

CIRCUIT COURT OF THE TWELFTH JUDICIAL CIRCUIT

NORTH SARASOTA SOUTH SARASOTA (Venice) MANATEE DESOTO COUNTY, FL

JADRANKA SWEETING,

Case Number 2025 DR 5918 NC

Petitioner,
And

Family Division _____

Burak Ali Arar

Judge (if known) _____

Respondent.

FAMILY FORM A – SELF-REPRESENTED LITIGANT ASSISTANCE FORM

PRINT CLEARLY - Your Current Contact Information - PRINT CLEARLY

<p>I understand that I must keep the Clerk's office and opposing parties notified of my current mailing and email address(es) and that all future papers in this lawsuit will be served at the address(es) on record at the Clerk's office.</p>		Signature <i>J. Sweeting</i>
Full Name JADRANKA SWEETING	Date of Birth 11/27/1969	
Mailing Address 3350 SOUTH OSPREY AVE #111a	Email veselic69@gmail.com	
City / State / Zip SARASOTA, FL 34239	Telephone 941/549-5448	
Has your contact information changed since your case was filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Request and/or Documents filed with Clerk

This form is not a substitute for a motion. All pleadings & motions must be submitted in writing.

<input checked="" type="checkbox"/> CHECK THE REASON ACTION YOU WANT TO TAKE ON YOUR CASE	
<input checked="" type="checkbox"/> I believe my file is complete and would like to schedule a final hearing.	
<input checked="" type="checkbox"/> Please let me know what required documents are missing from my file.	
<input checked="" type="checkbox"/> I would like a Case Management Conference to discuss the issues described below.	
<input checked="" type="checkbox"/> I would like to attend mediation (a Financial Affidavit must be filed prior to mediation).	
<input checked="" type="checkbox"/> I need an interpreter Language: <input type="checkbox"/> Spanish <input type="checkbox"/> Russian <input type="checkbox"/> Other _____	
Authorized English speaking person who may discuss the case: Name _____ Phone Number _____	
I have filed a sworn emergency motion that requires immediate attention (a child has been harmed or is threatened with real imminent harm or is about to be removed from the state; or a real, imminent danger or crisis or situation exists that required immediate or extraordinary action).	

Other / Additional Information:

PRINT CLEARLY - The Other Party's Contact Information - PRINT CLEARLY

Full Name Burak Ali Arar	Date of Birth 03/12/2001
Mailing Address 3350 S. Osprey Ave #111A	Email burakaliarar236@outlook.com
City / State / Zip Sarasota, FL 34235	Telephone 941-266-1610
If represented by counsel, counsel's name	I Do NOT know the whereabouts of other party <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has the other party's contact information changed since your case was filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	