



Florida Department of
Law Enforcement

AFFIDAVIT OF SEPARATION

Incorporated by Reference in Rule 11B-27.002(3)(a)15, F.A.C.



CJSTC
61

Please type or print in black or blue ink and use capital and small letters
for names, titles, and addresses

Social Security Number: [REDACTED]

Name: **Mateen, Omar S**

Agency name: **Dc, Region 4** Agency ORI: **FL006055C**

Date employed: **10/27/06** Separation date: **4/30/07**

Employment Type

Law Enforcement ☐ Correctional ☒
Correctional Probation ☐ Concurrent ☐
Special Elected or Appointed ☐
Full time ☒ Part time ☐ Auxiliary ☐

SEPARATION REASONS

ADMINISTRATIVE - ROUTINE	ADMINISTRATIVE - NON-ROUTINE	UNFAVORABLE - MISCONDUCT
<input type="checkbox"/> Voluntary separation not involving misconduct <input type="checkbox"/> Transfer within agency. No break in service <input type="checkbox"/> Retired. Not involving misconduct <input type="checkbox"/> Deceased <input type="checkbox"/> Budgetary Constraints. Local and Federal grants not renewed. <input type="checkbox"/> Extended leave of absence or Suspension Type: _____ Periods of Time: _____ <input checked="" type="checkbox"/> Administrative termination not involving misconduct. <input type="checkbox"/> Special elected or appointed Position: _____ Anticipated term: _____	<input type="checkbox"/> Failure to complete basic recruit training <input type="checkbox"/> Failure to pass the State Officer Certification Examination ADMINISTRATIVE - SUBSTANDARD PERFORMANCE <input type="checkbox"/> Failure to satisfactorily complete agency field training program (training performance issues) <input type="checkbox"/> Failure to perform assigned tasks satisfactorily OTHER - EXAMPLE <input type="checkbox"/> Excessive absenteeism; failure to report for duty and sleeping on duty, etc.	<input type="checkbox"/> Voluntary separation or retirement while being investigated for violation of agency policy not involving a moral character violation defined in Rule 11B-27.0011, F.A.C. <input type="checkbox"/> Terminated for violation of agency policy (Not involving a moral character violation defined in Rule 11B-27.0011, F.A.C.) Form CJSTC-61A must be completed and submitted with form CJSTC-61 for either of the following: <input type="checkbox"/> Voluntary separation or retirement while being investigated for violation of Section 943.13(4), F.S., or violation of moral character standards defined in Rule 11B-27.0011, F.A.C. <input type="checkbox"/> Terminated for violation of Section 943.13(4), F.S., or violation of moral character standards as defined by Rule 11B-27.0011, F.A.C.

NOTICE: Section 943.139(2), F.S., requires the execution of an Affidavit of Separation by the employing agency in a case of officer separation. If the officer is separated, whether voluntary or involuntarily, for failure to comply with provisions of Section 943.13, F.S., you are required to so specify when completing the Affidavit of Separation Supplement form CJSTC-61A. **WARNING:** Intentional false execution of this Affidavit of Separation constitutes a misdemeanor of the second degree.

In the State of Florida, County of _____, before me this day personally appeared _____, who being duly sworn, deposes and says: I hereby certify that to the best of my knowledge and belief, the reason for the separation of the officer named on this affidavit, and the detailed facts and reasons reported on the Form 61A (if applicable) are true and correct.

Agency administrator's signature _____

Date signed _____

Agency administrator's name and title _____

STATE OF FLORIDA, COUNTY OF _____. The foregoing instrument was acknowledged before me this _____ day of _____ (month/year) by _____, who is personally known to me or who has produced _____ (type of identification) as identification and who did (did not) take an oath.

Notary's name _____

Notary's signature _____

Notary's title/rank _____

Serial number _____

Effective 10/16/1997

Revised 2/7/2002



Florida Department of
Law Enforcement

OFFICER CERTIFICATION APPLICATION

Incorporated by Reference in Rule 11B-27.002(2)(a), F.A.C.



CJSTC
59

Please type or print in black or blue ink and use capital and small letters to write names.

1. Social Security Number (Optional) [REDACTED]
2. *Name: Mateen
Omar Last M. First MI
4. Agency ORI Number: FL 00600552
5. Agency name: Dept. of Corrections
6. Employment date: 10/27/06 ✓
7. Certification type:

- ☐ Law Enforcement
- ☐ Law Enforcement Auxiliary
- ☒ Correctional
- ☐ Correctional Auxiliary
- ☐ Correctional Probation

*The applicant's name shall match the applicant's birth certificate or proof of citizenship. Supporting documentation of name change must be maintained on file at the employing agency.

3. Date of birth: [REDACTED]

8. _____
Applicant's signature Date

9. The following are requirements for certification as an officer:

- ☒ Minimum age of 19
- ☒ U.S. Citizenship
- ☒ High School Graduate or Equivalent
- ☒ Background Investigation form CJSTC-77
- ☐ Proof of military discharge, if applicable
- ☒ Fingerprint Response on file and Fingerprint Notification form CJSTC-62

- ☒ Physician's Assessment form CJSTC-75, or equivalent
- ☒ Drug Screening Results
- ☒ Affidavit of Applicant Form CJSTC-68
- ☐ Completion of Basic Recruit Training
- ☐ Acceptable Score on Officer Certification Examination
- ☒ Documentation supporting legal name change, if applicable

I hereby attest that I have collected, verified, and have on file documentation open for Commission inspection that the applicant has met the provisions of Section 943.13(1)-(10), F.S. or any rule adopted pursuant thereto.

