

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 <p><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: _____</p> | ADMINISTRATIVE - NON-ROUTINE <p><input type="checkbox"/> Failure to complete basic recruit training <input type="checkbox"/> Failure to pass the State Officer Certification Examination</p> ADMINISTRATIVE - SUBSTANDARD PERFORMANCE <p><input type="checkbox"/> Failure to satisfactorily complete agency field training program (training performance issues) <input type="checkbox"/> Failure to perform assigned tasks satisfactorily</p> OTHER - EXAMPLE <p><input type="checkbox"/> Excessive absenteeism; failure to report for duty and sleeping on duty, etc.</p> | UNFAVORABLE - MISCONDUCT <p><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.)</p> <p>Form CJSTC-61A must be completed and submitted with form CJSTC-61 for either of the following:</p> <p><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.</p> |
|---|--|---|

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

MC1

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
Last
Omar 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

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. Tom Mateen
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



Florida Department of
Law Enforcement

**REGISTRATION OF EMPLOYMENT
AFFIDAVIT OF COMPLIANCE**



CJSTC
60

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:

Note: To receive educational salary incentive, complete the Higher Education Report Form CJSTC-63.

7. AGENCY ORI: FL006055C
8. AGENCY NAME: Dc, Region 4
9. EMPLOYMENT DATE: 10/27/06

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. W. Walker Agency Administrator's Signature 17. 12/1/06 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 12-1-08.

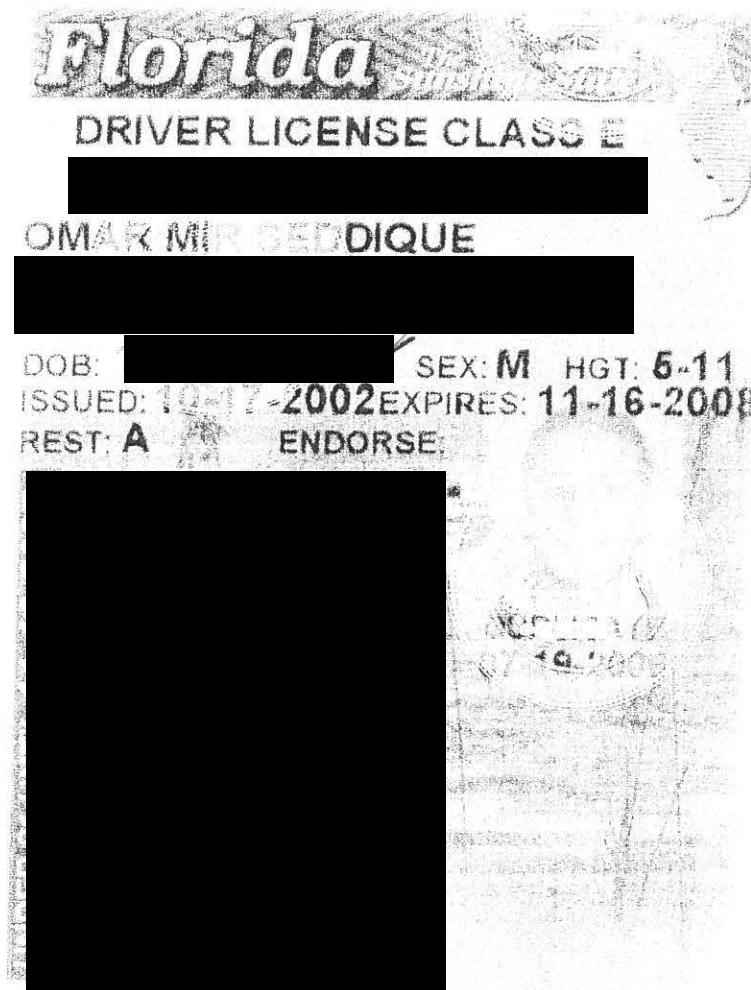
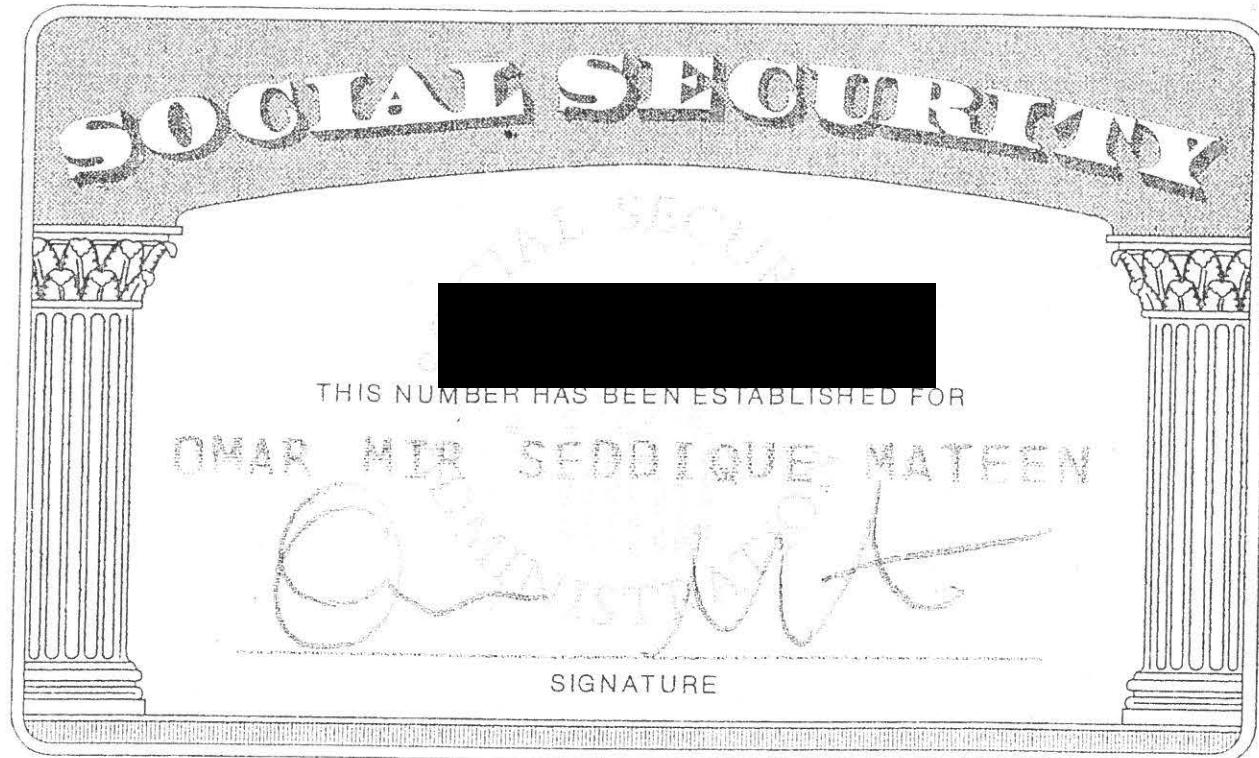
20. By Latanya Walker, who is personally known

