support enforcement.

exiph

CKIRA

EXTRA

exter

exter

| | rming under oath to the truthfulness of the claims made in knowingly making a false statement includes fines and/or |
|---|---|
| Dated: 6/2/11 | - Offin |
| t et et et e | Signature Printed Name: Sixon Yuxufy |
| | Address: |
| | City, State, Zip: |
| STATE OF FLORIDA | Fax Number: |
| COUNTY OF COUNTY OF | |
| | t_et et et et et |
| Sworn to or affirmed and signed before me | on June 2, 2,11 by |
| | |
| | a wy V |
| | NOTARY PUBLIC or DEPUTY CLERK |
| | EDWARD SFERRAZZA |
| | Notary Public - State of New York |
| | [Plint, type or stamp commissioned name of notary or clerk] |
| Personally known | My Commission Expires 2/5/15 |
| Produced identification | a 40 40 40 40 |
| Type of identification produced | |
| | |
| IF A NONLAWYER HELPED YOU F | FILL OUT THIS FORM, HE/SHE MUST FILL IN THE |
| BLANKS BELOW: [fill in all blanks] | |
| 1, {full legal name and trade name of non | nlawver} |
| a nonlawyer, located at {street} | |
| {state}, {phone} | , helped {name}, |
| who is the $[\sqrt{\text{one only}}]$ petitioner or | respondent, fill out this form. |

exira

exter

exina

CHIRL

EXTRA

CKIRA

EXTRA

CKIRA

CK CK

exira

exten

e Krink

e Kirk

eKirk

La: 20 20 20 20 20 20 20 20 20 20 20 20.

11 JUN 21 PM 12: 57

CLERK OF CIRCUIT COURT

TO RULE 2.051 (c) (7) RULES **PURSUANT** SEALED

DISCLOSURE FORM OF SOCIAL SECURIT

etier etie eti eti eti eti eti eti eti

exten

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.

| | ACKNOWLEDGN | MENT | W 2 F |
|--|-----------------------------|--|---------------------------|
| I CAN READ ENGLISH. | | | |
| I CANNOT READ ENGLISH. THIS | NOTICE WAS READ TO ME | BY | <u>S</u> ₹(na m e) |
| (lan | nguage). | | 五 二 |
| I, <u>OMAR MIRSES</u> Limitation of Services Provided e limitation of the services pro | d. I have received an expla | anation of the notice it is in my best inter | above, and I understan |

COVER SHEET FOR FAMILY COURT CASES

Case Style IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT, IN AND FOR _____ COUNTY, FLORIDA, Judge: OMAR MIR SEDDIOUS MATERN Petitioner and STIORA ALISHERZODA YUSTIFIY 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. Initial Action/Petition Reopening Case Modification/Supplemental Petition Motion for Civil Contempt/Enforcement Other III. Type of Case. If the case fits more than one type of case, select the most definitive. PH 12: (A) ____ Simplified Dissolution of Marriage (B) Dissolution of Marriage **Domestic Violence** Dating Violence Repeat Violence Sexual Violence Support IV-D (Department of Revenue, Child Support Enforcement) Support Non-IV-D (not Department of Revenue, Child Support Enforcement) UIFSA IV-D (Department of Revenue, Child Support Enforcement) UIFSA Non-IV-D (not Department of Revenue, Child Support Enforcement) Other Family Court Adoption Arising Out Of Chapter 63 Name Change Paternity/Disestablishment of Paternity Juvenile Delinquency Petition for Dependency **Shelter Petition** Termination of Parental Rights Arising Out Of Chapter 39 Adoption Arising Out Of Chapter 39 CINS/FINS

