

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

Case No.: 11DR 2007B

Division: _____

OMAR MIR SEDDIQUE MATEEN
Petitioner,

and

STTORA ALISHERZODA, YUSUFY
Respondent.

11 JUN 21 PM 12:57
CLERK OF CIRCUIT COURT
ST. LUCIE COUNTY

NOTICE OF SOCIAL SECURITY NUMBER

I, {full legal name} OMAR MIR SEDDIQUE MATEEN
certify that my social security number is _____, as required in section
61.052(7), sections 61.13(9) or (10), section 742.031(3), sections 742.032(1)B(3), and/or sections
742.10(1)B(2), Florida Statutes. My date of birth is 11/16/86.

[✓ one, only]

- ☒ 1. This notice is being filed in a dissolution of marriage case in which the parties have **no** minor children in common.
- ☐ 2. This notice is being filed in a paternity or child support case, or in a dissolution of marriage in which the parties have minor children in common. The minor child(ren)'s name(s), date(s) of birth, and social security number(s) is/are:

Name	Birth date	Social Security Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

{Attach additional pages if necessary.}

Disclosure of social security numbers shall be limited to the purpose of administration of the Title IV-D program for child support enforcement.

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this notice and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: 5/19/11

Signature

Printed Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

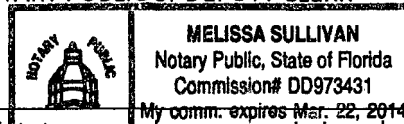
Fax Number: _____

STATE OF FLORIDA
COUNTY OF St. Lucie

Sworn to or affirmed and signed before me on 5/19/11 by Omar Mateen

Melissa Sullivan

NOTARY PUBLIC or DEPUTY CLERK



[Print, type, or stamp commissioned name of notary or

clerk]

☐ Personally known

☒ Produced identification

Type of identification produced FLDL

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [fill in all blanks]

I, {full legal name and trade name of nonlawyer} _____

a nonlawyer, located at {street} _____, {city} _____

{state} _____, {phone} _____, helped {name} _____

who is the [☒ one only] _____ petitioner or _____ respondent, fill out this form.

CASE # 11 DR 2020

11 JUN 21 PM 12:57
ST. LUCIE COUNTY
CLERK OF CIRCUIT COURT

SEALED PURSUANT TO RULE 2.051 (c) (7) RULES OF JUDICIAL ADMINISTRATION

SOCIAL SECURITY DISCLOSURE FORM OF

Omar Mateen

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA

Case No.: 11DR2008

Division: _____

OMAR MURSEDDIQUE MATEEN,
Petitioner,

and

SITORA ALISHERZODA YUSUFY,
Respondent.

CLERK OF CIRCUIT COURT

11 JUN 21 PM 12:57

NOTICE OF SOCIAL SECURITY NUMBER

I, {full legal name} SITORA ALISHERZODA YUSUFY
certify that my social security number is _____, as required in section
61.052(7), sections 61.13(9) or (10), section 742.031(3), sections 742.032(1)-(3), and/or sections
742.10(1)-(2), Florida Statutes. My date of birth is _____.

[☒ one only]

- ☒ 1. This notice is being filed in a dissolution of marriage case in which the parties have no minor children in common.
- ☐ 2. This notice is being filed in a paternity or child support case, or in a dissolution of marriage in which the parties have minor children in common. The minor child(ren)'s name(s), date(s) of birth, and social security number(s) is/are:

Name	Birth date	Social Security Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

{Attach additional pages if necessary.}

Disclosure of social security numbers shall be limited to the purpose of administration of the Title IV-D program for child support enforcement.

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this notice and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

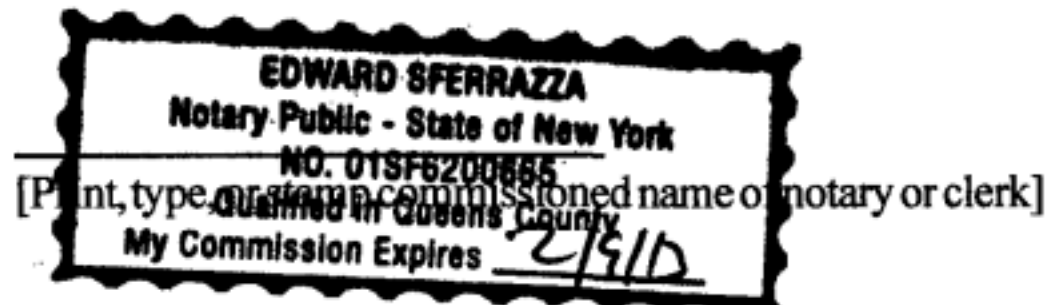
Dated: 6/2/11

[Signature]
Signature
Printed Name: Sitora Yusufy
Address: [REDACTED]
City, State, Zip: Lawrenceville NJ
Telephone Number: _____
Fax Number: _____

New York
STATE OF ~~FLORIDA~~
COUNTY OF Queen

Sworn to or affirmed and signed before me on June 2, 2011 by _____.

[Signature]
NOTARY PUBLIC or DEPUTY 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]

I, {full legal name and trade name of nonlawyer} _____,
a nonlawyer, located at {street} _____, {city} _____,
{state} _____, {phone} _____, helped {name} _____
who is the [☒ one only] _____ petitioner or _____ respondent, fill out this form.

CASE #

11 DK 2020

SEALED PURSUANT TO RULE 2.051 (c) (7) RULES OF JUDICIAL ADMINISTRATION

SOCIAL SECURITY DISCLOSURE FORM OF

Sitora Yusufiy

11 JUN 21 PM 12:57

ST. LUCIE COUNTY
CLERK OF CIRCUIT COURT

NOTICE OF LIMITATION OF SERVICES PROVIDED

Fla.Fam.L.R.P. 12.750(h)

THE PERSONNEL IN THIS SELF-HELP PROGRAM ARE NOT ACTING AS YOUR LAWYER OR PROVIDING LEGAL ADVICE TO YOU.

SELF-HELP PERSONNEL ARE NOT ACTING ON BEHALF OF THE COURT OR ANY JUDGE. THE PRESIDING JUDGE IN YOUR CASE MAY REQUIRE AMENDMENT OF A FORM OR SUBSTITUTION OF A DIFFERENT FORM. THE JUDGE IS NOT REQUIRED TO GRANT THE RELIEF REQUESTED IN A FORM.

THE PERSONNEL IN THIS SELF-HELP PROGRAM CANNOT TELL YOU WHAT YOUR LEGAL RIGHTS OR REMEDIES ARE, REPRESENT YOU IN COURT, OR TELL YOU HOW TO TESTIFY IN COURT.

SELF-HELP SERVICES ARE AVAILABLE TO ALL PERSONS WHO ARE OR WILL BE PARTIES TO A FAMILY CASE.

THE INFORMATION THAT YOU GIVE TO AND RECEIVE FROM SELF-HELP PERSONNEL IS NOT CONFIDENTIAL AND MAY BE SUBJECT TO DISCLOSURE AT A LATER DATE. IF ANOTHER PERSON INVOLVED IN YOUR CASE SEEKS ASSISTANCE FROM THIS SELF-HELP PROGRAM, THAT PERSON WILL BE GIVEN THE SAME TYPE OF ASSISTANCE THAT YOU RECEIVE.

IN ALL CASES, IT IS BEST TO CONSULT WITH YOUR OWN ATTORNEY, ESPECIALLY IF YOUR CASE PRESENTS SIGNIFICANT ISSUES REGARDING CHILDREN, CHILD SUPPORT, ALIMONY, RETIREMENT OR PENSION BENEFITS, ASSETS, OR LIABILITIES.

PLEASE COMPLETE THE FOLLOWING PARAGRAPH. FILE THE SIGNED DOCUMENT WITH THE CLERK OF COURT.

ACKNOWLEDGMENT

☒ I CAN READ ENGLISH.

☐ I CANNOT READ ENGLISH. THIS NOTICE WAS READ TO ME BY _____

IN _____ (language).

I, OMAR MRS EDDIQUE MATEEN (name) do acknowledge that I have read this Notice of Limitation of Services Provided. I have received an explanation of the notice above, and I understand the limitation of the services provided. I understand that it is in my best interest to secure an attorney to represent my interest in this case. I understand that this form must be signed and filed with the Clerk before the Self-Help program may provide services to me.

Date

Case Number

Signature

JUN 21 PM 12:56
CLERK OF CIRCUIT COURT
11th JUDGE COUNTY

COVER SHEET FOR FAMILY COURT CASES

I. Case Style

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

Case No.: 11DR2028

Judge: _____

OMAR MIR SEDDIQUE MATEEN

Petitioner

and

SITORA ALISHERZODA YUSUFY

Respondent

- II. Type of Action/Proceeding. Place a check beside the proceeding you are initiating. If you are simultaneously filing more than one type of proceeding against the same opposing party, such as a modification and an enforcement proceeding, complete a separate cover sheet for each action being filed. **If you are reopening a case, choose one of the three options below it.**

- (A) ☐ Initial Action/Petition
(B) ☐ Reopening Case
 1. ☐ Modification/Supplemental Petition
 2. ☐ Motion for Civil Contempt/Enforcement
 3. ☐ Other

- III. Type of Case. If the case fits more than one type of case, select the most definitive.

- (A) ☐ Simplified Dissolution of Marriage
(B) ☒ Dissolution of Marriage
(C) ☐ Domestic Violence
(D) ☐ Dating Violence
(E) ☐ Repeat Violence
(F) ☐ Sexual Violence
(G) ☐ Support IV-D (Department of Revenue, Child Support Enforcement)
(H) ☐ Support Non-IV-D (**not** Department of Revenue, Child Support Enforcement)
(I) ☐ UIFSA IV-D (Department of Revenue, Child Support Enforcement)
(J) ☐ UIFSA Non-IV-D (**not** Department of Revenue, Child Support Enforcement)
(K) ☐ Other Family Court
(L) ☐ Adoption Arising Out Of Chapter 63
(M) ☐ Name Change
(N) ☐ Paternity/Disestablishment of Paternity
(O) ☐ Juvenile Delinquency
(P) ☐ Petition for Dependency
(Q) ☐ Shelter Petition
(R) ☐ Termination of Parental Rights Arising Out Of Chapter 39
(S) ☐ Adoption Arising Out Of Chapter 39
(T) ☐ CINS/FINS

CLERK OF CIRCUIT COURT
S. L. LUCIF COUNTY

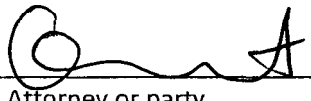
11 JUN 21 PM 12:56

IV. Rule of Judicial Administration 2.545(d) requires that a Notice of Related Cases Form, Family Law Form 12.900(h), be filed with the initial pleading/petition by the filing attorney or self-represented litigant in order to notify the court of related cases. Is Form 12.900(h) being filed with this Cover Sheet for Family Court Cases and initial pleading/petition?

- ☒ No. To the best of my knowledge, no related cases exist.
☐ Yes. All related cases are listed on Family Law Form 12.900(h).

ATTORNEY OR PARTY SIGNATURE

I CERTIFY that the information I have provided in this cover sheet is accurate to the best of my knowledge and belief.