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



Print, type, or stamp Commissioned Name of
Notary

Notary Seal



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

Sayha C. P. ms

Steve A. Scanlon

MAYOR

COMMISSIONER OF HEALTH

CITY REGISTRAR

5)

| | | | |
|--|---|---|---|
| DEPARTMENT OF HEALTH BIRTH CERTIFICATE CITY OF NEW YORK | | | Birth No. 156-86-419821 |
| DATE FILED Nov 20 3:00 PM '86 | | | |
| 1. FULL NAME OF CHILD | (Type or Print) First Name Omar Middle Name Mir | | Last Name Seddique Mateen |
| 2. SEX Male | 3a. NUMBER OF CHILDREN born of this pregnancy | 4a. DATE OF CHILD'S BIRTH | 4b. HOUR |
| | 3b. If more than one, number of this child in order of birth | (Month) (Day) (Year) | 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 | c. City, town or location | | e. Inside city limits of 7c? |
| a. State New York | b. County Queens | c. City, town or location Flushing | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 8a. FATHER'S FULL NAME | d. Street and house number | | e. Inside city limits of 7c? |
| Mir Mohammad Seddique | 73-07 153 Street | | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 9a. NAME OF ATTENDANT AT DELIVERY | 8b. FATHER'S AGE at time of this birth | | 8c. FATHER'S BIRTHPLACE, State or foreign country |
| D. Casper | 34 | | Afghanistan |
| 9b. I CERTIFY THAT THIS CHILD WAS BORN ALIVE AT THE PLACE, DATE AND TIME GIVEN. | | | |
| C.N.M. H. Greco R.N. _____ D.O. _____ M.D. _____ | | | |
| Information added or amended (Reason) | | | |
| Date | City Registrar | | |