| Court Cases and initia | ii bieadiiiR\beririoiti | et et | |
|------------------------------|----------------------------------|---------------------------------------|----------------------------|
| No. To the best | of my knowledge, no related ca | ses exist. | |
| Yes. All related | cases are listed on Family Law I | orm 12.900(h). | |
| ATTORNEY OR PARTY SIG | NATURE | | |
| I CERTIFY that th | ne information I have provided | d in this cover sheet is a | ccurate to the best of r |
| knowledge and belief. | | | |
| The second | ST YEL YEL | May May | |
| Signature (| of A | FL Bar No.: | |
| Attorney | or party | | er, if attorney) |
| | MATEEN | - H | Later of |
| OMAR | | _ 2116 | 2111 |
| (Type or) | orint name) | Date | |
| | | | |
| | | | |
| | | | |
| IE Δ NON! ΔWYER HEI PEI | YOU FILL OUT THIS FORM, HE, | SHE MUST FILL IN THE RI | ANKS BELOW: Ifill in all |
| blanks] | , 1001122001111151011111,112, | A A A A A A A A A A A A A A A A A A A | |
| et et et | | | |
| I, {full legal name and trac | | | a nonlawyer, whose |
| address is {street} {phone} | | | , {state}, |
| Inhonal | , helped {name} | , W | ho is the [choose one only |

exiler

. exter

extra

ekink

CKIRA

eKIRA

extran

extra

eKIRA

exigh

exiph

exter

etiph

| IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT, IN AND FOR COUNTY, FLORIDA |
|--|
| Case No.: 11.00 |
| OMAR MIR SEODIOUE MATEEN FAMILY DIVISION |
| Petitioner, |
| |
| and Signal Signa |
| SITORA ALISHERZOBA YUSUFIY |
| Respondent. |
| |
| CERTIFICATE OF COMPLIANCE WITH MANDATORY DISCLOSURE |
| 1, [full legal name] OMAR MIR SECOLINE MATERY certify that 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: |
| [Vall 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 because the income tax return for the |
| c. Pay stubs or other evidence of earned income for the 3 months before the service of the |
| |

CHIRA

extra

extrak

exira

exter

exiper

exter

exipa

exter

exina

CHIRA

exipe

CKIRA

| | > | 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. |
| | ets | 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. |
| | - of | 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. |
| | <u>o</u> t° > | 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. |
| et al | et | k. All health and dental insurance cards covering either me or my spouse and/or our dependent child(ren). |
| | <u>-21</u> 0 | I. 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. |
| | of | q. Any court order directing that I pay or receive spousal support (alimony) or child support. |
| | l cert | ify that a copy of this document was [V one only] (V) mailed () faxed and mailed () hand |

exign

CKIRA

exter

extract

extrar

exiler

exter

extract

extra

excer

EXTRA

CHIRLE

exter

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.

| 18, NJ 08C48 |
|--|
| |
| |
| - A |
| |
| Signature of Party OMAR MATEEY |
| Printed Name: Address: |
| City, State, Zip: FORT PIERCE, FL 39 |
| Telephone Number: |
| Fax Number: |
| |
| |
| |
| eme on S19111 by OMar Mateen. |
| MI A A A A A A A A A A A A A A A A A A A |
| 1 lelisa billiva |
| NOTARY PUBLIC OF DEPUTY CLERKILIVAN |
| Notary Public, State of Florida Commission# DD973431 |
| [Print, type, or stampycommembianted 22a2014 of notary or |
| clerk.] |
| |
| d FCDC |
| |
| UT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [fill in |
| OF THIS PURINI, HE/SHE WIGST FILE IN THE BLANKS BELOW. [IIII III |
| |

