

IN THE CIRCUIT COURT OF THE FIRST JUDICIAL CIRCUIT IN AND FOR OKALOOSA COUNTY, FLORIDA

\_\_\_\_\_  
Petitioner

and

Case No: \_\_\_\_\_

\_\_\_\_\_  
Respondent

REQUEST FOR WAIVER OF ATTENDANCE OF THE  
TRANSPARENTING "HELPING FAMILIES THROUGH CHANGE" SEMINAR

I, the undersigned, feel that attending the *Trans*parenting "Helping Families Through Change" Seminar in the above referenced case will work a hardship on \_\_\_\_\_  
\_\_\_\_\_ for the following reason(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that the Judge assigned to this case will either grant or deny this request within five (5) days of the date hereof.

Date: \_\_\_\_\_

\_\_\_\_\_  
Party Requesting Waiver or Party's Attorney

**ORDER**

The Request for Waiver of Attendance of the *Trans*parenting "Helping Families Through Change" Seminar in the above referenced case is hereby:

\_\_\_\_\_ **GRANTED**

\_\_\_\_\_ **DENIED / CORRESPONDENCE COURSE REQUIRED**  
(See Enclosed Enrollment Information)

DONE AND ORDERED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

**INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW  
FORM 12.915,  
DESIGNATION OF CURRENT MAILING AND EMAIL ADDRESS (09/12)**

**When should this form be used?**

This form should be used to inform the clerk and the other **party** of your current mailing and e-mail address(es) or **any change of address**. It is very important that the court and the other party in your case have your correct address.

A party not represented by an attorney may choose to designate e-mail address(es) for **service**. A primary and up to two secondary e-mail addresses can be designated. If you do so and the other party is represented by an attorney or has also designated e-mail address(es) for service, e-mail will be the **exclusive means of service**.

If there is any change in your mailing or e-mail address(es), you must complete a new form, file it with the clerk, and serve a copy on any other party or parties in your case.

**What should I do next?**

This form should be typed or printed in black ink. After completing this form, you should **file** the original with the **clerk of the circuit court** in the county where your case is filed and keep a copy for your records. A copy of this form must be served on any other party in your case. **Service** must be in accordance with 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.** The words that are in **bold underline** in these instructions are defined there.

**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 FIRST JUDICIAL CIRCUIT,  
IN AND FOR OKALOOSA COUNTY, FLORIDA

Case No.: \_\_\_\_\_

Division: \_\_\_\_\_

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

and

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

**DESIGNATION OF CURRENT MAILING AND E-MAIL ADDRESS**

I, {full legal name} \_\_\_\_\_, being sworn, certify that  
my current mailing address is: {Street} \_\_\_\_\_  
{City} \_\_\_\_\_, {State} \_\_\_\_\_ {Zip} \_\_\_\_\_ {Telephone No.} \_\_\_\_\_  
{Fax No.} \_\_\_\_\_.

I designate as my current e-mail address(es): \_\_\_\_\_

**I understand that I must keep the clerk's office and the opposing party or parties notified of my current mailing and e-mail address(es) and that all future papers in this lawsuit will be served at the address(es) on record at the clerk's office.**

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

**Other party or his/her attorney:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail Address(es): \_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Party

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:**

[fill in **all** blanks] This form was prepared for the: *{choose only one}* ( ) Petitioner ( ) Respondent  
This form was completed with the assistance of:

*{name of individual}* \_\_\_\_\_  
*{name of business}* \_\_\_\_\_  
*{street}* \_\_\_\_\_  
*{city}* \_\_\_\_\_, *{state}* \_\_\_\_\_, *{telephone number}* \_\_\_\_\_.