Signature  FL Bar No.: _____
Attorney or party (Bar number, if attorney)
OMAR MATEEN 5/10/11
(Type or print name) Date

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [fill in all blanks]

I, {full legal name and trade name of nonlawyer} _____, a nonlawyer, whose address is {street} _____, {city} _____, {state} _____, {phone} _____, helped {name} _____, who is the [choose one only] _____ petitioner or _____ respondent, fill out this form.

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

Case No.: 11DK2009
FAMILY DIVISION

OMAR MIR SEDDIQUE MATEEN
Petitioner,

and

SITORA ALISHERZODA YUSUFY
Respondent.

CERTIFICATE OF COMPLIANCE WITH MANDATORY DISCLOSURE

I, {full legal name} OMAR MIR SEDDIQUE MATEEN, certify that I have
complied with the mandatory disclosure required by Florida Family Law Rule 12.285 as follows:

1. FOR TEMPORARY FINANCIAL RELIEF, ONLY:

The date the following documents were served: _____.

[V all that apply]

- _____ a. Financial Affidavit (Filing of a Financial Affidavit cannot be waived.)
() Florida Family Law Rules of Procedure Form 12.902(b) (short form)
() Florida Family Law Rules of Procedure Form 12.902(c) (long form)
- _____ b. () All personal (1040) federal tax, gift tax, and intangible personal property tax returns for the preceding year; or
() Transcript of tax return as provided by IRS form 4506-T; or
() IRS forms W-2, 1099, and K-1 for the past year because the income tax return for the past year has not been prepared.
- _____ c. Pay stubs or other evidence of earned income for the 3 months before the service of the financial affidavit.

2. FOR INITIAL, SUPPLEMENTAL, AND PERMANENT FINANCIAL RELIEF:

The date the following documents were served: _____.

[V all that apply]

- ☒ a. Financial Affidavit (Filing of a Financial Affidavit cannot be waived.)
() Florida Family Law Rules of Procedure Form 12.902(b) (short form)
() Florida Family Law Rules of Procedure Form 12.902(c) (long form)
- ☒ b. () All personal (1040) federal and state tax income returns, gift tax returns, and intangible personal property tax returns for the preceding 3 years;
() IRS forms W-2, 1099, and K-1 for the past year because the income tax return for the past year has not been prepared.
- ☒ c. Pay stubs or other evidence of earned income for the 3 months before the service of the financial affidavit.
- ☒ d. A statement identifying the source and amount of all income for the 3 months before the service of the financial affidavit, if not reflected on the pay stubs produced.

11 JUN 21 PM 12:57
ST. LUCIE COUNTY
CLERK OF CIRCUIT COURT

- ___ e. All loan applications and financial statements prepared for any purpose or used for any purpose within the 12 months preceding the service of the financial affidavit.
- ___ f. All deeds to real estate in which I presently own or owned an interest within the past 3 years. All promissory notes in which I presently own or owned an interest within the last 12 months. All present leases in which I own an interest.
- ___ g. All periodic statements for the last 3 months for all checking accounts and for the last year for all savings accounts, money market funds, certificates of deposit, etc.
- ___ h. All brokerage account statements for the last 12 months.
- ___ i. Most recent statement for any pension, profit sharing, deferred compensation, or retirement plan (for example, IRA, 401(k), 403(b), SEP, KEOGH, etc.) and summary plan description for any such plan in which I am a participant or alternate payee.
- ___ j. The declaration page, the last periodic statement, and the certificate for any group insurance for all life insurance policies insuring my life or the life of me or my spouse.
- ___ k. All health and dental insurance cards covering either me or my spouse and/or our dependent child(ren).
- ___ l. Corporate, partnership, and trust tax returns for the last 3 tax years, in which I have an ownership or interest greater than or equal to 30%.
- ___ m. All credit card and charge account statements and other records showing my (our) indebtedness as of the date of the filing of this action and for the prior 3 months. All promissory notes on which I presently owe or owned within the past year. All lease agreements I presently owe.
- ___ n. All premarital and marital agreements between the parties to this case.
- ___ o. If a modification proceeding, all written agreements entered into between the parties at any time since the order to be modified was entered.
- ___ p. All documents and tangible evidence relating to claims for an unequal distribution of marital property, enhancement or appreciation in nonmarital property, or nonmarital status of an asset or debt.
- ___ q. Any court order directing that I pay or receive spousal support (alimony) or child support.

I certify that a copy of this document was [v one only] (✓) mailed () faxed and mailed () hand delivered to the person(s) listed below on {date} _____.

I understand that I am swearing or affirming under oath to the accuracy of my compliance with the mandatory disclosure requirements of Fla. Fam. L. R. P. 12.285 and that, unless otherwise indicated with specificity, this disclosure is complete. I further understand that the punishment for knowingly making a false statement or incomplete disclosure includes fines and/or imprisonment.

Other party or his/her attorney:

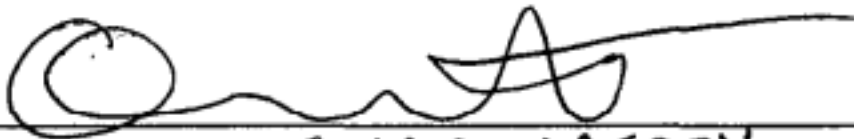
Name: SITORA YUSUFY

Address: _____

City, State: _____

Fax Number: _____


Dated: 5/19/11

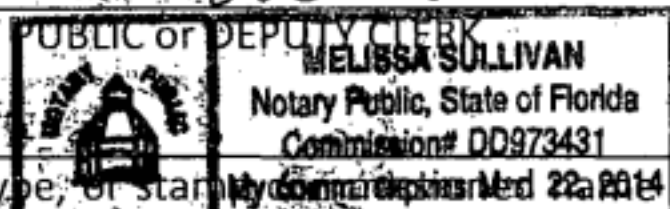

Signature of Party OMAR MATEEN
Printed Name: _____
Address: FOR _____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____

STATE OF FLORIDA

COUNTY OF St. Lucie

Sworn to or affirmed and signed before me on 5/19/11 by Omar Mateen



NOTARY PUBLIC OR DEPUTY CLERK

[Print, type, or stamp name of notary or clerk]

☒ Personally known

☐ Produced identification

Type of identification produced FLDL

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [fill in all blanks]

I, {full legal name and trade name of nonlawyer} _____

a nonlawyer, located at {street} _____, {city} _____

{state} _____, {phone} _____, helped {name} _____

who is the [v one only] _____ petitioner or _____ respondent, fill out this form.

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA

Case No.: 11DR 2008

Division: _____

OMAR MIR SEDDIQUE MATEEN,
Petitioner,

and

SITORA ALISHERZODA YUSUFY,
Respondent.

11 JUN 21 PM 12:57
ST. LUCIE COUNTY
CLERK OF CIRCUIT COURT

CERTIFICATE OF COMPLIANCE WITH MANDATORY DISCLOSURE

I, {full legal name} SITORA ALISHERZODA YUSUFY, certify that I have complied with the mandatory disclosure required by Florida Family Law Rule 12.285 as follows:

1. FOR TEMPORARY FINANCIAL RELIEF, ONLY:

The date the following documents were served: _____

[☒ all that apply]

- _____ a. Financial Affidavit (Filing of a Financial Affidavit cannot be waived.)
 - () Florida Family Law Rules of Procedure Form 12.902(b) (short form)
 - () Florida Family Law Rules of Procedure Form 12.902(c) (long form)
- _____ b. () All personal (1040) federal tax, gift tax, and intangible personal property tax returns for the preceding year; or
 - () Transcript of tax return as provided by IRS form 4506-T; or
 - () IRS forms W-2, 1099, and K-1 for the past year because the income tax return for the past year has not been prepared.
- _____ c. Pay stubs or other evidence of earned income for the 3 months before the service of the financial affidavit.

2. FOR INITIAL, SUPPLEMENTAL, AND PERMANENT FINANCIAL RELIEF:

The date the following documents were served: _____

[☒ all that apply]

- ☒ a. Financial Affidavit (Filing of a Financial Affidavit cannot be waived.)
 - () Florida Family Law Rules of Procedure Form 12.902(b) (short form)
 - () Florida Family Law Rules of Procedure Form 12.902(c) (long form)
- ☒ b. () All personal (1040) federal and state tax income returns, gift tax returns, and intangible personal property tax returns for the preceding 3 years;
 - () IRS forms W-2, 1099, and K-1 for the past year because the income tax return for the past year has not been prepared.
- ☒ c. Pay stubs or other evidence of earned income for the 3 months before the service of the financial affidavit.
- ☒ d. A statement identifying the source and amount of all income for the 3 months before the service of the financial affidavit, if not reflected on the pay stubs produced.
- ☒ e. All loan applications and financial statements prepared for any purpose or used for any purpose within the 12 months preceding the service of the financial affidavit.


- ___ f. All deeds to real estate in which I presently own or owned an interest within the past 3 years. All promissory notes in which I presently own or owned an interest within the last 12 months. All present leases in which I own an interest.
- ___ g. All periodic statements for the last 3 months for all checking accounts and for the last year for all savings accounts, money market funds, certificates of deposit, etc.
- ___ h. All brokerage account statements for the last 12 months.
- ___ i. Most recent statement for any pension, profit sharing, deferred compensation, or retirement plan (for example, IRA, 401(k), 403(b), SEP, KEOGH, etc.) and summary plan description for any such plan in which I am a participant or alternate payee.
- ___ j. The declaration page, the last periodic statement, and the certificate for any group insurance for all life insurance policies insuring my life or the life of me or my spouse.
- ___ k. All health and dental insurance cards covering either me or my spouse and/or our dependent child(ren).
- ___ l. Corporate, partnership, and trust tax returns for the last 3 tax years, in which I have an ownership or interest greater than or equal to 30%.
- ___ m. All credit card and charge account statements and other records showing my (our) indebtedness as of the date of the filing of this action and for the prior 3 months. All promissory notes on which I presently owe or owned within the past year. All lease agreements I presently owe.
- ___ n. All premarital and marital agreements between the parties to this case.
- ___ o. If a modification proceeding, all written agreements entered into between the parties at any time since the order to be modified was entered.
- ___ p. All documents and tangible evidence relating to claims for an unequal distribution of marital property, enhancement or appreciation in nonmarital property, or nonmarital status of an asset or debt.
- ___ q. Any court order directing that I pay or receive spousal support (alimony) or child support.

I certify that a copy of this document was [☒ one only] (☒ mailed (☐ faxed and mailed (☐ hand delivered to the person(s) listed below on {date} _____.

I understand that I am swearing or affirming under oath to the accuracy of my compliance with the mandatory disclosure requirements of Fla. Fam. L. R. P. 12.285 and that, unless otherwise indicated with specificity, this disclosure is complete. I further understand that the punishment for knowingly making a false statement or incomplete disclosure includes fines and/or imprisonment.