CKIRA

extinct a

CKIRA

exina

exter

CHIRA

EXTRA

EXTRA

exten

extra

CHIRA

extract

exter

CKIRA

exter

eXIRA

EXTRA

CKIRA

EXTRA

exign

| | IN AND FOR | COUNTY, FLORIDA |
|-------|--|--|
| | | 11100 |
| | | Case No.: |
| 344 A | 2 440 | Division: |
| TUTAK | PMR SEDDIQUE MATEEN, | |
| | Petitioner, | Zi (') |
| | | |
| | and | |
| TT 0 | RA ACITHERZODA YUSUFLY. | |
| 110 | | and a property of the state of |
| | Respondent. | |
| | | and the second s |
| | CEDTIFICATE OF COMBITANCE V | .max |
| | CERTIFICATE OF COMPLIANCE V | WITH MANDATORY DISCLOSURE - |
| | I, (full legal name) SITOPA ALTS 14 | FRZENA YJSUERIA nowife, that T |
| | 1, {full legal name} 3+10 -11 PC-311 | ERZOP YJSUFCY, certify that I |
| | | equired by Florida Family Law Rule 12.285 as |
| llow | S. The state of th | |
| | EOD TENEDOD I DEL PERLINOTAT. DEL | TIPE ONE N |
| . 7. | FOR TEMPORARY FINANCIAL RE | LIEF, ONLY: |
| | te the following documents were served: _ | |
| all t | that apply] | |
| | a. Financial Affidavit (Filing of a Financi | 100 100 100 100 100 100 100 100 100 100 |
| | | cedure Form 12.902(b) (short form) |
| | | cedure Form 12.902(c) (long form) |
| | | , gift tax, and intangible personal property tax |
| | returns for the preceding year; or | |
| | () Transcript of tax return as provide | |
| | | for the past year because the income tax return |
| | for the past year has not been pre | |
| 0 | c. Pay stubs or other evidence of earned in | ncome for the 3 months before the service of the |
| 4 | financial affidavit. | |
| | | |
| | FOR INITIAL, SUPPLEMENTAL, AN | ND PERMANENT FINANCIAL RELIEF: |
| ne da | te the following documents were served: _ | |
| | that apply] | |
| | a. Financial Affidavit (Filing of a Finan | cial Affidavit cannot be waived.) |
| - | | rocedure Form 12.902(b) (short form) |
| 2/ | | rocedure Form 12.902(c) (long form) |
| | | d state tax income returns, gift tax returns, and |
| | | x returns for the preceding 3 years; |
| | | for the past year because the income tax return |
| | for the past year has not been p | |
| | | d income for the 3 months before the service of |
| | the financial affidavit. | a module for the 5 months before the service of |
| / | | ed amount of all income for the 2 months before |
| Ξ. | | nd amount of all income for the 3 months before |
| | the service of the financial affidavit, if no | reflected off the pay stubs produced. |
| | A 11 1 11 41 1 0 | |
| / | e. All loan applications and financial sany purpose within the 12 months preceding | tatements prepared for any purpose or used for |

extran

exigh

CKIRA

extrak

extra

exten

extra .

extent extent

| | | S. STIPL |
|--|---|---------------------|
| | f. All deeds to real estate in which I presently own or owned an interest within the past | |
| .03 | 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. | |
| | TANK AND | |
| | 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. | |
| AN CONTRACT | k. All health and dental insurance cards covering either me or my spouse and/or our | |
| | dependent child(ren). | |
| | 1. 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 | |
| (4) | | |
| | support. | |
| T | full the same of this de sum and some follows and all () found and mailed () hand | |
| | fy that a copy of this document was [√one only] () mailed () faxed and mailed () hand | |
| delive | red to the person(s) listed below on {date} | - 40 |
| | | |
| | I understand that I am swearing or affirming under oath to the accuracy of my | |
| | liance with the mandatory disclosure requirements of Fla. Fam. L. R. P. 12.285 and that, | |
| | s otherwise indicated with specificity, this disclosure is complete. I further understand | |
| 4 4 | he punishment for knowingly making a false statement or incomplete disclosure includes | |
| | and/or imprisonment. | |
| | | |
| fines | | |
| fines : Other | r party or his/her attorney: | |
| fines : Other Name | : OMAR MATEEN | |
| fines : Other Name Addre | SS: OMAR MATEEN | |
| fines : Other Name Addre | State, Zip: FORT PIERCE, FL 34982 | |
| fines : Other Name Addre | SS: OMAR MATEEN | |
| fines Other Name Addre City, Fax N | State, Zip: FORT PIERCE, FL 34982 | |
| fines Other Name Addre City, Fax N | State, Zip: FORT PIERCE, FL 34982 | |
| fines Other Name Addre City, Fax N | State, Zip: FORT PIERCE, FL 34982 | A CHIRA |
| fines Other Name Addre City, Fax N | State, Zip: FOOT PIERCE, EL 34982 State Signature of Party | A exitar |
| Other Name Addre City, Fax N | State, Zip: FORT PIERCE, FL 34982 Signature of Party Printed Name: Stora Jusuf | A CHIRA |
| fines Other Name Addre City, Fax N | State, Zip: FORT PIERCE, FL 34982 Signature of Party Printed Name: Stora Jusuf | |
| Other Name Addre City, Fax N | State, Zip: FORT PIERCE, FL 34982 Signature of Party Printed Name: Stora Jusuf | -1 -1 -03 08(|
| Other Name Addre City, Fax N | State, Zip: FOOT PIERCE, EL 34982 State Signature of Party | 102 08(|

