

**THE ELEVENTH JUDICIAL CIRCUIT
MIAMI-DADE COUNTY, FLORIDA**

**CASE NO. 22-01
(Court Administration)**

**ADMINISTRATIVE ORDER
NO. 22-08**

**(Rescinding AO Nos. 00-11, 08-09, and
08-09 A1)**

**IN RE: REESTABLISHMENT OF
SELF-HELP PROGRAM TO
FACILITATE ACCESS TO FAMILY
COURTS**

WHEREAS, the Eleventh Judicial Circuit Local Rule No. 3-11-1997, approved by the Supreme Court of Florida on March 11, 1997, established procedures that required Self-Represented Litigants (Pro Se Parties) in the Family Division of the Circuit Court to acquire and utilize the Eleventh Judicial Circuit forms packet or forms substantially in compliance therewith at a cost not to exceed Thirty-Five (\$35.00) Dollars; and

WHEREAS, Local Rule No. 3-11-1997, was rescinded, effective June 9, 2022, pursuant to Administrative Order No. 22-07; and

WHEREAS, Rule 12.750 of the Florida Family Law Rules of Procedure, adopted subsequent to the Local Rule, authorizes a chief judge, by administrative order, to establish a self-help program to facilitate access to family courts.

WHEREAS, pursuant to Rule 12.750, self-represented litigants may be required to pay for the cost of services received from a self-help program, provided that the charge for persons who are indigent are substantially reduced or waived; and

WHEREAS, the Court has determined such service costs require adjustment from time to time to ensure continued availability of quality services to self-represented litigants.

NOW, THEREFORE, pursuant to the authority vested in me as Chief Judge of the Eleventh Judicial Circuit of Florida, under Rule 2.215 of the Florida Rules of General Practice and Judicial Administration, it is hereby **ORDERED**:

1. **Authorization.** In accordance with Rule 12.750, Florida Family Law Rules of Procedure, the undersigned reestablishes the Eleventh Judicial Circuit Family Court Self-Help Program (SHP) to assist self-represented litigants to achieve fair and efficient resolutions of their family law cases.

2. **Self-Represented Litigants.** Self-Represented Litigants in dissolution of marriage, name change, paternity, time sharing and parenting plan, temporary custody, disestablish paternity, relocation, and post-judgement modification cases in the family division of the Circuit Court shall observe the following procedures, unless waived by the Administrative or Associate Administrative judge, Family Division, for good cause shown:
 - a. Self-Represented Litigants shall utilize the SHP services and its forms, or an approved form as defined in Rule 12.750(b)(5), Family law Rules of Procedure, at a cost set forth in the current fee schedule.
 - b. Self-Represented Litigants shall register with and receive information and instructions on relevant Family Court rules and procedures, referrals to social service agencies, and other appropriate assistance which is available from the SHP.
 - c. At the time of filing their pleadings and papers with the Court, Self-Represented Litigants shall have those pleadings and papers reviewed as to form by the SHP.
 - d. All Self-Represented Litigants shall obtain a final hearing date from the SHP.
3. **SHP Services.**
 - a. Services provided by SHP personnel to self-represented litigants shall comport with those outlined in Rule 12.750.
 - b. Program services shall be made available to all self-represented litigants in family law cases regardless of income, unless otherwise provided by law.
 - c. The "Notice of Limitation of Services Provided" disclaimer enumerated in Rule 12.750 shall be explained to, and executed by, each self-represented litigant before receipt of SHP services.
4. **SHP Locations.** The Trial Court Administrator or designee shall determine SHP office locations and hours of operation.
5. **Service Fee.** An SHP service fee is hereby authorized. A fee schedule specifying the cost and services shall be established and modified, as necessary, by the Trial Court Administrator or designee. The fee schedule shall be distributed on the SHP website and at all SHP office locations in the circuit. Self-represented litigants who are indigent and provide proof of indigency shall receive SHP services at a substantially reduced cost, or in certain cases, have the costs completely waived.