Other party or his/her attorney:

Name: OMAR MATEEN
Address: 2513 S 17TH STREET APT #107
City, State, Zip: FOOT PIERCE, FL 34982
Fax Number: _____
Dated: 5/19/11

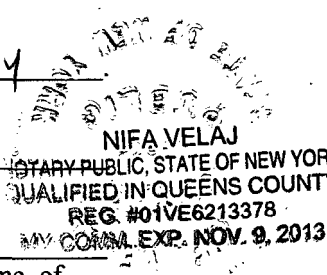


Signature of _____
Printed Name _____
Address: U
City, State, Zip _____
Telephone Number _____
Fax Number: _____

STATE OF ~~FLORIDA~~ ^{New York}
COUNTY OF New York

Sworn to or affirmed and signed before me on 6TH day of June ²⁰¹¹ by SITORA YUSUFY

Nifa Vela
NOTARY PUBLIC or DEPUTY CLERK
Nifa Vela
[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]**

I, {full legal name and trade name of nonlawyer} _____,
a nonlawyer, located at {street} _____, {city} _____,
{state} _____, {phone} _____, helped {name} _____,
who is the [☒ one only] ___ petitioner or ___ respondent, fill out this form.

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

Case No.:

Division:

OMAR MIR SEDDIOU MATEN

Petitioner,

and

SITORA ALISHERZODA YUSUFY

Respondent.

11 JUN 21 PM 12:56
ST. LUCIE COUNTY
CLERK OF CIRCUIT COURT

**PETITION FOR DISSOLUTION OF MARRIAGE
WITH PROPERTY BUT NO DEPENDENT OR MINOR CHILD(REN)**

I, {full legal name} OMAR MIR SEDDIOU MATEN, the
[☒ one only] () Husband () Wife, being sworn, certify that the following statements are true:

1. JURISDICTION/RESIDENCE
() Husband () Wife (☒) Both has (have) lived in Florida for at least 6 months before the filing of this Petition for Dissolution of Marriage.
2. The husband [☒ one only] () is (☒) is not a member of the military service.
The wife [☒ one only] () is (☒) is not a member of the military service.
3. MARRIAGE HISTORY
Date of marriage: {month, day, year} 04/16/09
Place of marriage: {city, state, country} PORT ST LUCIE, FL, ST LUCIE COUNTY
Date of separation: {month, day, year} 01/10/10 (☐ if approximate)
4. THERE ARE NO MINOR (under 18) OR DEPENDENT CHILD(REN) COMMON TO BOTH PARTIES AND THE WIFE IS NOT PREGNANT.
5. A completed Notice of Social Security Number, Florida Supreme Court Approved Family Law Form 12.902(j), is filed with this petition.
6. THIS PETITION FOR DISSOLUTION OF MARRIAGE SHOULD BE GRANTED BECAUSE:
[☒ one only]
☒ a. The marriage is irretrievably broken.
☐ b. One of the parties has been adjudged mentally incapacitated for a period of 3 years before the filing of this petition. A copy of the Judgment of Incapacity is attached.

SECTION I MARITAL ASSETS AND LIABILITIES

[☒ **one** only]

- ☒ 1. There are no marital assets or liabilities.
- ___ 2. There are marital assets or liabilities. All marital and nonmarital assets and liabilities are (or will be) listed in the financial affidavits, Florida Family Law Rules of Procedure Form 12.902(b) or (c), to be filed in this case.

[☒ **all** that apply]

- ___ a. All marital assets and debts have been divided by a written agreement between the parties, which is attached to be incorporated into the final judgment of dissolution of marriage. (The parties may use Marital Settlement Agreement for Simplified Dissolution of Marriage, Florida Family Law Rules of Procedure Form 12.902(f)(3) or Marital Settlement Agreement for Dissolution of Marriage with No Dependent or Minor Child(ren), Florida Supreme Court Approved Family Law Form 12.902(f)(2).
- ___ b. The Court should determine how the assets and liabilities of this marriage are to be distributed, under section 61.075, Florida Statutes.
- ___ c. Petitioner should be awarded an interest in Respondent's property because:

SECTION II SPOUSAL SUPPORT (ALIMONY)

[☒ **one** only]

- ☒ 1. Petitioner forever gives up his/her right to spousal support (alimony) from Respondent.
- ___ 2. Petitioner requests that the Court order Respondent to pay the following spousal support (alimony) and claims that he or she has a need for the support that he or she is requesting **and Respondent has the ability to pay that support**. Spousal support (alimony) is requested in the amount of \$ ____ every () week () other week () month, beginning {date} and continuing until {date or event} _____.
Explain why the Court should order Respondent to pay and any specific request(s) for type of alimony (temporary, permanent, rehabilitative, and/or lump sum): _____

[☒ if applies] () Petitioner requests life insurance on Respondent's life, provided by Respondent, to secure such support.

SECTION III OTHER

1. [If Petitioner is also the Wife] () yes () no Petitioner/Wife wants to be known by her former name, which was {full legal name} _____.
2. Other relief {specify}: _____
- _____
- _____
- _____

SECTION IV PETITIONER'S REQUEST (This section summarizes what you are asking the Court to include in the final judgment of dissolution of marriage.)

Petitioner requests that the Court enter an order dissolving the marriage and:

[☒ all that apply]

- ☐ 1. Distributing marital assets and liabilities as requested in Section I of this petition;
- ☐ 2. Awarding spousal support (alimony) as requested in Section II of this petition;
- ☐ 3. Restoring Wife's former name as requested in Section III of this petition;
- ☐ 4. Awarding other relief as requested in Section III of this petition; and any other terms the Court deems necessary.


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: 5/19/11

[Signature]
Signature of Petitioner
Printed Name: _____
Address: 2 _____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____

STATE OF FLORIDA
COUNTY OF St. Lucie

Sworn to or affirmed and signed before me on 5/19/11 by Omar Mateen

Melissa Sullivan
NOTARY PUBLIC or DEPUTY CLERK

[Print, type, or stamp commission number and name of notary or deputy clerk.]

☐ Personally known
☒ Produced identification
Type of identification produced FLDL

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [fill in all blanks]

I, {full legal name and trade name of nonlawyer} _____
a nonlawyer, located at {street} _____, {city} _____
{state} _____, {phone} _____, helped {name} _____
who is the petitioner, fill out this form.

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

Case No.: 11DR2008

Division: _____

OMAR MR SEDDIQUE MATEEN

Petitioner,

and

STORA ALISHERZODA YUSUFIM

Respondent.

FAMILY LAW FINANCIAL AFFIDAVIT (SHORT FORM)
(Under \$50,000 Individual Gross Annual Income)

I, {full legal name} OMAR MR SEDDIQUE MATEEN, being sworn, certify that the following information is true:

My Occupation: SECURITY Employed by [REDACTED]

Business Address: [REDACTED]

Pay rate: \$ 800.00 () every week (☒) every other week () twice a month () monthly () other: _
☐ Check here if unemployed and explain on a separate sheet your efforts to find employment.

SECTION I PRESENT MONTHLY GROSS INCOME:

All amounts must be MONTHLY. See the instructions with this form to figure out money amounts for anything that is NOT paid monthly. Attach more paper, if needed. Items included under "other" should be listed separately with separate dollar amounts.

- | | |
|--|----------------------|
| 1. Monthly gross salary or wages | 1. \$ <u>1600.00</u> |
| 2. Monthly bonuses, commissions, allowances, overtime, tips, and similar payments | 2. <u>0</u> |
| 3. Monthly business income from sources such as self-employment, partnerships, close corporations, and/or independent contracts (gross receipts minus ordinary and necessary expenses required to produce income) (<input type="checkbox"/> Attach sheet itemizing such income and expenses.) | 3. <u>0</u> |
| 4. Monthly disability benefits/SSI | 4. <u>0</u> |
| 5. Monthly Workers' Compensation | 5. <u>0</u> |
| 6. Monthly Unemployment Compensation | 6. <u>0</u> |
| 7. Monthly pension, retirement, or annuity payments | 7. <u>0</u> |
| 8. Monthly Social Security benefits | 8. <u>0</u> |
| 9. Monthly alimony actually received | 9. <u>0</u> |
| 9a. From this case: \$ _____ | |
| 9b. From other case(s): _____ | Add 9a and 9b |
| 10. Monthly interest and dividends | 10. <u>0</u> |
| 11. Monthly rental income (gross receipts minus ordinary and necessary expenses required to produce income) (<input type="checkbox"/> Attach sheet itemizing such income and expense items.) | 11. <u>0</u> |
| 12. Monthly income from royalties, trusts, or estates | 12. <u>0</u> |
| 13. Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses | 13. <u>0</u> |
| 14. Monthly gains derived from dealing in property (not including nonrecurring gains) | 14. <u>0</u> |
| 15. Any other income of a recurring nature (list source) _____ | 15. <u>0</u> |
| 16. _____ | 16. <u>0</u> |

17. PRESENT MONTHLY GROSS INCOME (Add lines 1-16)

TOTAL: 17. \$ 1600.00

PRESENT MONTHLY DEDUCTIONS:

18. Monthly federal, state, and local income tax (corrected for filing status and allowable dependents and income tax liabilities) 18. \$ 180.00

a. Filing Status SINGLE

b. Number of dependents claimed 0

19. Monthly FICA or self-employment taxes

19. 0

20. Monthly Medicare payments

20. 0

21. Monthly mandatory union dues

21. 0

22. Monthly mandatory retirement payments

22. 0

23. Monthly health insurance payments (including dental insurance), excluding portion paid for any minor children of this relationship

23. 150.00

24. Monthly court-ordered child support actually paid for children from another relationship

24. 0

25. Monthly court-ordered alimony actually paid:

Add 25a and 25b

25. 0

25a. from this case: \$ _____

25b. from other case(s): _____

26. TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30,
FLORIDA STATUTES (Add lines 18 through 25)

TOTAL: 26. \$ 330.00

27. PRESENT NET MONTHLY INCOME (Subtract line 26 from line 17)

27. \$ 1270.00

SECTION II AVERAGE MONTHLY EXPENSES**A. HOUSEHOLD:**

Mortgage or rent \$ 0
Property taxes \$ _____
Utilities \$ 60.00
Telephone \$ 50.00
Food \$ 250.00
Meals outside home \$ 50.00
Maintenance/Repairs \$ _____
Other: _____ \$ _____

B. AUTOMOBILE

Gasoline \$ 200.00
Repairs \$ 100.00
Insurance \$ 120.00

C. CHILD(REN)'S EXPENSES

Day care \$ _____
Lunch money \$ _____
Clothing \$ _____
Grooming \$ _____
Gifts for holidays \$ _____
Medical/Dental (uninsured) \$ _____
Other: _____ \$ _____

D. INSURANCE

Medical/Dental \$ 150.00
Children's medical/dental \$ _____
Life \$ _____
Other: _____ \$ _____

E. OTHER EXPENSES NOT LISTED ABOVE

Clothing \$ _____
Medical/Dental (uninsured) \$ _____
Grooming \$ _____
Entertainment \$ _____
Gifts \$ _____
Religious organizations \$ _____
Miscellaneous \$ _____
Other: _____ \$ _____

F. PAYMENTS TO CREDITORS

CREDITOR:	MONTHLY PAYMENT
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

28. TOTAL MONTHLY EXPENSES (add ALL monthly amounts in A through F above)

28. \$ 980.00

SUMMARY**29. TOTAL PRESENT MONTHLY NET INCOME**

(from line 27 of SECTION I. INCOME)

29. \$ 1270.00**30. TOTAL MONTHLY EXPENSES** (from line 28 above)30. \$ 980.00**31. SURPLUS** (If line 29 is more than line 30, subtract line 30 from line 29.31. \$ 620.00

This is the amount of your surplus. Enter that amount here.)