e Kiek

ý

CHIRA

CKIRA

extra

e Kinh

exiran

CKIRA

exten

extran

| STATE OF FLORIDA COUNTY OF NEW YOR | E | | | | | P. P. | |
|---|--------------------|-----------------------------------|-----------------|----------|--|---|-------|
| Sworn to or affirmed and signe | d before me on _o" | day of June t | SITORA | JUSH FIY | The state of the s | | |
| | Fr. Stilbr. | | Whateles | | AT A DV DLIBI IC | STATE OF NEW | YORK |
| | No. | OTARY PUBLI | ap. ap | CLERK 3 | UALIFIED IN | QUEÊNS COI 1VE6213378 XP. NOV. 9, 2 | JINET |
| | | Print, type, or sotary or clerk.] | | | | , | |
| Personally known Produced identification Type of identification p | a exten exten | extre e | Tiles Chiles | | | | |
| | | ····· TITLE FOR | | | ATTEN. | | |
| IF A NONLAWYER HELPI THE BLANKS BELOW: [fill | | JT THIS FORM | M, HE/SHE M | UST FILL | IN | | |
| I, {full legal name and trade na | | h. 182 | Mr. Mr. | 762 | <u> </u> | | |
| a nonlawyer, located at {street} | | O 0 | | 0 | ot, e | | |
| {state} | {phone} | | , helped {name} | | , | | |
| who is the [$\sqrt{\text{one only}}$] pet | titioner or respon | ndent, fill out thi | is form. | | | | |

