

**INSTRUCTIONS FOR FLORIDA FAMILY LAW RULES OF PROCEDURE  
FORM 12.900(c), CONSENT TO LIMITED APPEARANCE BY  
ATTORNEY (09/12)**

**When should this form be used?**

This form should be used for a client to give consent when an **attorney** is making a limited appearance for the client under Florida Family Law Rule of Procedure 12.040.

This form should be typed or printed in black ink. After completing this form, the client should sign it. The attorney or client should then **file** it with the **clerk of the circuit court** in the county in which the action is pending. The attorney and client should each keep a copy for his or her records.

**What should I do next?**

A copy of this form must be served on the other **party** or his or her **attorney**. **Service** must be in accordance with Florida Rule of Judicial Administration 2.516.

**Where can I look for more information?**

See Florida Family Law Rule of Procedure 12.040.

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

Case No.: \_\_\_\_\_  
Division: \_\_\_\_\_

\_\_\_\_\_  
Petitioner,

and

\_\_\_\_\_  
Respondent.

### CONSENT TO LIMITED APPEARANCE BY ATTORNEY

{Name} \_\_\_\_\_, the [check **one** only]  
( ) Petitioner ( ) Respondent, consents to the limited representation by counsel,  
{attorney's name} \_\_\_\_\_, for the following limited  
purpose(s) [ check **all** that apply]:

1. \_\_\_ The hearing set for {date} \_\_\_\_\_, at {time} \_\_\_\_\_ on the issue(s) of {specify} \_\_\_\_\_.
2. \_\_\_ To represent [ check **one** only] ( ) Petitioner ( ) Respondent on the following issues throughout the proceedings:
  - a. \_\_\_ Parental responsibility and time-sharing.
  - b. \_\_\_ Equitable distribution of marital assets and liabilities.
  - c. \_\_\_ Alimony.
  - d. \_\_\_ Child support.
  - e. \_\_\_ Other {specify}: \_\_\_\_\_

The clerk of the above-styled court is requested to enter this notice of record.

**I certify that a copy of this consent to limited appearance was: [check all used] ( ) e-mailed ( ) mailed ( ) faxed ( ) hand delivered to the person(s) listed below on {date} \_\_\_\_\_.**

**Other party or his/her attorney:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
E-mail Address(es): \_\_\_\_\_

\_\_\_\_\_  
Signature of Petitioner/Respondent  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
E-mail Address(es): \_\_\_\_\_

**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}* \_\_\_\_\_, *{telephone number}* \_\_\_\_\_.