32. (DEFICIT) (If line 30 is more than line 29, subtract line 29 from line 30.32. (\$)

This is the amount of your deficit. Enter that amount here.)

SECTION III. ASSETS AND LIABILITIES

Use the nonmarital column only if this is a petition for dissolution of marriage and you believe an item is "nonmarital," meaning it belongs to only one of you and should not be divided. You should indicate to whom you believe the item(s) or debt belongs. (Typically, you will only use this column if property/debt was owned/owed by one spouse before the marriage. See the "General Information for Self-Represented Litigants" found at the beginning of these forms and section 61.075(1), Florida Statutes, for definitions of "marital" and "nonmarital" assets and liabilities.)

A. ASSETS:

DESCRIPTION OF ITEM(S). List a description of each separate item owned by you (and/or your spouse, if this is a petition for dissolution of marriage). DO NOT LIST ACCOUNT NUMBERS. ✓ the box next to any asset(s) which you are requesting the judge award to you.	Current Fair Market Value	Nonmarital (✓ correct column)	
		husband	wife
<input type="checkbox"/> Cash (on hand)	\$		
<input type="checkbox"/> Cash (in banks or credit unions)			
<input type="checkbox"/> Stocks, Bonds, Notes			
<input type="checkbox"/> Real estate: (Home)			
<input type="checkbox"/> (Other)			
<input type="checkbox"/> Automobiles			
<input type="checkbox"/> Other personal property			
<input type="checkbox"/> Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)			
<input type="checkbox"/> Other			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> ✓ here if additional pages are attached.			
Total Assets	\$ <u>0</u>		

B. LIABILITIES:

DESCRIPTION OF ITEM(S). List a description of each separate debt owed by you (and/or your spouse, if this is a petition for dissolution of marriage). DO NOT LIST ACCOUNT NUMBERS. ✓ the box next to any debt(s) for which you believe you should be responsible.	Current Amount Owed	Nonmarital (✓ correct column)	
		husband	wife
<input type="checkbox"/> Mortgages on real estate: First mortgage on home	\$		
<input type="checkbox"/> Second mortgage on home			
<input type="checkbox"/> Other mortgages			
<input type="checkbox"/>			
<input type="checkbox"/> Auto loans			
<input type="checkbox"/>			
<input type="checkbox"/> Charge/credit card accounts			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Other			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> ✓ here if additional pages are attached.			
Total Debts	\$ <u>Ø</u>		

C. CONTINGENT ASSETS AND LIABILITIES:

INSTRUCTIONS: If you have any **POSSIBLE assets** (income potential, accrued vacation or sick leave, bonus, inheritance, etc.) or **POSSIBLE liabilities** (possible lawsuits, future unpaid taxes, contingent tax liabilities, debts assumed by another), you must list them here.

Contingent Assets ✓ the box next to any contingent asset(s) which you are requesting the judge award to you.	Possible Value	Nonmarital (✓ correct column)	
		husband	wife
<input type="checkbox"/>	\$		
<input type="checkbox"/>			
Total Contingent Assets	\$ <u>Ø</u>		

Contingent Liabilities ✓ the box next to any contingent debt(s) for which you believe you should be responsible.	Possible Amount Owed	Nonmarital (✓ correct column)	
		husband	wife
<input type="checkbox"/>	\$		
<input type="checkbox"/>			
Total Contingent Liabilities	\$ <u>Ø</u>		

SECTION IV. CHILD SUPPORT GUIDELINES WORKSHEET

(Florida Family Law Rules of Procedure Form 12.902(e), Child Support Guidelines Worksheet, MUST be filed with the court at or prior to a hearing to establish or modify child support. This requirement cannot be waived by the parties.)

[☒ one only]

☐ A Child Support Guidelines Worksheet IS or WILL BE filed in this case. This case involves the establishment or modification of child support.

☒ A Child Support Guidelines Worksheet IS NOT being filed in this case. The establishment or modification of child support is not an issue in this case.

I certify that a copy of this document was [☒ one only] mailed (☐) faxed and mailed (☐) hand delivered to the person(s) listed below on {date} _____.

Other party or his/her attorney:

Name: STORA YUSUFIM

Address: _____

City, State, _____

Fax Number: _____

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this affidavit and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: 5/19/11

Signature of Party

Printed Name: OMAR MATEEN

Address: 2 _____

City, State, Zip: _____

Telephone Number: _____

Fax Number: _____

STATE OF FLORIDA

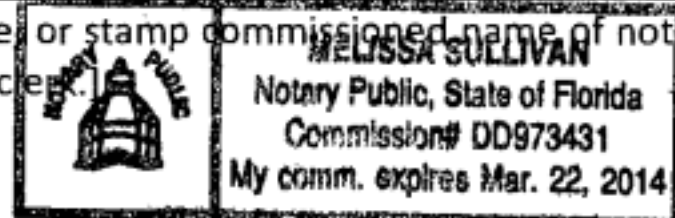
COUNTY OF St. Lucie

Sworn to or affirmed and signed before me on 5/19/11 by OMAR MATEEN

Melissa Sullivan

NOTARY PUBLIC or DEPUTY CLERK

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



☒ Personally known

☒ Produced identification

Type of identification produced FLDL

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [fill in all blanks]

I, {full legal name and trade name of nonlawyer} _____

a nonlawyer, located at {street} _____, {city} _____

{state} _____, {phone} _____, helped {name} _____

who is the [☒ one only] _____ petitioner or _____ respondent, fill out this form.

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA

Case No.: 11DR2008

Division: _____

OMAR MIR SEDDIQUE MATEEN,

Petitioner,

and

SITORA ALISHERZODA YUSUFY

Respondent.

FAMILY LAW FINANCIAL AFFIDAVIT (SHORT FORM)

(Under \$50,000 Individual Gross Annual Income)

I, {full legal name} SITORA YUSUFY, being sworn, certify that the following information is true:

My Occupation: REAL ESTATE Employed by: SELF EMPLOYED

Business Address: _____

Pay rate: \$ 3000.00 () every week () every other week () twice a month (☒) monthly () other: _____

Check here if unemployed and explain on a separate sheet your efforts to find employment.

SECTION I. PRESENT MONTHLY GROSS INCOME:

All amounts must be MONTHLY. See the instructions with this form to figure out money amounts for anything that is NOT paid monthly. Attach more paper, if needed. Items included under "other" should be listed separately with separate dollar amounts.

- | | |
|--|----------------------|
| 1. Monthly gross salary or wages | 1. \$ <u>3000.00</u> |
| 2. Monthly bonuses, commissions, allowances, overtime, tips, and similar payments | 2. _____ |
| 3. Monthly business income from sources such as self-employment, partnerships, close corporations, and/or independent contracts (gross receipts minus ordinary and necessary expenses required to produce income) (<input type="checkbox"/> Attach sheet itemizing such income and expenses.) | 3. _____ |
| 4. Monthly disability benefits/SSI | 4. _____ |
| 5. Monthly Workers' Compensation | 5. _____ |
| 6. Monthly Unemployment Compensation | 6. _____ |
| 7. Monthly pension, retirement, or annuity payments | 7. _____ |
| 8. Monthly Social Security benefits | 8. _____ |
| 9. Monthly alimony actually received | 9. _____ |
| 9a. From this case: \$ _____ | |
| 9b. From other case(s): _____ | |
| Add 9a and 9b | 9. _____ |
| 10. Monthly interest and dividends | 10. _____ |
| 11. Monthly rental income (gross receipts minus ordinary and necessary expenses required to produce income) (<input type="checkbox"/> Attach sheet itemizing such income and expense items.) | 11. _____ |
| 12. Monthly income from royalties, trusts, or estates | 12. _____ |
| 13. Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses | 13. _____ |
| 14. Monthly gains derived from dealing in property (not including nonrecurring gains) | 14. _____ |
| 15. Any other income of a recurring nature (list source) _____ | 15. _____ |
| 16. _____ | 16. _____ |

17. PRESENT MONTHLY GROSS INCOME (Add lines 1-16) TOTAL: 17. \$ 3000.00

PRESENT MONTHLY DEDUCTIONS:

18. Monthly federal, state, and local income tax (corrected for filing status and allowable dependents and income tax liabilities)

a. Filing Status _____

b. Number of dependents claimed _____

18. \$ 500.00

19. Monthly FICA or self-employment taxes

19. _____

20. Monthly Medicare payments

20. _____

21. Monthly mandatory union dues

21. _____

22. Monthly mandatory retirement payments

22. _____

23. Monthly health insurance payments (including dental insurance), excluding portion paid for any minor children of this relationship

23. _____

24. Monthly court-ordered child support actually paid for children from another relationship

24. _____

25. Monthly court-ordered alimony actually paid

25a. from this case: \$ _____

25b. from other case(s): _____

Add 25a and 25b

25. _____

26. TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30,
FLORIDA STATUTES (Add lines 18 through 25)

TOTAL: 26. \$ 500.00

PRESENT NET MONTHLY INCOME (Subtract line 26 from line 17)

27. \$ 2500.00

SECTION II. AVERAGE MONTHLY EXPENSES**A. HOUSEHOLD:**

Mortgage or rent \$ _____
Property taxes \$ _____
Utilities \$ _____
Telephone \$ _____
Food \$ _____
Meals outside home \$ _____
Maintenance/Repairs \$ _____
Other: _____ \$ _____

B. AUTOMOBILE

Gasoline \$ _____
Repairs \$ _____
Insurance \$ _____

C. CHILD(REN)'S EXPENSES

Day care \$ _____
Lunch money \$ _____
Clothing \$ _____
Grooming \$ _____
Gifts for holidays \$ _____
Medical/Dental (uninsured) \$ _____
Other: _____ \$ _____

D. INSURANCE

Medical/Dental \$ _____
Child(ren)'s medical/dental \$ _____
Life \$ _____
Other: _____ \$ _____

E. OTHER EXPENSES NOT LISTED ABOVE

Clothing \$ _____
Medical/Dental (uninsured) \$ _____
Grooming \$ _____
Entertainment \$ _____
Gifts \$ _____
Religious organizations \$ _____
Miscellaneous \$ _____
Other: _____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

F. PAYMENTS TO CREDITORS

CREDITOR:	MONTHLY PAYMENT
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

28. TOTAL MONTHLY EXPENSES (add ALL monthly amounts in A through F above)

28. \$ 00.00

SUMMARY**29. TOTAL PRESENT MONTHLY NET INCOME**

(from line 27 of SECTION I. INCOME)

29. \$ 2500.00**30. TOTAL MONTHLY EXPENSES** (from line 28 above)30. \$ 0**31. SURPLUS** (If line 29 is more than line 30, subtract line 30 from line 29.

This is the amount of your surplus. Enter that amount here.)

31. \$ _____

32. (DEFICIT) (If line 30 is more than line 29, subtract line 29 from line 30.

This is the amount of your deficit. Enter that amount here.)

32. (\$ _____)

SECTION III. ASSETS AND LIABILITIES

Use the nonmarital column only if this is a petition for dissolution of marriage and you believe an item is "nonmarital," meaning it belongs to only one of you and should not be divided. You should indicate to whom you believe the item(s) or debt belongs. (Typically, you will only use this column if property/debt was owned/owed by one spouse before the marriage. See the "General Information for Self-Represented Litigants" found at the beginning of these forms and section 61.075(1), Florida Statutes, for definitions of "marital" and "nonmarital" assets and liabilities.)

