

**INSTRUCTIONS FOR FLORIDA FAMILY LAW RULES OF PROCEDURE  
FORM 12.951(a)  
PETITION TO DISESTABLISH PATERNITY AND/OR TERMINATE  
CHILD SUPPORT OBLIGATION  
(06/18)**

**When should this form be used?**

This form should be used by a man who wishes to disestablish paternity or terminate a child support obligation because he is not the biological father of the child(ren). The petition must be filed

- in the circuit court having jurisdiction over the child support obligation; or
- if the child support was determined administratively and has not been ratified by a court, in the circuit court in which the mother or legal guardian or custodian of the child(ren) resides; or
- if the mother or legal guardian or custodian no longer resides in the state, in the circuit court in the county in which the petitioner resides.

This form should be typed or printed in black ink. After completing the form, you should sign the form before a notary public or deputy clerk.

A copy of any judgment or order regarding paternity or child support and a copy of any scientific test results showing that you cannot be the father of the child(ren) must be attached to the petition and filed with the court.

**IMPORTANT INFORMATION REGARDING E-FILING**

The Florida Rules of Judicial Administration now require that all petitions, pleadings, and documents be filed electronically except in certain circumstances. **Self-represented litigants may file petitions or other pleadings or documents electronically; however, they are not required to do so.** If you choose to file your pleadings or other documents electronically, you must do so in accordance with Florida Rule of Judicial Administration 2.525, and you must follow the procedures of the judicial circuit in which you file. **The rules and procedures should be carefully read and followed.**

**What should I do next?**

The petition must be served on the mother or legal guardian or custodian of the child(ren). If the child support obligation was determined administratively and has not been ratified by a court, the petition must also be served on the Department of Revenue.

## IMPORTANT INFORMATION REGARDING E-SERVICE ELECTION

After the initial service of process of the petition or supplemental petition by the Sheriff or certified process server, the Florida Rules of Judicial Administration now require that all documents required or permitted to be served on the other party must be served by electronic mail (e-mail) except in certain circumstances. **You must strictly comply with the format requirements set forth in the Rules of Judicial Administration.** If you elect to participate in electronic service, which means serving or receiving pleadings by electronic mail (e-mail), or through the Florida Courts E-Filing Portal, you **must** review Florida Rule of Judicial Administration 2.516. You may find this rule at [www.flcourts.org](http://www.flcourts.org) through the link to the Rules of Judicial Administration provided under either Family Law Forms: Getting Started, or Rules of Court in the A-Z Topical Index.

**SELF-REPRESENTED LITIGANTS MAY SERVE DOCUMENTS BY E-MAIL; HOWEVER, THEY ARE NOT REQUIRED TO DO SO.** If a self-represented litigant elects to serve and receive documents by e-mail, the procedures must always be followed once the initial election is made.

To serve and receive documents by e-mail, you must designate your e-mail addresses by using the **Designation of Current Mailing and E-mail Address**, Florida Supreme Court Approved Family Law Form 12.915, and you must provide your e-mail address on each form on which your signature appears. Please **CAREFULLY** read the rules and instructions for: **Certificate of Service (General)**, Florida Supreme Court Approved Family Law Form 12.914; **Designation of Current Mailing and E-mail Address**, Florida Supreme Court Approved Family Law Form 12.915; and Florida Rule of Judicial Administration 2.516.

### 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.** For further information, see Section 742.18, 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 **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 NINETEENTH JUDICIAL CIRCUIT,  
IN AND FOR OKEECHOBEE COUNTY, FLORIDA

Case No.: \_\_\_\_\_  
Division: DOMESTIC RELATIONS

DISESTABLISHMENT OF PATERNITY PROCEEDINGS

\_\_\_\_\_  
Petitioner,

and

\_\_\_\_\_  
Respondent.

**PETITION TO DISESTABLISH PATERNITY AND/OR TERMINATE CHILD  
SUPPORT OBLIGATION**

I, {full legal name} \_\_\_\_\_, Petitioner, certify that the following information is true.

1. **Paternity.** My paternity of the child(ren), {name(s) and birth date(s)} \_\_\_\_\_  
\_\_\_\_\_ was established by {Choose only one}
- a. \_\_\_\_\_ operation of law because I was married to the child(ren)'s other parent .
  - b. \_\_\_\_\_ adjudication of paternity, entered by {court} \_\_\_\_\_ on {date} \_\_\_\_\_.
  - c. \_\_\_\_\_ acknowledgment of paternity executed on {date} \_\_\_\_\_.
  - d. \_\_\_\_\_ other: {specify} \_\_\_\_\_.

