

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 Aron
Respondent.

NOTICE OF SOCIAL SECURITY NUMBER

I, {full legal name} JADRANKA SWEETING, certify that
my social security number is [REDACTED], as required by the applicable section of
the Florida Statutes. My date of birth is 11-27-1969.

[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

J Sweeting
J Sweeting
Signature of Party

Printed Name: JADRANKA SWEETING

Address: 3350 SOUTH ASPREY AVE #111a

City, State, Zip: SARASOTA, FL 34239

Telephone Number: 941/549-5448

Fax Number: _____

Designated E-mail Address(es): VESELIC69@GMAIL.COM

STATE OF FLORIDA
COUNTY OF Sarasota

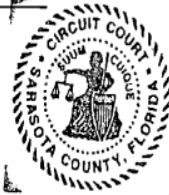
Sworn to or affirmed and signed before me on by Jadranka Sweeting

KAREN E. RUSHING, CLERK

Date: 11/12/25

K E Rushing

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 5352 - 420-69-927-0
Exp Date: 11/27/2026

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} _____