A. ASSETS:

DESCRIPTION OF ITEM(S). List a description of each separate item owned by you (and/or your spouse, if this is a petition for dissolution of marriage). DO NOT LIST ACCOUNT NUMBERS. ✓ the box next to any asset(s) which you are requesting the judge award to you.	Current Fair Market Value	Nonmarital (✓ correct column)	
		husband	wife
<input type="checkbox"/> Cash (on hand)	\$		
<input type="checkbox"/> Cash (in banks or credit unions)			
<input type="checkbox"/> Stocks, Bonds, Notes			
<input type="checkbox"/> Real estate: (Home)			
<input type="checkbox"/> (Other)			
<input type="checkbox"/> Automobiles			
<input type="checkbox"/> Other personal property			
<input type="checkbox"/> Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)			
<input type="checkbox"/> Other			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
✓ here if additional pages are attached.			
Total Assets (add next column)	\$ <u>0</u>		

B. LIABILITIES:

DESCRIPTION OF ITEM(S). List a description of each separate debt owed by you (and/or your spouse, if this is a petition for dissolution of marriage). DO NOT LIST ACCOUNT NUMBERS. ✓ the box next to any debt(s) for which you believe you should be responsible.	Current Amount Owed	Nonmarital (✓ correct column)	
		husband	wife
<input type="checkbox"/> Mortgages on real estate: First mortgage on home	\$		
<input type="checkbox"/> Second mortgage on home			
<input type="checkbox"/> Other mortgages			
<input type="checkbox"/>			
<input type="checkbox"/> Auto loans			
<input type="checkbox"/>			
<input type="checkbox"/> Charge/credit card accounts			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Other			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> ✓ here if additional pages are attached.			
Total Debts (add next column)	\$ <u>0</u>		

C. CONTINGENT ASSETS AND LIABILITIES:

INSTRUCTIONS: If you have any **POSSIBLE assets** (income potential, accrued vacation or sick leave, bonus, inheritance, etc.) or **POSSIBLE liabilities** (possible lawsuits, future unpaid taxes, contingent tax liabilities, debts assumed by another), you must list them here.

Contingent Assets ✓ the box next to any contingent asset(s) which you are requesting the judge award to you.	Possible Value	Nonmarital (✓ correct column)	
		husband	wife
<input type="checkbox"/>	\$		
<input type="checkbox"/>			
Total Contingent Assets	\$ <u>0</u>		

Contingent Liabilities ✓ the box next to any contingent debt(s) for which you believe you should be responsible.	Possible Amount Owed	Nonmarital (✓ correct column)	
		husband	wife
<input type="checkbox"/>	\$		
<input type="checkbox"/>			
Total Contingent Liabilities	\$ <u>0</u>		

SECTION IV. CHILD SUPPORT GUIDELINES WORKSHEET

(Florida Family Law Rules of Procedure Form 12.902(e), Child Support Guidelines Worksheet, MUST be filed with the court at or prior to a hearing to establish or modify child support. This requirement cannot be waived by the parties.)

[☒ one only]

☒ A Child Support Guidelines Worksheet IS or WILL BE filed in this case. This case involves the establishment or modification of child support.

☐ A Child Support Guidelines Worksheet IS NOT being filed in this case. The establishment or modification of child support is not an issue in this case.

I certify that a copy of this document was [☒ one only] (☒ mailed (☐ faxed and mailed (☐ hand delivered to the person(s) listed below on {date} _____.

Other party or his/her attorney:

Name: OMAR MATEEN
Address: 2513 51ST ST APT #107
City, State, Zip: FORT PIERCE, FL 34982
Fax Number: _____

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this affidavit and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: 6/2/11

Signature: _____
Printed Name: _____
Address: _____
City, State, Zip: _____
Telephone: _____
Fax Number: _____

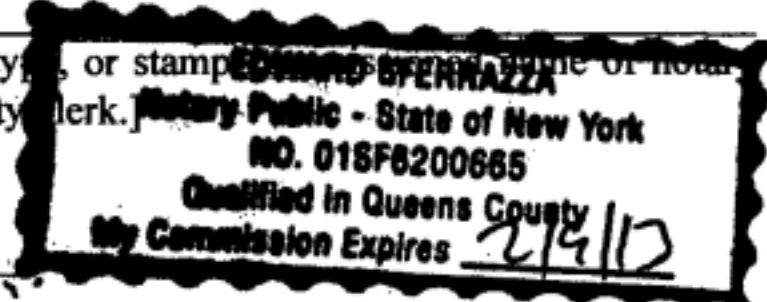
STATE OF FLORIDA
COUNTY OF Queens

Sworn to or affirmed and signed before me on June 2, 2011 by _____.

NOTARY PUBLIC or DEPUTY CLERK

[Print, type, or stamp the name of notary public or deputy clerk.]

☐ Personally known
☒ Produced identification
Type of identification produced Florida ID card



IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [fill in all blanks]

I, {full legal name and trade name of nonlawyer} _____,
a nonlawyer, located at {street} _____, {city} _____,
{state} _____, {phone} _____, helped {name} _____,
who is the [☒ one only] _____ petitioner or _____ respondent, fill out this form.

IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT
IN AND FOR ST. LUCIE COUNTY, FLORIDA

Omar Mateen

Petitioner,

and Sitora Yusufiy

Respondent.

CASE NO.

11DR2028

STANDING TEMPORARY DOMESTIC RELATIONS ORDER

THIS MATTER came before the Court upon the filing of a PETITION FOR DISSOLUTION OF MARRIAGE. The Court finds it is in the best interests of the parties to this action and to any minor children of the marriage to issue this Order, it is therefore

ORDERED as follows:

1. **RELOCATION OF CHILDREN.** Neither party shall permanently remove, cause to be removed, or permit the removal of any minor child of the parties from the Nineteenth Judicial Circuit (Indian River, St. Lucie, Martin or Okeechobee counties) without the written agreement of both parents or Court Order.
2. **CHILD SUPPORT.** In most circumstances, child support shall be retroactive to the date the parties separated. The court encourages the non-residential parent to make voluntary payments of child support prior to the entry of an order requiring payment of support. Child support should be in an amount as determined by the Uniform Child Support Guidelines Section 61.30, Florida Statutes.
3. **TREATMENT OF CHILDREN.** Neither party shall take any action which is intended or would reasonably be expected to result in an alienation of affection by a child for the other parent. Both parents shall encourage the child (read to foster) respect for the other parent and to encourage visitation with the non-residential parent. SEE ATTACHED GUIDELINES FOR PARENTING.
4. **MUTUAL RESTRAINING ORDER.** Both parties are directed to refrain from physical, verbal or any other form of harassment of the other, including but not limited to acts done in person or by telephone, at their residence or at work.
5. **NO SALE, ENCUMBRANCE, TRANSFER OR DAMAGE OF ASSETS.** Neither party shall conceal or damage any property, real or personal, joint or separate. Neither party shall dissipate, sell, remove, assign, transfer, dispose of, lend, mortgage or encumber any property, real or personal, joint or separate, except in the ordinary course of business or for the necessities of life.
6. **NO CONCEALMENT OR DESTRUCTION OF FAMILY RECORDS.** Neither party shall directly or indirectly conceal from the other or destroy any family records, business records or any records of income, debt or other obligations.
7. **INSURANCE POLICIES.** Any insurance policies in effect at the time the Petition for Dissolution of Marriage was filed shall not be canceled, modified, borrowed against, pledged or otherwise encumbered by either of the parties, or at the direction of either party. All life insurance, annuities, home owners, health insurance, and motor vehicle policies shall remain the same without change of their terms. All premiums shall continue to be paid in full on a timely basis unless there is a written consent by both parties or an order of this court.
8. **ADDITIONAL DEBT.** Neither party shall incur additional debt that would have any effect on the other spouse, marital assets or non-marital assets, except by the written consent of the parties or order of this court. This shall include action by either the husband or wife resulting in a decreased ability to pay, or increased need for support or family expenses.
9. **APPLICATION OF THIS ORDER.** This order shall bind the petitioner upon the filing of this action and shall become binding on the respondent upon service of the summons and complaint along with a copy of this order attached.
10. **TERM OF THIS ORDER.** This order shall become effective against the Petitioner upon filing of the petition and upon all other parties upon service and shall remain in full force and effect for a period of sixty (60) days from service of the petition (with a copy of this order attached) or until further Order of the Court or entry of Final Judgment, whichever shall first occur.

DONE AND ORDERED in Fort Pierce, St. Lucie County, Florida, on January 3, 2011.



BARBARA W. BRONIS, Circuit Judge

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

Case No.: 1 DR 2008

Division: _____

OMAR MIR SEDDIQUE MATEN

Petitioner,

and

SITORA ALISHER ZODA YUSUFY

Respondent.

JUN 21 PM 12:57
19TH JUDICIAL CIRCUIT COURT

**MARITAL SETTLEMENT AGREEMENT FOR DISSOLUTION OF MARRIAGE
WITH PROPERTY BUT NO DEPENDENT OR MINOR CHILD(REN)**

We, {Husband's full legal name} OMAR MIR SEDDIQUE MATEN
and {Wife's full legal name} SITORA ALISHER ZODA YUSUFY
being sworn, certify that the following statements are true:

1. We were married to each other on {date} 04/16/09.
2. Because of irreconcilable differences in our marriage (no chance of staying together), we have made this agreement to settle once and for all what we owe to each other and what we can expect to receive from each other. Each of us states that nothing has been held back, that we have honestly included everything we could think of in listing our assets (everything we own and that is owed to us) and our debts (everything we owe), and that we believe the other has been open and honest in writing this agreement.
3. We have both filed a Family Law Financial Affidavit, Florida Family Law Rules of Procedure Form 12.902(b) or (c). Because we have voluntarily made full and fair disclosure to each other of all our assets and debts, we waive any further disclosure under rule 12.285, Florida Family Law Rules of Procedure.
4. Each of us agrees to execute and exchange any papers that might be needed to complete this agreement, including deeds, title certificates, etc.

SECTION I. MARITAL ASSETS AND LIABILITIES

- A. Division of Assets.** We divide our assets (everything we own and that is owed to us) as follows:
Any personal item(s) not listed below is the property of the party currently in possession of the item(s).