A copy of any judgment is attached.

2. **Child support.** My child support obligation for the child(ren), {name(s) and birth date(s)}, \_\_\_\_\_  
\_\_\_\_\_ was established by {Choose only one}
- a. \_\_\_\_\_ a final judgment of dissolution of marriage, entered by {court} \_\_\_\_\_ on {date} \_\_\_\_\_.
  - b. \_\_\_\_\_ an administrative proceeding to establish child support in {location} \_\_\_\_\_ on {date} \_\_\_\_\_.

c. \_\_\_\_ a paternity proceeding in {court} \_\_\_\_\_ on {date} \_\_\_\_\_.

d. \_\_\_\_ other {specify} \_\_\_\_\_.

A copy of any judgment is attached.

3. **Newly discovered evidence.** Newly discovered evidence concerning the paternity of this/these child(ren) has come to my knowledge since the initial paternity determination or establishment of the child support obligation. {Explain}

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

4. **Scientific tests.**

a. \_\_\_\_ The results of scientific tests that are generally acceptable within the scientific community to show a probability of paternity, administered within 90 days prior to the filing of this petition, indicate that I cannot be the father of the child(ren) for whom support is required. A copy of the test results is attached.

b. \_\_\_\_ I did not have access to the child(ren) to have scientific testing performed before the filing of this petition and I request that the court order the child(ren) to be tested.

5. **Fulfillment of child support obligation.**

{Choose only one}

a. \_\_\_\_ I am current on all child support payments for the child(ren) for whom relief is sought.

b. \_\_\_\_ I have substantially complied with my child support obligation for the child(ren) and any delinquency in my child support obligation for the child(ren) arose from my inability for just cause to pay the delinquent child support when the delinquent child support became due.

I ask the court to enter an order to:

{Indicate all that apply}

a. \_\_\_\_ disestablish my paternity to {name(s) of child(ren)} \_\_\_\_\_  
\_\_\_\_\_

b. \_\_\_\_ terminate my obligation to pay child support for {name(s) of child(ren)}: \_\_\_\_\_  
\_\_\_\_\_

c. \_\_\_\_ other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

I certify that a copy of this document was \_\_\_\_\_ mailed \_\_\_\_\_ faxed and mailed \_\_\_\_\_ e-mailed \_\_\_\_\_ hand delivered to the person(s) listed below on {date} \_\_\_\_\_.

**Respondent or his/her attorney:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Designated E-mail Address(es): \_\_\_\_\_  
\_\_\_\_\_

**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: \_\_\_\_\_

\_\_\_\_\_  
Signature of Petitioner  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Designated E-mail Address(es): \_\_\_\_\_  
\_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF OKEECHOBEE

Sworn to or affirmed and signed before me on \_\_\_\_\_ by \_\_\_\_\_.

JERALD D. BRYANT  
CLERK OF CIRCUIT COURT AND COMPTROLLER

\_\_\_\_\_  
NOTARY PUBLIC or DEPUTY CLERK

\_\_\_\_\_  
*[Print, type, or stamp commissioned name of notary or deputy clerk.]*

\_\_\_\_\_ Personally known  
\_\_\_\_\_ Produced identification  
\_\_\_\_\_ Type of identification produced \_\_\_\_\_

**IF A NONLAWYER HELPED YOUR FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:**

[fill in all blanks] This form was prepared for the Petitioner.

This form was completed with the assistance of:

{name of individual} \_\_\_\_\_  
{name of business} \_\_\_\_\_  
{address} \_\_\_\_\_  
{city} \_\_\_\_\_, {state} \_\_\_\_\_, {zip code} \_\_\_\_\_, {telephone number} \_\_\_\_\_.

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

Case No.: \_\_\_\_\_  
Division: DOMESTIC RELATIONS

\_\_\_\_\_  
Petitioner,

and

\_\_\_\_\_  
Respondent.

