

Form A: Family Case Inquiry/Update

Use this form only when your case has already been filed and you need assistance.

Due to increases in caseloads and the Court's improved responsiveness and accountability, most business will be conducted by mail. You must complete the following form to obtain assistance on an open case. **You must submit a separate Form A each time you request assistance from the Case Management office.** You should receive a response within approximately 15 business days. Neither the Case Management personnel nor the Clerk's Office are allowed to fill out your forms or provide legal advice.

Please complete the following sections:

Date this form submitted: _____

County of Case: Check appropriate box

- Indian River Martin Okeechobee Saint Lucie

Court Case Number: (required) _____ **Judge/Magistrate:** _____

Type of Case: Check appropriate box

- | | | |
|--|---|---|
| <input type="checkbox"/> Divorce – Simplified | <input type="checkbox"/> Name Change - Adult | <input type="checkbox"/> Contempt/Enforcement |
| <input type="checkbox"/> Divorce – No Children | <input type="checkbox"/> Name Change - Child | <input type="checkbox"/> Rehearing |
| <input type="checkbox"/> Divorce – With Children | <input type="checkbox"/> Modify Timesharing | <input type="checkbox"/> Compel – Financial Affidavit |
| <input type="checkbox"/> Paternity | <input type="checkbox"/> Modify Child Support | <input type="checkbox"/> Continuance |
| <input type="checkbox"/> Abate Child Support | <input type="checkbox"/> Temporary Custody | <input type="checkbox"/> Clarification of Order |
| <input type="checkbox"/> Stepparent Adoption | | |
| <input type="checkbox"/> Other: _____ | | |

I am requesting/informing you:

- | | |
|--|--|
| <input type="checkbox"/> Hearing Date | <input type="checkbox"/> All required documents have been filed in Court file |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> I need to know what additional documents are required before a final hearing can be scheduled |
| <input type="checkbox"/> Other party filed an Answer and does not agree with my Petition | |
| <input type="checkbox"/> Other: _____ | |

Name and Address of Person Requesting Self-Help Assistance

- Check Here If This Is a New Address Since the Initial Filing

Name:
Address:
City/State/Zip:
Daytime Phone:
Other:

If you have questions, you may write them on a separate paper and attach to this form.