1. Wife shall receive as her own, and Husband shall have no further rights or responsibilities regarding these assets:

ASSETS: DESCRIPTION OF ITEM(S) WIFE SHALL RECEIVE (To avoid confusion at a later date, describe each item as clearly as possible. You do not need to list account numbers. Where applicable, include whether the name on any title/deed/account described below is wife's, husband's, or both.)	Current Fair Market Value
<input type="checkbox"/> Cash (on hand)	\$
<input type="checkbox"/> Cash (in banks/credit unions)	
<input type="checkbox"/>	
<input type="checkbox"/> Stocks/Bonds	
<input type="checkbox"/>	
<input type="checkbox"/> Notes (money owed to you in writing)	
<input type="checkbox"/>	
<input type="checkbox"/> Money owed to you (not evidenced by a note)	
<input type="checkbox"/>	
<input type="checkbox"/> Real estate: (Home)	
<input type="checkbox"/> (Other)	
<input type="checkbox"/>	
<input type="checkbox"/> Business interests	
<input type="checkbox"/>	
<input type="checkbox"/> Automobiles	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/> Boats	
<input type="checkbox"/> Other vehicles	
<input type="checkbox"/>	
<input type="checkbox"/> Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/> Furniture & furnishings in home	
<input type="checkbox"/>	
<input type="checkbox"/> Furniture & furnishings elsewhere	
<input type="checkbox"/>	
<input type="checkbox"/> Collectibles	
<input type="checkbox"/>	
<input type="checkbox"/> Jewelry	
<input type="checkbox"/>	
<input type="checkbox"/> Life insurance (cash surrender value)	
<input type="checkbox"/>	
<input type="checkbox"/> Sporting and entertainment (T.V., stereo, etc.) equipment	
<input type="checkbox"/>	
<input type="checkbox"/> Other assets	
<input type="checkbox"/>	Ø

2. Husband shall receive as his own and Wife shall have no further rights or responsibilities regarding these assets:

ASSETS: DESCRIPTION OF ITEM(S) HUSBAND SHALL RECEIVE (To avoid confusion at a later date, describe each item as clearly as possible. You do not need to list account numbers. Where applicable, include whether the name on any title/deed/account described below is wife's, husband's or both.)	Current Fair Market Value
<input type="checkbox"/> Cash (on hand)	\$
<input type="checkbox"/> Cash (in banks/credit unions)	
<input type="checkbox"/>	
<input type="checkbox"/> Stocks/Bonds	
<input type="checkbox"/>	
<input type="checkbox"/> Notes (money owed to you in writing)	
<input type="checkbox"/>	
<input type="checkbox"/> Money owed to you (not evidenced by a note)	
<input type="checkbox"/>	
<input type="checkbox"/> Real estate: (Home)	
<input type="checkbox"/> (Other)	
<input type="checkbox"/>	
<input type="checkbox"/> Business interests	
<input type="checkbox"/>	
<input type="checkbox"/> Automobiles	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/> Boats	
<input type="checkbox"/> Other vehicles	
<input type="checkbox"/>	
<input type="checkbox"/> Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/> Furniture & furnishings in home	
<input type="checkbox"/>	
<input type="checkbox"/> Furniture & furnishings elsewhere	
<input type="checkbox"/>	
<input type="checkbox"/> Collectibles	
<input type="checkbox"/>	
<input type="checkbox"/> Jewelry	
<input type="checkbox"/>	
<input type="checkbox"/> Life insurance (cash surrender value)	
<input type="checkbox"/>	
<input type="checkbox"/> Sporting and entertainment (T.V., stereo, etc.) equipment	
<input type="checkbox"/>	
<input type="checkbox"/> Other assets	0

Division of Liabilities/Debts. We divide our liabilities (everything we owe) as follows:

1. Wife shall pay as her own the following and will not at any time ask Husband to pay these debts/bills:

LIABILITIES: DESCRIPTION OF DEBT(S) TO BE PAID BY WIFE (To avoid confusion at a later date, describe each item as clearly as possible. You do not need to list account numbers. Where applicable, include whether the name on any mortgage, note, or account described below is wife's, husband's, or both.)	Monthly Payment	Current Amount Owed
<input type="checkbox"/> Mortgages on real estate: (Home)	\$	\$
<input type="checkbox"/> (Other)		
<input type="checkbox"/> Charge/credit card accounts		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/> Auto loan		
<input type="checkbox"/> Auto loan		
<input type="checkbox"/> Bank/credit union loans		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/> Money you owe (not evidenced by a note)		
<input type="checkbox"/>		
<input type="checkbox"/> Judgments		
<input type="checkbox"/>		
<input type="checkbox"/> Other		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
Total Debts to Be Paid by Wife	\$ <u>0</u>	\$ <u>0</u>

2. Husband shall pay as his own the following and will not at any time ask Wife to pay these debts/bills:

LIABILITIES: DESCRIPTION OF DEBT(S) TO BE PAID BY HUSBAND (To avoid confusion at a later date, describe each item as clearly as possible. You do not need to list account numbers. Where applicable, include whether the name on any mortgage, note or account described below is wife's, husband's, or both.)	Monthly Payment	Current Amount Owed
<input type="checkbox"/> Mortgages on real estate: (Home)	\$	\$
<input type="checkbox"/> (Other)		
<input type="checkbox"/>		
<input type="checkbox"/> Charge/credit card accounts		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/> Auto loan		
<input type="checkbox"/> Auto loan		
<input type="checkbox"/> Bank/credit union loans		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/> Money you owe (not evidenced by a note)		
<input type="checkbox"/>		
<input type="checkbox"/> Judgments		
<input type="checkbox"/>		
<input type="checkbox"/> Other		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
Total Debts to Be Paid by Husband	\$ 0	\$ 0

C. Contingent Assets and Liabilities (listed in Section III of our Family Law Financial Affidavits) will be divided as follows: _____

SECTION II. SPOUSAL SUPPORT (ALIMONY) (If you have not agreed on this matter, write An/a@ on the lines provided.)

[☒ one only]

- ☒ 1. Each of us forever gives up any right to spousal support (alimony) that we may have.
- _____ 2. () HUSBAND () WIFE agrees to pay spousal support (alimony) in the amount of \$ _____ every () week () other week () month, beginning {date} _____ and continuing until {date or event} _____
- Explain type of alimony (temporary, permanent, rehabilitative, and/or lump sum) and any other specifics: _____

[☒ if applies] () Life insurance in the amount of \$ _____ to secure the above support, will be provided by the obligor.

SECTION III. OTHER

SECTION IV. We have not agreed on the following issues:

I certify that I have been open and honest in entering into this settlement agreement. I am satisfied with this agreement and intend to be bound by it.

Dated: 5/19/11

[Signature]
Signature of Husband

Printed Name: [Redacted]

Address: 2

City, State, Zip: [Redacted]

Telephone Number: _____

Fax Number: _____

STATE OF FLORIDA

COUNTY OF St. Lucie

Sworn to or affirmed and signed before me on 5/19/11 by Omar Mateen

[Signature]
NOTARY PUBLIC or DEPUTY CLERK

☒ Personally known

☒ Produced identification

Type of identification produced FL DL



I certify that I have been open and honest in entering into this settlement agreement. I am satisfied with this agreement and intend to be bound by it.

Dated: 6/2/2011

[Signature]
Signature of Wife

Printed Name: Sitora Agusufr

Address: _____

City, State, Zip: _____

Telephone Number: _____

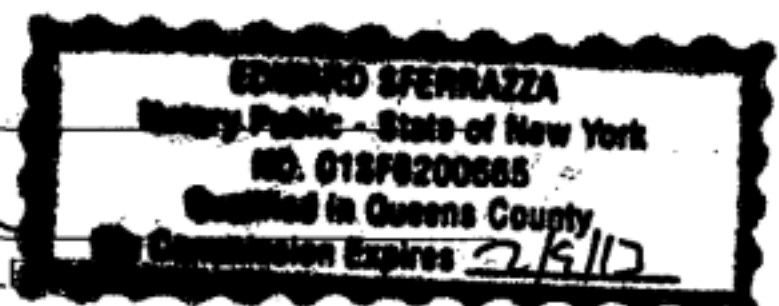
Fax Number: _____

STATE OF ~~FLORIDA~~ NEW YORK

COUNTY OF Queens

Sworn to or affirmed and signed before me on June 2, 2011 by _____

[Signature]
NOTARY PUBLIC or DEPUTY CLERK



☐ Personally known

☒ Produced identification

Type of identification produced Florida Driver license

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [fill in all blanks]

I, {full legal name and trade name of nonlawyer} _____

a nonlawyer, located at {street} _____, {city} _____

{state} _____, {phone} _____, helped {Wife's name} _____

who is the [☒ one only] _____ petitioner or _____ respondent, fill out this form.

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA

Case No.: 1 DR 2008

Division: _____

OMAR MIR SEODIQUE MATEEN

Petitioner,

and

SITORA ALISHERZODA YUSOFIY

Respondent.

ST. LUCIE COUNTY
CLERK OF CIRCUIT COURT

JUN 21 PM 12:57

NOTICE OF RELATED CASES

1. Petitioner submits this Notice of Related Cases as required by Florida Rule of Judicial Administration 2.545(d). A related case may be an open or closed civil, criminal, guardianship, domestic violence, juvenile delinquency, juvenile dependency, or domestic relations case. A case is "related" to this family law case if it involves any of the same parties, children, or issues and it is pending at the time the party files a family case; if it affects the court's jurisdiction to proceed; if an order in the related case may conflict with an order on the same issues in the new case; or if an order in the new case may conflict with an order in the earlier litigation.

[☒ one only]

___ There are no related cases.

___ The following are the related cases (add additional pages if necessary):

Related Case No. 1

Case Name(s): _____

Petitioner _____

Respondent _____

Case No.: _____ Division: _____

Type of Proceeding: [☒ all that apply]

☒ Dissolution of Marriage

___ Custody

___ Child Support

___ Juvenile Dependency

___ Termination of Parental Rights

___ Domestic/Sexual/Dating/Repeat

___ Violence Injunctions

___ Mental Health

___ Paternity

___ Adoption

___ Modification/Enforcement/Contempt Proceedings

___ Juvenile Delinquency

___ Criminal

___ Other {specify} _____

State where case was decided or is pending: ☐ Florida ☐ Other: {specify} _____

Name of Court where case was decided or is pending (for example, Fifth Circuit Court, Marion County, Florida): _____

Title of last Court Order/Judgment (if any): _____

Date of Court Order/Judgment (if any): _____

Relationship of cases [v all that apply]:

- ☐ pending case involves same parties, children, or issues;
- ☐ may affect court's jurisdiction;
- ☐ order in related case may conflict with an order in this case;
- ☐ order in this case may conflict with previous order in related case.

Statement as to the relationship of the cases: _____

Related Case No. 2

Case Name(s): _____

Petitioner: _____

Respondent: _____

Case No.: _____ Division: _____

Type of Proceeding: [v all that apply]

- | | |
|---|--|
| <input type="checkbox"/> Dissolution of Marriage | <input type="checkbox"/> Paternity |
| <input type="checkbox"/> Custody | <input type="checkbox"/> Adoption |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Modification/Enforcement/Contempt Proceedings |
| <input type="checkbox"/> Juvenile Dependency | <input type="checkbox"/> Juvenile Delinquency |
| <input type="checkbox"/> Termination of Parental Rights | <input type="checkbox"/> Criminal |
| <input type="checkbox"/> Domestic/Sexual/Dating/Repeat | <input type="checkbox"/> Other {specify} _____ |
| <input type="checkbox"/> Violence Injunctions | |
| <input type="checkbox"/> Mental Health | |

State where case was decided or is pending: ☐ Florida ☐ Other: {specify} _____

Name of Court where case was decided or is pending (for example, Fifth Circuit Court, Marion County, Florida): _____

Title of last Court Order/Judgment (if any): _____

Date of Court Order/Judgment (if any): _____

Relationship of cases [v all that apply]:

- ☐ pending case involves same parties, children, or issues;
- ☐ may affect court's jurisdiction;
- ☐ order in related case may conflict with an order in this case;
- ☐ order in this case may conflict with previous order in related case.

