

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 Arar  
Respondent.

NOTICE OF SOCIAL SECURITY NUMBER

I, {full legal name} Burak Ali Arar, certify that  
my social security number is [REDACTED], as required by the applicable section of  
the Florida Statutes. My date of birth is 03/22/2001.

[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:

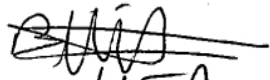
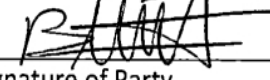
Name	Birth date	Social Security Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

{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.

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

  
  
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): \_\_\_\_\_

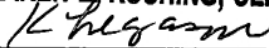
STATE OF FLORIDA  
COUNTY OF Sarasota

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

Date: 11/12/2025



**KAREN E. RUSHING, CLERK**



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 A625-332-19-900-0  
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} \_\_\_\_\_