

**ELEVENTH JUDICIAL CIRCUIT OF FLORIDA
RELATED CASE INFORMATION SHEET**

Section I: INSTRUCTIONS FOR USING THIS FORM

The information contained in this form will be utilized by the Unified Family Court Division to determine whether a matter qualifies for coordination and/or transfer to the Unified Family Court's Complex Litigation Division (Division 48), pursuant to Administrative Order #03-15, of the Eleventh Judicial Circuit of Florida.

THIS FORM IS FOR ADMINISTRATIVE USE ONLY, AND IS NOT TO BE FILED WITH THE CLERK OF COURT.

PLEASE SEND FORM VIA E-MAIL, U.S. MAIL, OR FAX TO:

Lauren Lazarus Sabatino, Esq., Director, Unified Family Court Division, Administrative Office of the Courts
Lawson E. Thomas Courthouse Center, 175 N.W. First Avenue, Suite 1147, Miami, FL 33128
Phone: (305) 349-5555 / Fax (305) 349-5682 / E-mail: llazarus@jud11.flcourts.org

Section II:

Name of Person Completing this Form (please print): Gilbert R. Izquierdo, Esq.

Signature: _____ Date: August 13, 2009

Title (if applicable): Attorney for Former Husband Bar Number (if applicable): 0164917

Section III: PLEASE COMPLETE ALL INFORMATION BELOW WHICH APPLIES FOR ANY RELATED CASES FILED IN THIS CIRCUIT

DOMESTIC RELATIONS Case No.: 01-25742 (FC 46) Division: _____

Case Type: Dissolution of Marriage Paternity Child Support URESA Other Petition: _____

Petitioner's Attorney's Name: Gilbert R. Izquierdo, Esq. Respondent's Attorney's Name: N/A

Petitioner's Name: Rene Olavarrieta DOB: 00/00/0000

Respondent's Name: Danae Noda DOB: 00/00/0000

MINOR CHILD(REN) OF THE PARTIES:

Name: Nicole Olavarrieta DOB: 09/10/1997

Name: Danae Olavarrieta DOB: 09/10/1997

Name: _____ DOB: _____

JUVENILE DEPENDENCY Case No.: _____ Division: _____

Case Name(s): _____

A) _____ DOB: _____ D) _____ DOB: _____

B) _____ DOB: _____ E) _____ DOB: _____

C) _____ DOB: _____ F) _____ DOB: _____

DCF Atty: _____ Parent Atty: _____

JUVENILE DELINQUENCY Case Name: _____ DOB: _____

Case No.: _____ Div: _____ Case No.: _____ Div: _____

Case No.: _____ Div: _____ Case No.: _____ Div: _____

PD: _____ SAPD: _____

DOMESTIC/REPEAT VIOLENCE INJUNCTION Case No.: _____ Judge: _____

Petitioner's Name: _____ DOB: _____

Respondent's Name: _____ DOB: _____