**ORDER DISESTABLISHING PATERNITY AND/OR TERMINATING  
CHILD SUPPORT OBLIGATION**

This cause came before the court on {date} \_\_\_\_\_ on {full legal name} \_\_\_\_\_'s petition to {Indicate all that apply}

\_\_\_\_\_ Disestablish paternity to {child(ren)'s names and birth date(s)} \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Terminate a child support obligation for {child(ren)'s names and birth date(s)} \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The court having been fully advised in the premises FINDS all of the following:

1. Newly discovered evidence relating to the paternity of the child(ren) has come to the petitioner's knowledge since the initial \_\_\_\_\_ paternity determination \_\_\_\_\_ establishment of a child support obligation.
2. Scientific tests that are generally acceptable within the scientific community to show a probability of paternity showing that the petitioner cannot be the father of the children were properly conducted.
3. The petitioner  
{Choose only one}  
\_\_\_\_\_ is current on all child support payments for the child(ren).  
  
\_\_\_\_\_ has substantially complied with his child support obligation for the applicable child(ren) and any delinquency in his child support obligation arose from his inability for just cause to pay the delinquent child support when it became due.
4. The petitioner has not adopted the child.

5. The child(ren) was/were not conceived by artificial insemination while the petitioner and the child(ren)'s other parent were married.
6. The petitioner did not act to prevent the biological father of the child(ren) from asserting his paternal rights with respect to the child(ren).
7. The child(ren) was/were younger than 18 years of age when the petition was filed.
8. Since learning that he is not the biological father of the child(ren), the petitioner has not:
  - a. married the child(ren)'s other parent while known as the reputed father in accordance with section 742.091, Florida Statutes, and voluntarily assumed the parental obligation and duty to pay child support;
  - b. acknowledged paternity in a sworn statement;
  - c. consented to be named as the child(ren)'s biological father on the child(ren)'s birth certificate(s);
  - d. voluntarily promised in writing to support the child(ren) and was required to support the child(ren) based on that promise;
  - e. received written notice from any state agency or any court directing him to submit to scientific testing which he disregarded; or
  - f. signed a voluntary acknowledgment of paternity as provided by section 742.10(4), Florida Statutes.

It is therefore ORDERED AND ADJUDGED:

*{Indicate all that apply}*

\_\_\_\_\_ Petitioner's, {full legal name} \_\_\_\_\_  
 paternity of {name(s) of child(ren)} \_\_\_\_\_  
 \_\_\_\_\_ is disestablished.

\_\_\_\_\_ Petitioner's, {full legal name} \_\_\_\_\_  
 child support obligation to {name(s) of child(ren)} \_\_\_\_\_  
 \_\_\_\_\_ is terminated.

**DONE AND ORDERED** on \_\_\_\_\_ in \_\_\_\_\_, Florida.

\_\_\_\_\_  
 CIRCUIT JUDGE

I certify that a copy of the Order Disestablishing Paternity and/or Terminating Child Support Obligation was \_\_\_\_\_ mailed \_\_\_\_\_ faxed and mailed \_\_\_\_\_ e-mailed \_\_\_\_\_ hand-delivered to the parties and any entities listed below on {date} \_\_\_\_\_.

JERALD D. BRYANT  
CLERK OF CIRCUIT COURT AND COMPTROLLER

\_\_\_\_\_  
{Clerk of court, designee, or Judicial Assistant}

Petitioner (or his or her attorney)  
Respondent (or his or her attorney)  
Department of Revenue  
Department of Health, Office of Vital Statistics  
Court depositor/State Disbursement Unit  
Other \_\_\_\_\_



State of Florida  
Department of Health  
Bureau of Vital Statistics  
P. O. Box 210  
Jacksonville, Florida 32231-0042

## INSTRUCTIONS

(Important: Please complete ALL items requested. Omissions will cause delay in filing.)

### THIS FORM IS TO BE USED FOR ESTABLISHING PATERNITY OR DISESTABLISHING PATERNITY

Prompt submission of this statement, properly completed, together with a copy or abstract printout issued off the OVS database of the original birth certificate, will help expedite the filing of a new birth certificate.

**ATTORNEY, CHILD SUPPORT ENFORCEMENT OR PERSON ACTING PRO SE:** Complete Sections A and B of this form and attach a copy or abstract issued off the OVS database of the original birth certificate and forward to the Clerk of the Circuit Court prior to the date of final judgment of paternity.

