

**DESCRIPTION SHEET**

CASE NO: \_\_\_\_\_-FD

**NAME OF PETITIONER:** \_\_\_\_\_

OBO (if required, minor): \_\_\_\_\_

**PHYSICAL ADDRESS:** \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DOB: \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ SEX \_\_\_\_\_ RACE \_\_\_\_\_

HAIR: \_\_\_\_\_ EYES: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

EMPLOYMENT: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE: CELL \_\_\_\_\_ HOME \_\_\_\_\_ WORK \_\_\_\_\_

RELATIONSHIP TO RESPONDENT: \_\_\_\_\_

OTHER INFORMATION FOR SERVICE: \_\_\_\_\_

**NAME OF RESPONDENT:** \_\_\_\_\_

LEGAL GUARDIAN/PARENT  
TO BE SERVED (if required): \_\_\_\_\_  
*Fla. R. Civ. P. 48.041*

**PHYSICAL ADDRESS:** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_ **COUNTY** \_\_\_\_\_

*If Respondent is a minor, use this section for information about the Legal Guardian/Parent to be served:*

**MAILING ADDRESS:** \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DOB: \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ SEX \_\_\_\_\_ RACE \_\_\_\_\_

HAIR: \_\_\_\_\_ EYES: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

EMPLOYMENT: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE: CELL \_\_\_\_\_ HOME \_\_\_\_\_ WORK \_\_\_\_\_

OTHER INFORMATION FOR SERVICE: \_\_\_\_\_