10. [Signature]
Agency administrator's signature

11. 10/26/06
Date

12. STATE OF FLORIDA, COUNTY OF _____ The forgoing instrument was acknowledged before me this date _____

13. By: _____ who is personally known _____ or who has produced identification

14. Type of identification: _____

Notary's Signature: _____

Print, type, or stamp Commissioned Name of Notary

Notary Seal

NOTE: This form should ONLY be submitted after the above documentation is on file, including the processed Fingerprint Response

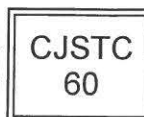
CJSTC USE ONLY

FDLE Field Specialist's Name

Review Date



**REGISTRATION OF EMPLOYMENT
AFFIDAVIT OF COMPLIANCE**
Incorporated by Reference in Rule 11B-27.002(2), F.A.C.



Please type or print in black or blue ink and use capital and small letters for names, titles, and addresses

1. Social Security Number: [REDACTED]
2. NAME: **Mateen, Omar S**
3. DATE OF BIRTH: [REDACTED]
4. ETHNIC GROUP OR RACE: **White**
5. SEX: **Male**
6. EDUCATION:
7. AGENCY ORI: **FL006055C**
8. AGENCY NAME: **Dc, Region 4**
9. EMPLOYMENT DATE: **10/27/06**
10. EMPLOYMENT TYPE: **Full-Time , Correctional**
11. If officer completed auxiliary training, does agency have proof of required high liability training on file?
☐ Yes Date: _____ ☐ NO
12. Is this officer employed under a Temporary Employment Authorization?
☒ Yes ☐ No
Note: If yes, complete the Temporary Employment Authorization form CJSTC 65.
13. Is this officer requesting an equivalency of training?
☐ Yes ☒ No
Note: If yes, complete the Equivalency of Training form CJSTC-76 and CJSTC-76A for out-of-state or Federal Officers and maintain on file.
14. Does your agency have the results of this officer's fingerprint card processing on file?
☐ Yes Date: _____ ☒ No
Note: If yes, please indicate the date that you received the fingerprint card results from FDLE and the FBI.
15. Does your agency have on file the seven-panel controlled substance screening results as required in Rule 11B-27.00225?
☐ Yes ☐ No

I hereby certify that I have collected, verified, and am maintaining on file evidence that the applicant has met the provisions of Section 943.13(1)-(8) and 943.131, F.S., or any rule adopted pursuant thereto. I fully understand that this affidavit constitutes an official statement under the purview of Section 837.06 F.S., is subject to verification by the Criminal Justice Standards and Training Commission, and any intentional false execution of this affidavit constitutes a misdemeanor of the second degree.

16. [Signature] 17. 12-1-06
Agency Administrator's Signature Date signed

18. Personnel Aide
Agency Administrator's Title

19. STATE OF FLORIDA, COUNTY OF Broward, The foregoing instrument was acknowledged before me this date 12-1-06

20. By Lafanta Walker, who is personally known _____ or who has produced identification _____
Type of identification: N/A

Notary's Signature Susan Harma
(Upon witnessing your agency administrator or designee signing this affidavit, the notary public shall complete the notary block)

Susan Harma
Commission #DD246786
Expires: Sep 03, 2007
Bonded Thru
Atlantic Bonding Co., Inc.

Print, type, or stamp Commissioned Name of Notary

Notary Seal

SOCIAL SECURITY

THIS NUMBER HAS BEEN ESTABLISHED FOR

OMAR MIR SEDDIQUE MATEEN

[Handwritten Signature]

SIGNATURE

Florida

DRIVER LICENSE CLASS E

OMAR MIR SEDDIQUE

DOB: [REDACTED] SEX: M HGT: 5-11
ISSUED: 10-17-2002 EXPIRES: 11-16-2008
REST: A ENDORSE:

07-16-2008

City of New York

Department of Health

Bureau of Vital Records

CERTIFICATE OF BIRTH REGISTRATION

Below is an exact copy of a certificate of Birth registered for your child. It is sent without charge. If the certificate contains any errors return this copy with the correct information to the Bureau of Vital Records, 125 Worth Street, New York, N.Y. 10013. You will be advised how to have the record corrected. It is important to do this at once.

The reproduction or alteration of this transcript is prohibited by Section 3.21 of the New York City Health Code.

Notice In Issuing this transcript of the record, the Department of Health of the City of New York does not certify to the truth of the statements made thereon as no inquiry as to the facts has been provided by law.



Edward J. Koch

MAYOR

Sydney H. Hersh

COMMISSIONER OF HEALTH

James A. Scanlon

CITY REGISTRAR

DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
CERTIFICATE OF BIRTH

DATE FILED Nov 20 3 00 PM '86

Birth No.

156-86-419821

1. FULL NAME OF CHILD		(Type or Print) First Name		Middle Name	Last Name
		Omar		Mir	Seddique Mateen
2. SEX	3a. NUMBER OF CHILDREN born of this pregnancy		4a. DATE OF CHILD'S BIRTH	4b. HOUR	
Male	3b. If more than one, number of this child in order of birth		[REDACTED]	7:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	
5. PLACE OF BIRTH	NEW YORK CITY		b. NAME OF HOSPITAL, If not in hospital, street address		c. TYPE OF PLACE
	a. BOROUGH OF	Queens		Long Island Jewish Medical Center	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> Other
6a. MOTHER'S FULL MAIDEN NAME		6b. MOTHER'S AGE at time of this birth		6c. MOTHER'S BIRTHPLACE, State or foreign country	
Shahla Anwar		26		Afghanistan	
7. MOTHER'S USUAL RESIDENCE	a. State	b. County	c. City, town or location	d. Street and house number	e. Inside city limits of 7c?
New York	Queens	Flushing	73-07	153 Street	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
8a. FATHER'S FULL NAME		8b. FATHER'S AGE at time of this birth		8c. FATHER'S BIRTHPLACE, State or foreign country	
Mir Mohamad Seddique		34		Afghanistan	
9a. NAME OF ATTENDANT AT DELIVERY		C.N.M. R.N. D.O. M.D.		9b. I CERTIFY THAT THIS CHILD WAS BORN ALIVE AT THE PLACE, DATE AND TIME GIVEN.	
D. Casper		M.D.			
Information added or amended (Reason) Date _____ City Registrar _____					
Signed _____ Name of _____ Signer _____ Address _____ Date signed _____ 19 86					

BUREAU OF VITAL RECORDS

DEPARTMENT OF HEALTH

THE CITY OF NEW YORK

Print here the mailing address of mother. →

Copy of this certificate will be mailed to her when it is filed with the Department of Health

Name Mrs Shahla Seddique
 Address 73-07 153 Street
 City Flushing State New York Zip 11367

Records Department
500 East Ocean Blvd.
Stuart, FL 34994
772-219-1200 x 30432
FAX: 772-219-1235

*The School District of Martin
County, Florida*

Fax

To: TONI WATT'S From: NADEEN WALTON
Fax: 863-491-5393 Pages: (INCLUDING COVER)
Phone: 863-494-3727x628 Date: 9/7/06
Re: OMAR NADEEN CC:
☐ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

• Comments:

ELECTRONIC TRANSCRIPT ATTACHED

Nadeen Walton
Records Management Liaison Officer



Florida Department of
Law Enforcement

EMPLOYMENT BACKGROUND INVESTIGATIVE REPORT



CJSTC
77

Incorporated by Reference in Rule 11B-27.002(3)(a)2., F.A.C.

Please type or print in black or blue ink and use capital and small letters for names, titles, and addresses

1. Officer's Name: Mateen Omar M.
Last First MI
2. Social Security Number: (Optional) [REDACTED]
3. Agency ORI: FL 00600332
4. Agency Name: Dept. of Corrections
5. Disciplines: ☐ Law Enforcement ☐ Correctional Probation ☐ Railroad Police ☒ Correctional ☐ Concurrent

6. RESULTS

MANDATORY CHECKS	SATISFACTORY	UNSATISFACTORY	FDLE was contacted
Neighborhood	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> VIA ATMS <input type="checkbox"/> Via Telephone on <u>8/28/06</u> for information on the applicant's previous criminal justice employments or Commission action.
Previous Employment (see last box)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FCIC Record	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
NCIC Record	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Local Law Enforcement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Military History	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Controlled Substances	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

RECOMMENDED	SATISFACTORY	UNSATISFACTORY	NOT UTILIZED
Job Related Psychological Examination	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Polygraph Examination	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

7. APPLICANT ADMITS TO: ☐ Having previously committed an act, which constitutes a felony or misdemeanor even if previously not detected, not arrested or not prosecuted including, but not limited to, theft, possession of illegal drugs, fraud, etc.

Describe: 5/9/01 Disruption of Educational Inst., Battery - Adj w/held

8. CURRENT AND RECENT ILLEGAL USE OF CONTROLLED SUBSTANCE (Indicate type and date last used)

☐ Marijuana ☐ Cocaine ☐ Opiates
☐ Designer Drugs ☐ Other ☒ None

9. INVESTIGATIVE FINDINGS. Please describe any unsatisfactory findings, admitted acts, and other drug use below:

n/a

Rule 11B-27.0011, FAC, requires an applicant's moral character to be carefully examined before hired by an agency. If the background investigation establishes that the applicant has a significant history of prior unlawful conduct, the Commission shall recommend that the agency does not hire the applicant, and that documentation of a background investigation is on file.

10. Signature and Attestment of Background Investigator: [Signature] Date: 10/2/06

I hereby verify based on the above factors considered by this agency that the applicant is of good moral character as required by Section 943.13(7), F.S.

11. Signature of Employing Agency Administrator or Designee (Required)

10/2/06
(Date Signed)



AFFIDAVIT OF APPLICANT



CJSTC
68

Incorporated by Reference in Rule 11B-27.002(1)(f), F.A.C.

Please type or print in black or blue ink and use capital and small letters for names, titles, and addresses

Social Security Number (Optional):

Applicant's Legal Name:

McTeen

Omar

S

Last

First

MI

Employing agency:

Dept. of Corrections

Use this form to verify your compliance with the employment requirements of Section 943.13, F.S. I fully understand that to qualify for employment as a law enforcement, correctional, or correctional probation officer, I shall comply with the following provisions of Section 943.13, F.S.:

- Be at least 19 years of age.
- Be a citizen of the United States.
- Be a high school graduate or equivalent.
- Not have been convicted of any felony or of a misdemeanor involving perjury or false statement, nor have received a dishonorable discharge from any of the Armed Forces of the United States. Any person who, after July 1, 1981, pleads guilty or nolo

contendere to or is found guilty of a felony or of a misdemeanor involving perjury or a false statement shall not be eligible for employment or appointment as an officer, notwithstanding suspension of a sentence or withholding of adjudication.

- Have been fingerprinted by the employing agency.
- Have passed a physical examination by a licensed physician.
- Be of good moral character.

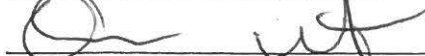
YES NO

In addition, I attest to the following statements. Each statement must be checked "YES" OR "NO"

<input checked="" type="checkbox"/>	I have read my employment application and it is true and correct, and all other information I will furnish in conjunction with my application is true and correct.
<input checked="" type="checkbox"/>	I have met the qualifications as specified above, and I have provided documentation of proof of my qualifications to the above listed employing agency.
<input checked="" type="checkbox"/>	To the best of my knowledge and belief, I am not under investigation by any local, state, or federal agency or entity for any criminal, civil, or administrative wrongdoing.
<input checked="" type="checkbox"/>	I have separated or resigned from a previous criminal justice employment while under investigation.
<input checked="" type="checkbox"/>	I have served in the U.S. Military. If yes, I attest that I <input type="checkbox"/> did <input type="checkbox"/> did not receive a dishonorable discharge.
<input checked="" type="checkbox"/>	I am currently serving in good standing in the U.S. Military.
<input checked="" type="checkbox"/>	I am currently certified as a Florida criminal justice officer in the following area(s): Please check the appropriate box(s). <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Correctional <input type="checkbox"/> Correctional Probation
<input checked="" type="checkbox"/>	I am not certified for the position I am applying for and I authorize the employing agency listed above to apply for my certification.

NOTICE: This document shall constitute as an official statement within the purview of Section 837.06, F.S., and is subject to verification by the employing agency and the Criminal Justice Standards and Training Commission. Any intentional omission when submitting this application or false execution of this affidavit shall constitute a misdemeanor of the second degree and disqualify you from employment as an officer.

PLEASE READ CAREFULLY BEFORE SIGNING. You must complete the remainder of this affidavit in the presence of a notary public. Upon witnessing your signing of this affidavit, a notary public shall complete the notary block by entering the same date the affidavit is signed. I hereby certify that to the best of my knowledge and belief, the information that I've entered on this form is true.


Applicant's Signature

7/24/06
Date Signed

STATE OF FLORIDA, COUNTY OF Martin, The foregoing instrument was acknowledged before me this 24 day of

Month and Year July 2006 by Omar Seddique, who is personally known to me, or who has produced

Type of Identification as Identification [redacted], and who DID ☒ DID NOT ☐ take an oath.

Notary's Name BARBARA ST. HILL

Notary's Signature Barbara St. Hill

Notary's Title or Rank Correctional Officer

Serial Number _____

(*NOTE: Private Correctional facilities must submit original and shall forward the completed affidavit stapled to the Registration of Employment, Affidavit of Compliance Form CJSTC-60 to FDLE, Criminal Justice Professionalism Program, Post Office Box 1489, Tallahassee, Florida 32302-1489, Attention Records Section)

Effective 1/1/1992

Original - Agency



Barbara St. Hill
Commission Expires: Nov 19, 2007
Bonded Thru
Atlantic Bonding Co., Inc.

Revised 5/6/2004

**IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT
IN AND FOR ST. LUCIE COUNTY, STATE OF FLORIDA**

In Re: Name Change:

Case No. **06-DR-2577**

OMAR MIR SEDDIQUE,
Petitioner.

FINAL JUDGMENT OF CHANGE OF NAME
(ADULT)

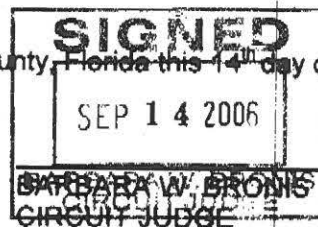
THIS CAUSE having come before the Court on September 14, 2006, for a hearing on the Petition for Change of Name (Adult) under section 68.07, Florida Statutes, and it appearing to the Court that:

- A. Petitioner is a bona fide resident of St. Lucie County, Florida;
- B. Petitioner's request is not for any ulterior or illegal purpose and granting this petition will not in any manner invade the property rights of others, whether partnership, patent, good will, privacy, trademark, or otherwise; it is thus

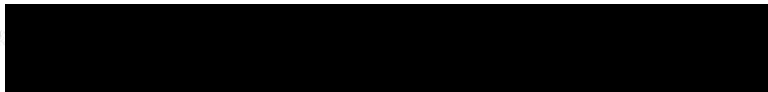
ORDERED AND ADJUDGED

1. That Petitioner's name is changed from Omar Mir Seddique to **OMAR MIR SEDDIQUE MATEEN**, by which Petitioner shall hereafter be known.

DONE AND ORDERED at Ft. Pierce, St. Lucie County, Florida this 14th day of, September, 2006.



Copy furnished to:
Omar Mir Seddique Mateen,




MyFloridaCounty.com 

Your payment has been successfully processed.

Domestic Relations Receipt Number: 1116794
08/14/2006 02:36 PM

Case Number: 06-DR-2577

ID Required: 

Name: SEDDIGUE MATEEN

Name On Card: SEDDIGUE MATEEN

Credit Card Number: 

Card Type: MASTER

Item Amount: \$256.65

Service Fee: \$8.21

Total Charge: \$264.86

There is a non-refundable service fee of 3.2% or a minimum of \$2.50 per transaction to provide this service.

This service fee is charged by MyFloridaCounty.com.

Your Credit Card Statement will display the vendor name of MyFloridaCounty.com for billing details.

For Information on refunds or for general inquiries, please call customer support on (877) 326 8689.

Process New Payment ▶

NINETEENTH JUDICIAL CIRCUIT

NAME CHANGE OF AN ADULT

IMPORTANT: THIS PETITION MUST BE FILED IN THE COUNTY WHERE THE PETITIONER RESIDES.

THIS PACKET SHOULD CONTAIN THE FOLLOWING DOCUMENTS:

1. NOTICE OF LIMITATION OF SERVICES PROVIDED AND ACKNOWLEDGMENT
2. INSTRUCTIONS
3. CIVIL COVER SHEET (to be completed by the clerk)
4. PETITION FOR CHANGE OF NAME
5. FINAL DISPOSITION FORM (to be completed by the clerk)

The enclosed instructions will explain the procedure to be used including the appropriate steps to take to obtain a court date for a hearing. **Read the instructions carefully and completely.** You may refer your questions regarding forms or procedures to the Self Help Case Manager in the County in which you are filing:

St. Lucie County	772-462-1149
Indian River County	772-770-5232
Martin County	772-223-4832
Okeechobee County	863-763-4749

CIVIL COVER SHEET

I. CASE STYLE

CIRCUIT COURT

Petitioner Omar Mir Seddique

Case #: Go-DR-2577

Judge: _____

vs.

Respondent Omar Mir Seddique Mateen

II. TYPE OF CASE: (Place an "x" in one box only. If the case fits more than one type of case, select the one that best fits.)

Domestic Relations

- ☐ Simplified Dissolution
- ☐ Dissolution
- ☐ Support - IV-D
- ☐ Support - non IV-D
- ☐ UIFSA
- ☐ Domestic Violence
- ☐ Modification
- ☐ Adoption
- ☐ Name Change
- ☐ Other Domestic Relations

DATE

8/10/06

SIGNATURE OF PARTY OR
ATTORNEY FOR PARTY INITIATING
ACTION:

[Signature]

2006/08/14 PM 2:26
CLERK OF DISTRICT COURT
EASTERN DISTRICT OF TEXAS

IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA

Case No.: 06-DR-2577

IN RE: THE NAME CHANGE OF

Petitioner.

PETITION FOR CHANGE OF NAME (ADULT)

I, {full legal name} Omar Mir Seddique, being sworn, certify that
the following information is true:

1. My complete present name is: Omar Mir Seddique
I request that my name be changed to: Omar Mir Seddique Mateen
2. I live in Port St Lucie County, Florida, at {street address} _____

3. I was born on {date} _____, in {city} New York, {county} Queens
{state} New York, {country} U.S.A.
4. My father's full legal name: Seddique Mir Mateen
My mother's full legal name: Shahla S. Mateen
My mother's maiden name: Shahla Anwar
5. I have lived in the following places since birth:

Dates (to/from)	Address
<u>Nov-86/1988</u>	<u>73-07 153 St Flushing N.Y. 11367</u>
<u>1988/1991</u>	<u>44 Land Lane Westbury Ny 11597</u>
<u>1991/1999</u>	<u>1482 Grapeland Ave Port St Lucie FL 34984</u>
<u>1999/2005</u>	<u>664 NW Stanford Lane Port St Lucie FL</u>

☐ Check here if you are continuing these facts on an attached page.

6. Family

[√ all that apply]

- ☒ a. I am not married.
- ☐ b. I am married. My spouse's full legal name is: _____
- ☐ c. I do not have child(ren).
- ☐ d. The name(s), age(s), and address(es) of my child(ren) are as follows (all children, including those over 18, must be listed):

Name {last, first, middle initial}	Age	Address, City, State
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

☐ Check here if you are continuing these facts on an attached page.

7. Former names

[√ all that apply]

- ☒ My name has never been changed by a court.
- ☐ My name previously was changed by court order from _____ to _____ on {date} _____ by {court, city, and state} _____ A copy of the court order is attached.
- ☐ My name previously was changed by marriage from _____ to _____ on {date} _____ in {city, county, and state} _____ A copy of the marriage certificate is attached.
- ☐ I have never been known or called by any other name.
- ☐ I have been known or called by the following other name(s): {list name(s) and explain where you were known or called by such name(s)} _____

8. Occupation

My occupation is: Student

I am employed at: {company and address} QNC Treasure Coast Mall Jensen Beach FL 34957 Part time

During the past 5 years, I have had the following jobs:

Dates (to/from)	Employer and employer's address
12006	Hollister Treasure Coast Mall Jensen Beach FL
12005	Gold's Gym Saint Lucie Wot FL
12005	Nutrition World Fort Pierce FL
12004	Waldgreens Port St. Lucie FL
12004	Chick FilA Jensen Beach FL
12003	Circuit City Jensen Beach FL
12002	Publix Palm city FL

☐ Check here if you are continuing these facts on an attached page.

Business[☒ one only]☒ I do not own and operate a business.☐ I own and operate a business. The name of the business is: _____

The street address is: _____

My position with the business is: _____

I have been involved with the business since: {date} _____

10. Profession[☒ one only]☒ I am not in a profession.☐ I am in a profession. My profession is: _____

I have practiced this profession: _____

Dates (to/from)

Place and address

_____/_____/_____

_____/_____/_____

_____/_____/_____

_____/_____/_____

_____/_____/_____

☐ Check here if you are continuing these facts on an attached page.**11. Education**

I have graduated from the following school(s):

Degree
ReceivedDate of
Graduation

School

AS
HS2006
2003IRCC
Martin County Adult Vocational School☐ Check here if you are continuing these facts on an attached page.**12. Felony Convictions**[☒ one only]☒ I have never been convicted of a felony.☐ I was convicted of a felony on {date} _____, in {city} _____
{county} _____, {state} _____.☐ Check here if you have been convicted of additional felonies, and explain on an attached page.**13. Bankruptcy**[☒ one only]☒ I have never been adjudicated bankrupt.☐ I was adjudicated bankrupt on {date} _____, in {city} _____
{county} _____, {state} _____.☐ Check here if you have filed additional bankruptcies, and explain on an attached page.

14. Creditor(s)' Judgments

[√ one only]

☒ I have never had a money judgment entered against me by a creditor.

☐ The following creditor(s)' money judgment(s) have been entered against me:

Date	Amount	Creditor	Court entering judgment and case number	√ if Paid
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>

☐ Check here if these facts are continued on an attached page.

15. I have no ulterior or illegal purpose for filing this petition, and granting it will not in any manner invade the property rights of others, whether partnership, patent, good will, privacy, trademark, or otherwise.

16. My civil rights have never been suspended, or, if my civil rights have been suspended, they have been fully restored.

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this petition and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: 8/10/06

Signature of Petitioner

Printed Name: Omar Mr Sedique

Address: _____

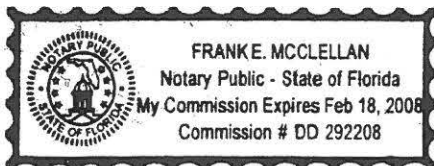
City, State _____

Telephone _____

Fax Number _____

STATE OF FLORIDA
COUNTY OF St. Lucie

Sworn to or affirmed and signed before me on August 10th 2006 by Omar Mr Sedique



Franke E. McClellan
NOTARY PUBLIC or DEPUTY CLERK

Franke E. McClellan

[Print, type, or stamp commissioned name of notary or deputy clerk.]

☐ Personally known
☒ Produced identification

Type of identification produced FL DL

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE
BLANKS BELOW: [~~do~~ fill in all blanks]

I, *{full legal name and trade name of nonlawyer}* _____,
a nonlawyer, located at *{street}* _____, *{city}* _____,
{state} _____, *{phone}* _____, helped *{name}* _____,
who is the petitioner, fill out this form.

Fla.Fam.L.R.P. 12.750(h)

SELF-HELP PERSONNEL ARE NOT ACTING ON BEHALF OF THE COURT OR ANY JUDGE. THE PRESIDING JUDGE IN YOUR CASE MAY REQUIRE AMENDMENT OF A FORM OR SUBSTITUTION OF A DIFFERENT FORM. THE JUDGE IS NOT REQUIRED TO GRANT THE RELIEF REQUESTED IN A FORM.

SELF-HELP SERVICES ARE AVAILABLE TO ALL PERSONS WHO ARE OR WILL BE PARTIES TO A FAMILY CASE.

IN ALL CASES, IT IS BEST TO CONSULT WITH YOUR OWN ATTORNEY, ESPECIALLY IF YOUR CASE PRESENTS SIGNIFICANT ISSUES REGARDING CHILDREN, CHILD SUPPORT, ALIMONY, RETIREMENT OR PENSION BENEFITS, ASSETS, OR LIABILITIES.

PLEASE COMPLETE THE FOLLOWING PARAGRAPH. FILE THE SIGNED DOCUMENT WITH THE CLERK OF COURT.

