

IN THE COUNTY/CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT,  
IN AND FOR MIAMI-DADE COUNTY, FLORIDA

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

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

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

and

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

**DESIGNATION OF CURRENT MAILING AND E-MAIL ADDRESS  
[FLORIDA FAMILY LAW FORM 12.915]**

I, {full legal name}, \_\_\_\_\_, being sworn, certify that:

**MAILING ADDRESS:**

My current mailing address is:

{Street or Post Office Box} \_\_\_\_\_,

{City}, \_\_\_\_\_, {State}, \_\_\_\_\_, {Zip} \_\_\_\_\_.

{Phone No.} \_\_\_\_\_ {Fax No.} \_\_\_\_\_.

**E-MAIL ADDRESS:**

***{Do not provide an e-mail address unless you choose to serve and receive all documents in the future only by e-mail. If you are a self-represented litigant (appearing without an attorney), you are not required to serve or receive documents by electronic mail (e-mail); however, once you designate an e-mail address, that address will be the exclusive means of serving and receiving documents. Once you choose to serve and receive documents by e-mail, you cannot change your decision.}***

I wish to designate the following e-mail address(es) for the purposes of serving and receiving documents:

(Primary E-mail) \_\_\_\_\_

(Secondary E-mail) \_\_\_\_\_

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  e-mailed  mailed  faxed and mailed

hand-delivered to the person(s) listed below on {date} \_\_\_\_\_.

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

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

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

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

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

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

\_\_\_\_\_  
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 NON-LAWYER 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} \_\_\_\_\_, {zip code}, \_\_\_\_\_ {phone number} \_\_\_\_\_