

**INSTRUCTIONS FOR FLORIDA FAMILY LAW RULES OF PROCEDURE  
FORM 12.900(d), TERMINATION OF LIMITED APPEARANCE  
(09/12)**

**When should this form be used?**

This form should be used by an **attorney** who is terminating a limited appearance for a 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 attorney should sign it and then **file** it with the **clerk of the circuit court** in the county in which the action is pending. The attorney should 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** and on the attorney's client. **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.

### TERMINATION OF LIMITED APPEARANCE

{Attorney's name} \_\_\_\_\_, files this Termination of Limited Appearance on behalf of the [check one only] ( ) Petitioner ( ) Respondent, {name}, \_\_\_\_\_, and certifies that the proceeding or matter is concluded. The clerk of the above-styled court is requested to enter this Notice of Termination of Limited Appearance of record. Copies of all future court papers should be served on the [check one only] ( ) Petitioner ( ) Respondent at: {name, address, e-mail address(es), fax number, and telephone number} \_\_\_\_\_.

I certify that a copy of this termination of 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: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
E-mail Address(es): \_\_\_\_\_

#### Client Party:

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

\_\_\_\_\_  
Signature of Attorney  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
E-mail Address(es): \_\_\_\_\_  
Florida Bar Number: \_\_\_\_\_