Signature

IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT
IN AND FOR _____ COUNTY, FLORIDA

Omair Mir Seddique
Petitioner,

v.

Case No.: CLC-DR-2577

Respondent.

NOTICE OF RELATED CASES

PETITIONER:

Name: _____
(Last) (First) (MI) (Maiden)
DOB: _____ Relationship to Respondent: _____

RESPONDENT:

Name: _____
(Last) (First) (MI) (Maiden)
DOB: _____ Relationship to Petitioner: _____

MINOR CHILD(REN) OF ANY OF THE ABOVE PARTIES:

Name: _____ Date of Birth: _____
This child's parent or parents are: []Petitioner []Respondent

Name: _____ Date of Birth: _____
This child's parent or parents are: []Petitioner []Respondent

Name: _____ Date of Birth: _____
This child's parent or parents are: []Petitioner []Respondent

Name: _____ Date of Birth: _____
This child's parent or parents are: []Petitioner []Respondent

RELATED CASE(S) INFORMATION:

- ☒ There are no related cases.
☐ I am aware of the following case(s) which are or may be related to the current case (see listed below)

Case Type: []Dissolution of Marriage []Child Support []Paternity []CINS/FINS
[]UIFSA(interstate child support) []Juvenile Dependency []Juvenile Delinquency
[]Domestic/repeat/dating/sexual violence injunction []Other: _____

Case Name: _____ Case #: _____
(e.g., Smith v. Jones; In RE: The Matter of Baby Smith, etc.)

Where was it filed? _____ Date filed: _____
(County/State)

Relationship of cases (select appropriate statements(s))

- ☐ pending case involves same parties, children, or issues;
☐ may affect court's jurisdiction;
☐ order in related case may conflict with an order in instant case;
☐ order in instant case may conflict with previous order in related case.

Statement as to the relationship of the cases: _____

Case Type: ☐ Dissolution of Marriage ☐ Child Support ☐ Paternity ☐ CINS/FINS
☐ UIFSA(interstate child support) ☐ Juvenile Dependency ☐ Juvenile Delinquency
☐ Domestic/repeat/dating/sexual violence injunction ☐ Other: _____

Case Name: _____ Case #: _____
(e.g., Smith v. Jones; In RE: The Matter of Baby Smith, etc.)

Where was it filed? _____ Date filed: _____
(County/State)

Relationship of cases (select appropriate statements(s))

- ☐ pending case involves same parties, children, or issues;
☐ may affect court's jurisdiction;
☐ order in related case may conflict with an order in instant case;
☐ order in instant case may conflict with previous order in related case.

Statement as to the relationship of the cases: _____

Case Type: ☐ Dissolution of Marriage ☐ Child Support ☐ Paternity ☐ CINS/FINS
☐ UIFSA(interstate child support) ☐ Juvenile Dependency ☐ Juvenile Delinquency
☐ Domestic/repeat/dating/sexual violence injunction ☐ Other: _____

Case Name: _____ Case #: _____
(e.g., Smith v. Jones; In RE: The Matter of Baby Smith, etc.)

Where was it filed? _____ Date filed: _____
(County/State)

Relationship of cases (select appropriate statements(s))

- ☐ pending case involves same parties, children, or issues;
☐ may affect court's jurisdiction;
☐ order in related case may conflict with an order in instant case;
☐ order in instant case may conflict with previous order in related case.

Statement as to the relationship of the cases: _____

THE FOLLOWING INFORMATION MUST BE COMPLETED (choose one):

- ☐ I do not wish to coordinate any of the litigation in any related case(s) listed above with this case. *Please note that the court may decide to coordinate your case for judicial economy and better service for the litigants.*
☐ I do wish to coordinate the litigation in the following case(s):

Case Name: _____ Case#: _____

Case Name: _____ Case#: _____

Case Name: _____ Case#: _____

If you decided to coordinate the litigation, please answer the following:

Will an assignment of the case(s) listed above to one judge or another method of coordination help to conserve judicial resources (i.e., time and/or money), prevent conflicting court orders, and allow for the speedy resolution of these related matters?

- ☐ Yes ☐ No ☐ I don't know

I UNDERSTAND THAT I HAVE A CONTINUING DUTY TO INFORM THE COURT OF ANY PROCEEDINGS IN THIS OR ANY OTHER STATE THAT COULD AFFECT THE CURRENT PROCEEDINGS.

IF A NON-LAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:

I, Omar Ali Seddeque, a non-lawyer, located at _____, assisted _____ who is the Petitioner who, filled out this form.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a copy of the foregoing has been delivered to the following persons (✓ only one) by mail, or hand delivery, or fax, or via Courthouse box this _____ day of _____, 200__.