Be sure to enter the child's name, as it is to appear on the new birth certificate under Section B. If child's name is to be changed as part of the court action, it must be included in the order and entered in Part B. We will enter on the new certificate, the name as indicated on this form. For example, if only an initial shown for a given name, only an initial will be recorded, if a given name omitted or wrong surname shown, the new record will be prepared showing a given name omitted or wrong surname. In other words, the new record will be prepared based on the information shown for child's name contained in Part B which must agree with the information contained in the court order. Should a discrepancy occur between what is on the DH 673 and what is contained in the court order in regard to name of child, the actual order shall take precedence over the DH 673. A change to child's name as shown in the court order will require that the court order be amended or that the child's name be changed pursuant to s. 68.07, Florida Statutes.

**DISESTABLISHMENT:** If this is a paternity disestablishment based on legislation (ch.2006-265, Fla. Laws) and the father listed on the birth certificate as indicated in Section A is to be removed from the birth certificate, please write the wording "REMOVE FATHER" in the space provided in Section B "Full Name of Father".

**CLERK OF THE CIRCUIT COURT:** Pursuant to s.382.015, F.S., it is the duty of the Clerk of the Circuit Court to forward this form to the Department within 30 days after the final judgment of paternity. Sections A and B must have been completed prior to the certification by the court. The Clerk of the Circuit Court should complete Section C certifying to the information contained thereon and mail this form, together with a copy or screen print of the original birth certificate to the Department of Health, Office of Vital Statistics, P. O. Box 210, Jacksonville, Florida 32231-0042.

### GENERAL INFORMATION

Upon receipt of this DH 673, Certified Statement of Final Judgment of Paternity from the Clerk of the Circuit Court, together with all necessary information contained thereon, the State Registrar will make and file a new birth certificate that will bear the same file number as the original certificate.

**Fee:** Except for Title IV-D, Child Support Enforcement cases, an amendment fee of \$20.00 is required. A new birth certificate will be placed on file prior to receipt of this fee. However, certification of the new certificate will not be issued until such fee has been paid. This fee includes the issuance of one certification of the new certificate. Title IV-D, Child Support Enforcement cases are not assessed an amendment fee. However, if certification of the new certificate is requested, a fee of \$9.00 is required.

TO OBTAIN A SUPPLY OF THIS FORM:  
Write to Florida Department of Health, Bureau of Vital Statistics,  
ATTN: Administrative Services - Purchasing,  
P. O. Box 210, Jacksonville, Florida 32231-0042  
and request the quantity of the DH 673 desired.



Department of Health
Office of Vital Statistics

Certified Statement of Final Judgment of Paternity

Paternity Establishment/Paternity Disestablishment

(Please refer to instructions on page 2)

Check appropriate action: Paternity Establishment [ ] Paternity Disestablishment [ ]

Department of Revenue/Child Support Enforcement Action: Yes [ ] No [ ]

A. INFORMATION FROM ORIGINAL BIRTH RECORD (Attach a Photocopy or Screen Print)

State of Birth: Birth Number (if known):

Full Name of Child: (First) (Middle) (Last) Sex:

Date of Birth: (Month, Day, Year) Place of Birth: (City) (County)

Name of Father: If no father's name on original, enter 'NO FATHER NAMED'

Maiden Name of Mother: (First) (Middle) (Last) Maiden

B. INFORMATION FOR NEW CERTIFICATE

NOTE: If child's name is to be changed as part of this paternity action, it MUST be included in the court order and entered below as shown in the court order. See additional information in Paragraph 2 on page 2.

Full Name of Child: (First) (Middle) (Last)

Full Name of Father: (First) (Middle) (Last)

Date of Birth of Father: (Month, Day, Year) Place of Birth of Father: (State)

Name and mailing address of custodial parent: (First) (Middle) (Last)

(Street or P. O. Box) (City) (State) (Zip Code)

Father's Social Security No.: Mother's Social Security No.:

Attorney's Name (if applicable) OR person completing form: Phone Number:

Address: (Street or P. O. Box) (City) (State) (Zip Code)

X (Signature of Attorney OR person completing form) (If Attorney - Provide Bar Number)

C. CERTIFICATE OF CLERK OF CIRCUIT COURT

On the day of A.D. 20, the Circuit Court of

County, Judge presiding, ordered a Judgment of Paternity in the case of the child and parents described above.

Signed and Sealed by (Clerk of the Circuit Court) Court Docket No. Date: