

IN THE CIRCUIT COURT OF THE 12 JUDICIAL CIRCUIT,
IN AND FOR Sarasota COUNTY, FLORIDA

Case No.: 25 DR 5918 NC
Division: _____

JADRANKA SWEETING
Petitioner,

and

Burak Ali Varaz
Respondent.

NOTICE OF SOCIAL SECURITY NUMBER

I, {full legal name} Bunak Ali Arroz, certify that my social security number is [REDACTED], as required by the applicable section of the Florida Statutes. My date of birth is 03/12/2007.

[Choose one only]

1. This notice is being filed in a dissolution of marriage case in which the parties have **no** minor or dependent child(ren) 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 or dependent children in common. The minor or dependent 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.

**Instructions for Florida Supreme Court Approved Family Law Form 12.902(j), Notice of Social Security Number
(06/18)**

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: 11/12/2025

Burak
Ali
Araz

Signature of Party

Printed Name: Burak Ali Araz

Address: 3850 S. Osprey Ave. #111A

City, State, Zip: Sarasota, FL 34239

Telephone Number: 941-266-1610

Fax Number:

Designated E-mail Address(es): _____

STATE OF FLORIDA

COUNTY OF Sarasota

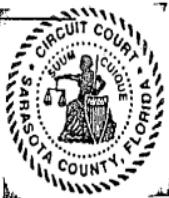
Sworn to or affirmed and signed before me on by Burak Ali Araz

Date: 11/12/2025

KAREN E. RUSHING, CLERK

Karen

NOTARY PUBLIC or DEPUTY CLERK



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

Personally known

Produced identification

Type of identification produced FL DL A625-322-19-900-0
Exp Date: 05/30/2026

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:

[fill in all blanks] This form was prepared for the: {choose only one} Petitioner Respondent

This form was completed with the assistance of:

{name of individual} _____

{name of business} _____

{address} _____

{city} _____, {state} _____, {zip code} _____, {telephone number} _____