Statement as to the relationship of the cases: _____

Related Case No. 3

Case Name(s): _____

Petitioner: _____

Respondent: _____

Case No.: _____ Division: _____

Type of Proceeding: [☐ all that apply]

- | | |
|---|--|
| <input type="checkbox"/> Dissolution of Marriage | <input type="checkbox"/> Paternity |
| <input type="checkbox"/> Custody | <input type="checkbox"/> Adoption |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Modification/Enforcement/Contempt Proceedings |
| <input type="checkbox"/> Juvenile Dependency | <input type="checkbox"/> Juvenile Delinquency |
| <input type="checkbox"/> Termination of Parental Rights | <input type="checkbox"/> Criminal |
| <input type="checkbox"/> Domestic/Sexual/Dating/Repeat | <input type="checkbox"/> Other {specify} _____ |
| <input type="checkbox"/> Violence Injunctions | |
| <input type="checkbox"/> Mental Health | |

State where case was decided or is pending: ☐ Florida ☐ Other: {specify} _____

Name of Court where case was decided or is pending (for example, Fifth Circuit Court, Marion County, Florida): _____

Title of last Court Order/Judgment (if any): _____

Date of Court Order/Judgment (if any): _____

Relationship of cases [☐ all that apply]:

- ☐ pending case involves same parties, children, or issues;
- ☐ may affect court's jurisdiction;
- ☐ order in related case may conflict with an order in this case;
- ☐ order in this case may conflict with previous order in related case.

Statement as to the relationship of the cases: _____

2. [☐ one only]

☐ I **do not** request coordination of litigation in any of the cases listed above.

☐ I **do** request coordination of the following cases: _____

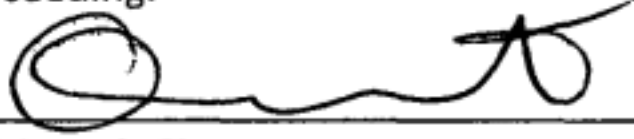
3. [☐ all that apply]

- ☐ Assignment to one judge
- ☐ Coordination of existing cases

will conserve judicial resources and promote an efficient determination of these cases because:_____.

4. The Petitioner acknowledges a continuing duty to inform the court of any cases in this or any other state that could affect the current proceeding.

Dated: 5/19/11



Petitioner's Signature

Printed Name: _____

Address: 28 _____

City, State, Zip: _____

Telephone Number: _____

Fax Number: _____

CERTIFICATE OF SERVICE

I CERTIFY that I delivered a copy of this Notice of Related Cases to the _____ County Sheriff's Department or a certified process server for service on the Respondent, and [☒ one only] () mailed () hand delivered a copy to () {name} _____, who is the [☒ all that apply] () judge assigned to new case, () chief judge or family law administrative judge, () {name} _____, a party to the related case, () {name} _____, a party to the related case on {date} _____.

Petitioner/Attorney for Petitioner

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [fill in all blanks]

I, {full legal name and trade name of nonlawyer} _____,
a nonlawyer, located at {street} _____, {city} _____,
{state} _____, {phone} _____, helped {name} _____,
who is the Petitioner, fill out this form.

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA

Case No: 11DRd0028

Division: _____

OMAR MIR SEDDIQUE MATEEN

Petitioner,

And

SITORA ALISHERZODA YUSUFY

Respondent.

**ANSWER, WAIVER, AND REQUEST FOR COPY OF FINAL JUDGMENT OF
DISSOLUTION OF MARRIAGE**

11 JUN 21 PM 12:57
ST. LUCIE COUNTY
CLERK OF CIRCUIT COURT

I, {full legal name} SITORA ALISHERZODA YUSUFY Respondent, being sworn, certify that the following information is true:

1. Respondent answers the Petition for Dissolution of Marriage filed in this action and admits all the allegations. By admitting all of the allegations in the petition, respondent agrees to all relief requested in the petition including any requests regarding parenting and time-sharing, child support, alimony, distribution of marital assets and liabilities, and temporary relief.
2. Respondent waives notice of hearing as well as all future notices in connection with the Petition for Dissolution of Marriage, as filed. Respondent also waives appearance at the final hearing.
3. Respondent requests that a copy of the Final Judgment of Dissolution of Marriage entered in this case be forwarded to Respondent at the address below.
4. If this case involves minor child(ren), a completed Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) Affidavit, Florida Supreme Court Approved Family Law Form 12.902(d), is filed with this answer.
5. A completed Notice of Social Security Number, Florida Supreme Court Approved Family Law Form 12.902(j), is filed with this answer.
6. A completed Family Law Financial Affidavit, Florida Family Law Rules of Procedure Form 12.902(b) or (c), () is filed with this answer () will be timely filed.

I certify that a copy of this document was [Choose only one] (☒) mailed (☐) faxed and mailed (☐) hand delivered to the person(s) listed below on {date} _____

Other party or his/her attorney:

Name: OMAR MATEEN

Address: _____

City, State: _____

Fax Number: _____

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this motion and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: 6/2/11

[Signature]
Signature of RESPONDENT

Printed Name: Sitora Yusufiy

Address: _____

City, State, Zip: _____

Telephone Number: _____

Fax Number: _____

STATE OF ~~FLORIDA~~ NEW YORK
COUNTY OF QUEENS

Sworn to or affirmed and signed before me on June 2, 2011 by _____

[Signature]
NOTARY PUBLIC or DEPUTY CLERK

[Print, type, or stamp the full name of notary or deputy clerk.]



☐ Personally known

☒ Produced identification

Type of identification produced Florida ID Card

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [fill in all blanks]

I, {full legal name and trade name of nonlawyer} _____
a nonlawyer, whose address is {street} _____, {city} _____
{state} _____, {phone} _____, helped {name} _____, who is
the respondent, fill out this form.

IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT
IN AND FOR ST. LUCIE COUNTY, FLORIDA

In Re: The Marriage of:

CASE NO. 11-DR-2028

OMAR MIR SEDDIQUE MATEEN

Husband
and

SITORA A. YUSUFIY

Wife

FILED
JUL 14 PM 1:41
CLERK OF CIRCUIT COURT

ORDER SCHEDULING FINAL HEARING

TO:

PLEASE TAKE NOTICE that on **Thursday, July 21, 2011 at 1:15 p.m.** a final hearing will be held before the Honorable Barbara W. Bronis, Circuit Judge, in Courtroom "H", St. Lucie County Courthouse, 218 S. Second Street, Ft. Pierce, Florida, on the following:

Petition for Dissolution of Marriage

THE PETITIONER/HUSBAND'S ATTENDANCE IS REQUIRED. THE WIFE'S ATTENDANCE IS NOT REQUIRED; HOWEVER, IF SHE WISHES TO APPEAR BY TELEPHONE, SHE MAY CALL 772-462-2761 AND PROVIDE A TELEPHONE NUMBER WHERE THE JUDGE WILL CALL HER AT THE TIME OF THE HEARING.

FAILURE OF PETITIONER TO ATTEND MAY RESULT IN DISMISSAL.

DONE AND ORDERED in Fort Pierce, St. Lucie Co, FL on July 8, 2011.



BARBARA W. BRONIS
Circuit Judge

NOTICE TO PERSONS WITH DISABILITIES ON REVERSE SIDE



NOTICE TO PERSONS WITH DISABILITIES

If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact Corrie Johnson, ADA Coordinator, 250 NW Country Club Drive, Suite 217, Port St. Lucie, FL 34986, (772) 807-4370 at least 7 days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than 7 days; if you are hearing or voice impaired, call 711.

Si usted es una persona discapacitada que necesita alguna adaptación para poder participar de este procedimiento o evento; usted tiene derecho, sin costo alguno a que se le provea cierta ayuda. Favor de comunicarse con Corrie Johnson, Coordinadora de A.D.A., 250 NW Country Club Drive, Suite 217, Port St. Lucie, Fl. 34986, (772) 807-4370 por lo menos 7 días antes de que tenga que comparecer en corte o inmediatamente después de haber recibido ésta notificación si es que falta menos de 7 días para su comparecencia. Si tiene una discapacidad auditiva ó de habla, llame al 711.

Si ou se yon moun ki kokobé ki bezwen asistans ou aparêy pou ou ka patisipé nan prosedu sa-a, ou gen dwa san ou pa bezwen pèyé anyen pou ou jwen on seri de èd. Tanpri kontakté Corrie Johnson, Co-ordinator ADA, 250 NW Country Club Drive, suite 217, Port St. Lucie, FL 34986, (772) 807-4370 O'mwen 7 jou avan ke ou gen pou-ou parèt nan tribunal, ou imediatman ke ou resevwa avis sa-a ou si lè ke ou gen pou-ou alé nan tribunal-la mwens ke 7 jou; Si ou pa ka tandé ou palé byen, rélé 711.

PRO SE

11 JUL 22 AM 8:07
COUNTY
CLERK OF DISTRICT COURT

Don granted FJ signed masa Enc.

FAMILY RELATIONS

**IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT
IN AND FOR ST. LUCIE COUNTY, FLORIDA**

In Re: The Marriage of:

CASE NO. 11-DR-2028

OMAR M. MATEEN

Husband

and

SITORA A. YUSUFIY

Wife

11 JUL 22 AM 8:11
CLERK OF CIRCUIT COURT

FINAL JUDGMENT OF DISSOLUTION OF MARRIAGE

THIS CASE came before this court on July 21, 2011 for a final hearing on the petition for dissolution of marriage. Based on the evidence presented, the court finds and determines as follows:

- A. The court has jurisdiction over the subject matter and the parties.
- B. The husband was a resident of Florida for the six-month period immediately before the filing of the petition for dissolution of marriage on June 21, 2011.
- C. The parties married on April 16, 2009 in Port St. Lucie, FL and separated on January 10, 2010.
- D. The marriage between the parties is irretrievably broken.
- E. The parties have no dependent or minor children in common.
- F. On June 2, 2011, the parties freely and voluntarily entered into a Marital Settlement Agreement the original of which has been filed with the Clerk of Court.

THEREFORE, IT IS ORDERED AND ADJUDGED that:

- 1. The marriage between the parties is dissolved and each is restored to single status.
- 2. The Marital Settlement Agreement dated June 2, 2011 is ratified and made a part of this judgment and the parties are ordered to comply with all of its provisions.
- 3. Except as otherwise provided in their Marital Settlement Agreement, each party shall own the property currently in his or her possession, free from claim of the other party; and each party shall be responsible for and shall indemnify and hold the other harmless on all debt in his or her own name.
- 4. The court reserves jurisdiction for all legal and proper purposes.

DONE AND ORDERED at Fort Pierce, St. Lucie County Florida, on July 21, 2011.

JOSEPH E. SMITH, CLERK OF THE CIRCUIT COURT
SAINT LUCIE COUNTY
FILE # 3613035 07/27/2011 at 09:05 AM
OR BOOK 3311 PAGE 303 - 311 Doc Type: FJDG



BARBARA W. BRONIS
CIRCUIT JUDGE

Copy furnished to:

OMAR M. MATEEN 2513 S 17TH ST APT 107 FORT PIERCE FL 34982-5707
SITORA A. YUSUFIY 47 HAWK RD LAWRENCEVILLE NJ 08648-1355

X

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

Case No.: 1 DR 2008

Division: _____

OMAR MIR SEDDIQUE MATZEN

Petitioner,

and

SITORA ALISHER ZODA YUSUFY

Respondent.