Party to this case or their attorney

Name: _____
Address: _____

City, State, Zip: _____

Fax Number: _____

☐ mail, ☐ hand delivery, ☐ fax, ☐ Courthouse box

Party to related case or their attorney

Name: _____
Address: _____

City, State, Zip: _____

Fax Number: _____

☐ mail, ☐ hand delivery, ☐ fax, ☐ Courthouse box

Party to related case or their attorney

Name: _____
Address: _____

City, State, Zip: _____

Fax Number: _____

☐ mail, ☐ hand delivery, ☐ fax, ☐ Courthouse box

Presiding Judge in this case

The Honorable: _____
Address: _____

City, State, Zip: _____

Fax Number: _____

☐ mail, ☐ hand delivery, ☐ fax, ☐ Courthouse box

Party to this case or their attorney

Name: _____
Address: _____

City, State, Zip: _____

Fax Number: _____

☐ mail, ☐ hand delivery, ☐ fax, ☐ Courthouse box

Party to related case or their attorney

Name: _____
Address: _____

City, State, Zip: _____

Fax Number: _____

☐ mail, ☐ hand delivery, ☐ fax, ☐ Courthouse box

Party to related case or their attorney

Name: _____
Address: _____

City, State, Zip: _____

Fax Number: _____

☐ mail, ☐ hand delivery, ☐ fax, ☐ Courthouse box

Administrative Family Judge

The Honorable Paul B. Kanarek

2000 16th Avenue, Suite 375

Vero Beach, FL 32960

☐ mail, ☐ hand delivery, ☐ fax, ☐ Courthouse box

Dated 8-14-06

X Omar Ali Seddeque
(Signature of Petitioner/Respondent or Attorney)
Printed Name: Omar Ali Seddeque
Address: _____

City: _____
State, Zip: _____
Telephone Number: _____
Fla. Bar No. _____

EMPLOYEE:
PLEASE COMPLETE
UNSHADED AREAS ONLY

SOC SEC NUM (9)	FIRST NAME (14)	M (1)	LAST NAME (16)
[REDACTED]	Omar	S	Mateen
ADDRESS (30)	CITY (15)	STATE (2)	ZIP CODE (5 OR 9) OR FOREIGN COUNTRY (13)
[REDACTED]	[REDACTED]	[REDACTED]	USA
RACE CODE (SEE BELOW)	SEX (M=MALE) (F=FEMALE)	MARITAL STATUS (S=SINGLE) (M=MARRIED) (X=MARRIED CLAIMING SINGLE)	NUMBER OF W/H ALLOW (2)
MM DO YYYY			ADDITIONAL AMOUNT WHOLE DOLLARS
[REDACTED]			WORK LOCATION
	M	S	MCI
		Z	

I claim exemption from withholding and I certify that I meet All of the conditions for exemption

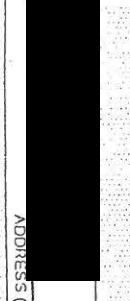
EFFECTIVE YEAR	"EXEMPT"
<===== >	
<===== >	
200_	

UNDER PENALTIES OF PERJURY, I CERTIFY THAT I AM ENTITLED TO THE NUMBER OF WITHHOLDING ALLOWANCES CLAIMED ON THIS CERTIFICATE OR ENTITLED TO CLAIM EXEMPT STATUS. I UNDERSTAND THAT ANY EXEMPTION FROM WITHHOLDING EXPIRES ON FEBRUARY 15TH OF THE FOLLOWING CALENDAR YEAR

10/27/06

MM DD YYYY

DATE SIGNED



SIGNATURE

SOCIAL SECURITY

THIS NUMBER HAS BEEN ESTABLISHED FOR:

OMAR MATEEN

ADMINISTRATOR

SOCIAL SECURITY

FOR COMPTROLLER USE ONLY

STATE OF FLORIDA
OFFICE OF COMPTROLLER
BUREAU OF STATE PAYROLLS

W-4

EMPLOYEE:
PLEASE COMPLETE
UNSHADED AREAS ONLY

SOC SEC NUM (9)		FIRST NAME (14)		M I (1)		LAST NAME (16)	
		Omar		S		Mateen	
ADDRESS (30)		CITY (15)		STATE (2)		ZIP CODE (5 OR 9) OR FOREIGN COUNTRY (13)	
						USA	
BIRTH DATE (MM DD YYYY)		RACE CODE (SEE BELOW)		SEX (M=MALE) (F=FEMALE)		MARITAL STATUS (S=SINGLE) (M=MARRIED) (X=MARRIED CLAIMING SINGLE)	
8		M		S		2	
						MCI	
						WORK LOCATION	
						USA	
						HOME TELEPHONE NUMBER	

SOCIAL SECURITY

THIS NUMBER HAS BEEN ESTABLISHED FOR

OMAR MIB SEDDIQUE MATEEN

ADMINISTRATIVE

SIGNATURE

I claim exemption from withholding and I certify that I meet All of the conditions for exemption

EFFECTIVE YEAR: 200

EXEMPT

UNDER PENALTIES OF PERJURY, I CERTIFY THAT I AM ENTITLED TO THE NUMBER OF WITHHOLDING ALLOWANCES CLAIMED ON THIS CERTIFICATE OR ENTITLED TO CLAIM EXEMPT STATUS. I UNDERSTAND THAT ANY EXEMPTION FROM WITHHOLDING EXPIRES ON FEBRUARY 15TH OF THE FOLLOWING CALENDAR YEAR

SIGNATURE: *[Signature]* DATE SIGNED: 10/27/06