6. **Fee Waiver Request.** A request to waive the service fee or cost filed under this Administrative Order may be made by completing Attachment A, “Affidavit Requesting Waiver of Cost of the Family Court Self-Help Packet.” Such a request shall be considered by the SHP and shall be disposed of expeditiously in order to avoid any inconvenience to the requesting party.
7. **Waiver of Mandatory Review.** A request to waive mandatory review by the SHP may be made by completing Attachment B, “Affidavit Requesting Waiver of the Mandatory review by the Family Self-Help Program.” This affidavit requesting a waiver of mandatory review shall be filed by the self-represented litigant with the clerk of court for the administrative judge’s review.

Administrative Order Nos. 00-11, 08-09, and 08-09 A1 are hereby rescinded and held for naught. This Administrative Order shall become effective immediately upon execution and shall remain in effect until further order of the Court.

DONE AND ORDERED in Chambers at Miami-Dade County, Florida, this 13th day of June 2022.

**NUSHIN G. SAYFIE, CHIEF JUDGE
ELEVENTH JUDICIAL CIRCUIT OF FLORIDA**

ATTACHMENT A

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

FAMILY DIVISION

IN RE

Self-Help Number: _____

Packet Number: _____

_____,
Petitioner,

CASE NO.:

and

_____,
Respondent.

**AFFIDAVIT REQUESTING WAIVER OF
COST OF THE FAMILY COURT
SELF- HELP PACKET**

_____/

TYPE OF PACKET REQUESTING: _____

I, _____, swear or affirm to the following:

1. That I am indigent or temporarily unable to pay full cost of the FCSH Packet.
2. That my total gross income, from all sources, last year was \$_____.
3. That I anticipate my total gross income, from all sources, this year to be \$_____.
4. That I am responsible for _____ (list #) minor dependent children on this specific case.
The children will spend at least _____ overnights a year with me.
5. I own the following real estate property: _____ that
property has a value of \$_____ with \$_____ still owed on mortgage,
for an equity value of \$_____.
6. I own the following motor vehicle(s): _____ they have
a value of _____ with a lien of \$_____, for an equity value of \$_____.
7. The value of my personal property, other than my vehicle(s), is \$_____.
8. That I have a checking, savings, CD or any other account with a **combined** present total balance
of \$_____.
9. That I have cash or other currency in the amount of \$_____.

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

Dated: _____

Signature of Party: _____

Printed Name: _____

Street Address: _____

City, State, Zip: _____

Telephone No.: _____

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

Sworn to or affirmed and signed before me on _____ by _____.

NOTARY PUBLIC or DEPUTY CLERK

_____ Personally known

_____ Produced identification: _____

ATTACHMENT B

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

FAMILY DIVISION

IN RE:

CASE NO.:

Petitioner,
and

Respondent.
_____ /

**AFFIDAVIT REQUESTING WAIVER
OF MANDATORY REVIEW BY
THE FAMILY COURT SELF HELP
PROGRAM**

I, _____, swear or affirm to the following:

1. That I am filing an action in the Family Division pro se.
2. That I am requesting a waiver of the mandatory review by The Family Court Self Help Program to proceed with my action for good cause, which is specified as follows:

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

Dated: _____

Signature of Party: _____
Printed Name: _____
Street Address: _____
City, State, Zip: _____
Telephone No.: _____
Fax Number: _____

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

Sworn to or affirmed and signed before me on _____ by _____

NOTARY PUBLIC or DEPUTY CLERK

_____ Personally known

_____ Produced identification: _____

ORDER WAIVING MANDATORY REVIEW BY THE FAMILY COURT SELF HELP PROGRAM

THIS MATTER came before the court on _____ upon the litigant's request to waive mandatory' review by the Family Court Self Help Program and it is hereby GRANTED.

DONE AND ORDERED in Chambers, at Miami-Dade County, Florida this _____
Day of _____, 20_____.

CIRCUIT COURT JUDGE