

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

In the Interest of:

CASE NO(s): \_\_\_\_\_

\_\_\_\_\_ a child/children.  
\_\_\_\_\_

**PRO SE VERIFIED PETITION ASKING THE COURT TO REOPEN CASE FOR:**

CUSTODY  VISITATION RIGHTS

(mark one)

Petitioner, \_\_\_\_\_, (*print Petitioner's name*) petitions the court to modify or vacate the last order or judgment filed in this case regarding the custody or visitation rights for the child(ren) named above. If the court has terminated jurisdiction over the child(ren), Petitioner asks the court to reassert jurisdiction and hear this petition.

Petitioner is related to the child(ren) as (*mark one*)  mother  father  legal custodian.

Petitioner states there have been substantial changes in circumstances since the last order regarding custody or visitation was entered. The substantial changes in circumstances are described as follows (*describe the facts showing substantial changes in circumstances since the last order – attach additional pages if needed*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Petitioner is asking the court to order the following (*briefly describe what you are asking the court to order – use additional pages if needed*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

It is in the best interest of the child(ren) that this petition be granted.

Petitioner states, under penalty of perjury, that all the facts stated above are true and correct.

\_\_\_\_\_  
(Signature of Petitioner)

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

Petitioner's Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Petitioner's Residence Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Petitioner **must** serve a copy of this petition on **any parent or legal guardian/custodian of the child(ren)** by **certified mail, return receipt requested**, and fill out the Certificate of Service below. The court will not set a hearing if the Certificate of Service is not properly filled out. When the return receipts are received by Petitioner, the return receipts must be filed with the Clerk & Comptroller.*

**CERTIFICATE OF SERVICE**

Petitioner certifies that on \_\_\_\_\_, 20\_\_\_\_, a true copy of the above petition has been sent by certified mail, return receipt requested to the following person(s):

*(Be sure that the address includes the street address, apartment number, if necessary, town, state and zip code.)*

Child Welfare Legal Services  
337 North U.S. Highway 1, Suite 107  
Fort Pierce, FL 34950-4206

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

**Father(s):**

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

**Mother:**

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

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

**Legal Custodian/Guardian:**

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