extent extent

| | IN AND FORCOUNTY, FLORIDA |
|----|--|
| | Case No.: / // XXXX |
| | OMAR MIR SEDDIAUS MATERN Division: |
| | Petitioner, |
| | dr. Tar. Tar. Tar. Tar. Tar. Tar. Tar. Ta |
| er | and and a second of the second |
| | SITORA ALISHERZODA YUSUFIY |
| | Respondent. |
| | |
| | |
| | |
| | PETITION FOR DISSOLUTION OF MARRIAGE WITH PROPERTY BUT NO DEPENDENT OR MINOR CHILD(REN) |
| | |
| | 1, (full legal name) OMAR MIR SEDDIOUS MATCEN the |
| | [✓one only] () Husband () Wife, being sworn, certify that the following statements are true: |
| | in at |
| | 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 [\square one only] () is (\square is not a member of the military service |
| | 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} 04116109 |
| | Date of marriage: {month, day, year} O411609 Place of marriage: {city, state, country} PORT ST LUCIE, FL, ST LUCIE COVNTY |
| | Date of marriage: {month, day, year} 04116109 |
| | Date of marriage: {month, day, year} OYIILO9 Place of marriage: {city, state, country} PORT ST LUCIE, FL, ST LUCIE COVNTY Date of separation: {month, day, year} OI 10 10 ((() if approximate) |
| | Date of marriage: {month, day, year} OYILDO Place of marriage: {city, state, country} PORT ST LUCIE, FL, ST LUCIE COUNTY Date of separation: {month, day, year} OI 10 10 (✓ if approximate) 4. THERE ARE NO MINOR (under 18) OR DEPENDENT CHILD(REN) COMMON TO BOTH PARTIES AND |
| | Date of marriage: {month, day, year} OYIILO9 Place of marriage: {city, state, country} PORT ST LUCIE, FL, ST LUCIE COVNTY Date of separation: {month, day, year} OI 10 10 ((() if approximate) |
| | Date of marriage: {month, day, year} OHILD9 Place of marriage: {city, state, country} PORT ST LUCIE, FL, ST LUCIE COUNTY Date of separation: {month, day, year} OI 10 10 (✓ if approximate) 4. THERE ARE NO MINOR (under 18) OR DEPENDENT CHILD(REN) COMMON TO BOTH PARTIES AND |
| | Date of marriage: {month, day, year}OYILO9 Place of marriage: {city, state, country}PORT ST LUCIE, FL, ST LUCIE COUNTY Date of separation: {month, day, year}OIIO (\square if approximate) 4. THERE ARE NO MINOR (under 18) OR DEPENDENT CHILD(REN) COMMON TO BOTH PARTIES AND THE WIFE IS NOT PREGNANT. |
| | Date of marriage: {month, day, year} OHILDO Place of marriage: {city, state, country} PORT ST LUCIE, FL, ST LUCIE COVNTY Date of separation: {month, day, year} OI 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. |
| | Date of marriage: {month, day, year} OHILDOP Place of marriage: {city, state, country} PORT ST LUCIE, FL, ST LUCIE COUNTY Date of separation: {month, day, year} OI IO IO (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 |
| | Date of marriage: {month, day, year} OHILD9 Place of marriage: {city, state, country} PORT ST LUCIE, FL, ST LUCIE COUNTDate of separation: {month, day, year} OI 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: |
| | Date of marriage: {month, day, year} OHILD9 Place of marriage: {city, state, country} PORT ST LUCIE, FL, ST LUCIE COUNTY Date of separation: {month, day, year} OI 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: |
| | Date of marriage: {month, day, year} OHILD9 Place of marriage: {city, state, country} PORT ST LUCIE, FL, ST LUCIE COVNTY Date of separation: {month, day, year} OI IO IO (□ ✓ 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] |

exter

exten

₹ (7)

EXTRA

exigh

extra

· CALIFOR

exina

exter

exina

exten

extrac

CKIRA

exina

extract

CKIRA

exten

extract

ekkar

extran

CXIPA

eKiran

| SECTIO | N I MARITAL ASSETS AND LIABILITIES |
|-----------|---|
| | |
| [✓ one | |
| 4 | 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: |
| SECTIO | N II SPOUSAL SUPPORT (ALIMONY) |
| [√one | |
| LYGAE | 1. Petitioner forever gives up his/her right to spousal support (alimony) from Respondent. |
| | |
| - KR | 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} |
| - ALIP | (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} |
| - ALIP | (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 |
| - AKIR | (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 |
| - AKIR | (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 |
| - AKIR | (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 |
| OKIP! | (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): |
| OKIP! | (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 |
| SECTIO | (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): |
| SECTIO 1. | (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): |
| SECTIO 1. | (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. NIII OTHER [If Petitioner is also the Wife] () yes () no Petitioner/Wife wants to be known by her former |

extract

exter

extran

exten

A CHERT

SCHURA

Florida Supreme Court Approved Family Law Form 12.901(b)(2), Petition for Dissolution of Marriage with Property but No Dependent or Minor Child(ren) (7/05)

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. Signature of Petitioner Printed Name: OMAF MATSEN Address: City, State, Zip: FORT PIERCE FL, 34987 Telephone Number: Fax Number: COUNTY OF St. LUCIE Sworn to or affirmed and signed before me on S1911 by OMAR Mateer Velina Sullivan NOTARY PUBLIC OF DEPUTY CLERK **MELISSA SULLIVAN** Notary Public, State of Florida Commission# DD973431 [Print, type, or Manna Commission DD9/3431 Personally known Produced identification Type of identification produced FUTC 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} ____ who is the petitioner, fill out this form.

PETITIONER'S REQUEST (This section summarizes what you are asking the Court to

SECTION IV