JUN 21 PM 12:57
19th JUDICIAL CIRCUIT COURT

**MARITAL SETTLEMENT AGREEMENT FOR DISSOLUTION OF MARRIAGE
WITH PROPERTY BUT NO DEPENDENT OR MINOR CHILD(REN)**

We, {Husband's full legal name} OMAR MIR SEDDIQUE MATZEN
and {Wife's full legal name} SITORA ALISHER ZODA YUSUFY
being sworn, certify that the following statements are true:

1. We were married to each other on {date} 04/16/09.
2. Because of irreconcilable differences in our marriage (no chance of staying together), we have made this agreement to settle once and for all what we owe to each other and what we can expect to receive from each other. Each of us states that nothing has been held back, that we have honestly included everything we could think of in listing our assets (everything we own and that is owed to us) and our debts (everything we owe), and that we believe the other has been open and honest in writing this agreement.
3. We have both filed a Family Law Financial Affidavit, Florida Family Law Rules of Procedure Form 12.902(b) or (c). Because we have voluntarily made full and fair disclosure to each other of all our assets and debts, we waive any further disclosure under rule 12.285, Florida Family Law Rules of Procedure.
4. Each of us agrees to execute and exchange any papers that might be needed to complete this agreement, including deeds, title certificates, etc.

JUL 29 AM 8:11
19th JUDICIAL CIRCUIT COURT

SECTION I. MARITAL ASSETS AND LIABILITIES

- A. Division of Assets.** We divide our assets (everything we own and that is owed to us) as follows: Any personal item(s) not listed below is the property of the party currently in possession of the item(s).

1. Wife shall receive as her own, and Husband shall have no further rights or responsibilities regarding these assets:

ASSETS: DESCRIPTION OF ITEM(S) WIFE SHALL RECEIVE (To avoid confusion at a later date, describe each item as clearly as possible. You do not need to list account numbers. Where applicable, include whether the name on any title/deed/account described below is wife's, husband's, or both.)	Current Fair Market Value
<input type="checkbox"/> Cash (on hand)	\$
<input type="checkbox"/> Cash (in banks/credit unions)	
<input type="checkbox"/>	
<input type="checkbox"/> Stocks/Bonds	
<input type="checkbox"/>	
<input type="checkbox"/> Notes (money owed to you in writing)	
<input type="checkbox"/>	
<input type="checkbox"/> Money owed to you (not evidenced by a note)	
<input type="checkbox"/>	
<input type="checkbox"/> Real estate: (Home)	
<input type="checkbox"/> (Other)	
<input type="checkbox"/>	
<input type="checkbox"/> Business interests	
<input type="checkbox"/>	
<input type="checkbox"/> Automobiles	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/> Boats	
<input type="checkbox"/> Other vehicles	
<input type="checkbox"/>	
<input type="checkbox"/> Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/> Furniture & furnishings in home	
<input type="checkbox"/>	
<input type="checkbox"/> Furniture & furnishings elsewhere	
<input type="checkbox"/>	
<input type="checkbox"/> Collectibles	
<input type="checkbox"/>	
<input type="checkbox"/> Jewelry	
<input type="checkbox"/>	
<input type="checkbox"/> Life insurance (cash surrender value)	
<input type="checkbox"/>	
<input type="checkbox"/> Sporting and entertainment (T.V., stereo, etc.) equipment	
<input type="checkbox"/>	
<input type="checkbox"/> Other assets	
<input type="checkbox"/>	Ø

2. Husband shall receive as his own and Wife shall have no further rights or responsibilities regarding these assets:

ASSETS: DESCRIPTION OF ITEM(S) HUSBAND SHALL RECEIVE (To avoid confusion at a later date, describe each item as clearly as possible. You do not need to list account numbers. Where applicable, include whether the name on any title/deed/account described below is wife's, husband's or both.)	Current Fair Market Value
<input type="checkbox"/> Cash (on hand)	\$
<input type="checkbox"/> Cash (in banks/credit unions)	
<input type="checkbox"/>	
<input type="checkbox"/> Stocks/Bonds	
<input type="checkbox"/>	
<input type="checkbox"/> Notes (money owed to you in writing)	
<input type="checkbox"/>	
<input type="checkbox"/> Money owed to you (not evidenced by a note)	
<input type="checkbox"/>	
<input type="checkbox"/> Real estate: (Home)	
<input type="checkbox"/> (Other)	
<input type="checkbox"/>	
<input type="checkbox"/> Business interests	
<input type="checkbox"/>	
<input type="checkbox"/> Automobiles	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/> Boats	
<input type="checkbox"/> Other vehicles	
<input type="checkbox"/>	
<input type="checkbox"/> Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/> Furniture & furnishings in home	
<input type="checkbox"/>	
<input type="checkbox"/> Furniture & furnishings elsewhere	
<input type="checkbox"/>	
<input type="checkbox"/> Collectibles	
<input type="checkbox"/>	
<input type="checkbox"/> Jewelry	
<input type="checkbox"/>	
<input type="checkbox"/> Life insurance (cash surrender value)	
<input type="checkbox"/>	
<input type="checkbox"/> Sporting and entertainment (T.V., stereo, etc.) equipment	
<input type="checkbox"/>	
<input type="checkbox"/> Other assets	0

Division of Liabilities/Debts. We divide our liabilities (everything we owe) as follows:

1. Wife shall pay as her own the following and will not at any time ask Husband to pay these debts/bills:

LIABILITIES: DESCRIPTION OF DEBT(S) TO BE PAID BY WIFE (To avoid confusion at a later date, describe each item as clearly as possible. You do not need to list account numbers. Where applicable, include whether the name on any mortgage, note, or account described below is wife's, husband's, or both.)	Monthly Payment	Current Amount Owed
<input type="checkbox"/> Mortgages on real estate: (Home)	\$	\$
<input type="checkbox"/> (Other)		
<input type="checkbox"/> Charge/credit card accounts		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/> Auto loan		
<input type="checkbox"/> Auto loan		
<input type="checkbox"/> Bank/credit union loans		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/> Money you owe (not evidenced by a note)		
<input type="checkbox"/>		
<input type="checkbox"/> Judgments		
<input type="checkbox"/>		
<input type="checkbox"/> Other		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
Total Debts to Be Paid by Wife	\$ <u>0</u>	\$ <u>0</u>

2. Husband shall pay as his own the following and will not at any time ask Wife to pay these debts/bills:

LIABILITIES: DESCRIPTION OF DEBT(S) TO BE PAID BY HUSBAND (To avoid confusion at a later date, describe each item as clearly as possible. You do not need to list account numbers. Where applicable, include whether the name on any mortgage, note or account described below is wife's, husband's, or both.)	Monthly Payment	Current Amount Owed
<input type="checkbox"/> Mortgages on real estate: (Home)	\$	\$
<input type="checkbox"/> (Other)		
<input type="checkbox"/>		
<input type="checkbox"/> Charge/credit card accounts		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/> Auto loan		
<input type="checkbox"/> Auto loan		
<input type="checkbox"/> Bank/credit union loans		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/> Money you owe (not evidenced by a note)		
<input type="checkbox"/>		
<input type="checkbox"/> Judgments		
<input type="checkbox"/>		
<input type="checkbox"/> Other		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
Total Debts to Be Paid by Husband	\$ 0	\$ 0

C. Contingent Assets and Liabilities (listed in Section III of our Family Law Financial Affidavits) will be divided as follows: _____

SECTION II. SPOUSAL SUPPORT (ALIMONY) (If you have not agreed on this matter, write An/a@ on the lines provided.)

[☒ one only]

☒

1. Each of us forever gives up any right to spousal support (alimony) that we may have.

2. () HUSBAND () WIFE agrees to pay spousal support (alimony) in the amount of \$ _____ every () week () other week () month, beginning {date} _____ and continuing until {date or event} _____

Explain type of alimony (temporary, permanent, rehabilitative, and/or lump sum) and any other specifics: _____

[☒ if applies] () Life insurance in the amount of \$ _____ to secure the above support, will be provided by the obligor.

SECTION III. OTHER

SECTION IV. We have not agreed on the following issues:

I certify that I have been open and honest in entering into this settlement agreement. I am satisfied with this agreement and intend to be bound by it.

Dated: 5/19/11

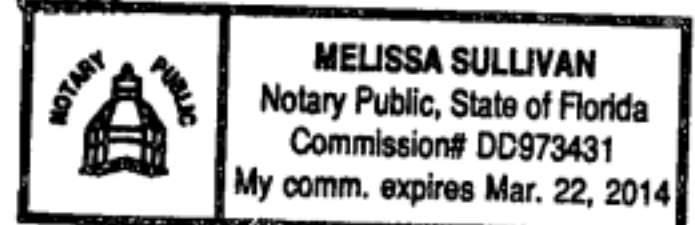
[Signature]
Signature of Husband
Printed Name: OMAR MATEEN
Address: [REDACTED]
City, State: [REDACTED]
Telephone Number: [REDACTED]
Fax Number: [REDACTED]

STATE OF FLORIDA
COUNTY OF St. Lucie

Sworn to or affirmed and signed before me on 5/19/11 by Omar Mateen

[Signature]
NOTARY PUBLIC or DEPUTY CLERK

☒ Personally known
☒ Produced identification
Type of identification produced FL DL



I certify that I have been open and honest in entering into this settlement agreement. I am satisfied with this agreement and intend to be bound by it.

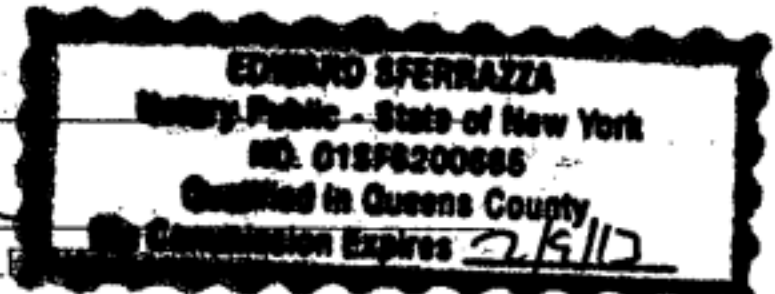
Dated: 6/2/2011

[Signature]
Signature of Wife
Printed Name: Sitora Agusefy
Address: [REDACTED]
City, State, Zip: [REDACTED]
Telephone Number: [REDACTED]
Fax Number: [REDACTED]

STATE OF FLORIDA NEW YORK
COUNTY OF Queens

Sworn to or affirmed and signed before me on June 2, 2011 by [REDACTED]

[Signature]
NOTARY PUBLIC or DEPUTY CLERK



☒ Personally known
☒ Produced identification
Type of identification produced Florida Driver license

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [fill in all blanks]

I, {full legal name and trade name of nonlawyer} _____
a nonlawyer, located at {street} _____, {city} _____
{state} _____, {phone} _____, helped {Wife's name} _____
who is the [☒ one only] _____ petitioner or _____ respondent, fill out this form.

FILED FOR IDENTIFICATION THIS
21 DAY OF JULY 20 11
EXHIBIT NO. 1

FILED FOR EVIDENCE THIS
21 DAY OF JULY 20 11
EXHIBIT NO. 1

JOSEPH E. SMITH, CLERK

Joseph E. Smith
Deputy Clerk