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 Code 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: 863-494-3727x6128 Date: 9/7/06
Re: OMAR MATEEN 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 00600532

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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> VIA ATMS |
| Previous Employment (see last box) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Via Telephone |
| FCIC Record | <input checked="" type="checkbox"/> | <input type="checkbox"/> | on <u>8/28/06</u> |
| NCIC Record | <input checked="" type="checkbox"/> | <input type="checkbox"/> | for information on the applicant's previous criminal justice employments or Commission action. |
| 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/hold

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:

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: Tom Scott

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): XXXXXXXXXX

Applicant's Legal Name: Mateen

Last

Omar

First

S

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 <input type="checkbox"/> did <input checked="" 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

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 XXXXXXXXXX, and who DID DID NOT take an oath.

Notary's Name BANBABA ST. HILL

Notary's Signature Barbara St. Hill

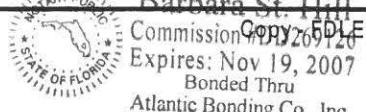
Notary's Title or Rank Correctional Officer

Serial Number XXXXXXXXXX

(*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



Commission Copy 269126

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)

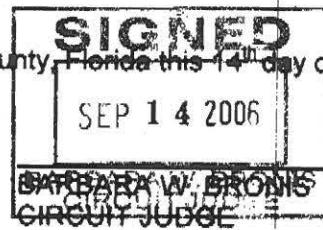
THIS CAUSE having come before the Court on September 14, 2006, for a hearing on the Petition for Change of Name (Adult) under section 68.07, Florida Statutes, and it appearing to the Court that:

- 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 Seddiqe 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 Seddiqe Mateen, [REDACTED]



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: [REDACTED]

Name: SEDDIGUE MATEEN

Name On Card: SEDDIGUE MATEEN

Credit Card Number: [REDACTED]

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 Seddigie

Case #: Co-DR-2577

Judge: _____

vs.

Respondent Omar Mir Seddigie Mateen

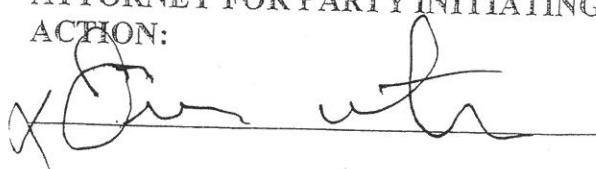
II. TYPE OF CASE: (Place an "x" in one box only. If the case fits more than one type of case, select the one that best fits.)

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:



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

Case No.: De-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 Hyde Park, {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 N.Y. 11547</u> |
| <u>1991/1999</u> | <u>1482 Grapeland Ave Port St Lucie FL 34984</u> |
| <u>1999/2005</u> | <u>664 NW Stamford Lane Port St Lucie FL 34986</u> |

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 Received | Date of Graduation | School |
|------------------------|----------------------------|---|
| <u>A5</u> <u>HS</u> | <u>2006</u> <u>2003</u> | <u>TRCC</u> <u>Martin County Adult Vocational School</u> |

 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 | <input checked="" type="checkbox"/> if Paid |
|------|--------|----------|---|---|
| | | | | <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:

Address:

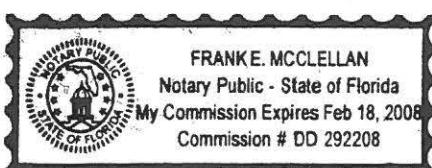
City, State:

Telephone:

Fax Num:

STATE OF FLORIDA

COUNTY OF St. Lucie



Frank E. McClellan

NOTARY PUBLIC or DEPUTY CLERK

Frank 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: [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.

NOTICE OF LIMITATION OF SERVICES PROVIDED
Fla.Fam.L.R.P. 12.750(h)

THE PERSONNEL IN THIS SELF-HELP PROGRAM ARE NOT ACTING AS YOUR LAWYER OR PROVIDING LEGAL ADVICE TO YOU.

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.

THE PERSONNEL IN THIS SELF-HELP PROGRAM CANNOT TELL YOU WHAT YOUR LEGAL RIGHTS OR REMEDIES ARE, REPRESENT YOU IN COURT, OR TELL YOU HOW TO TESTIFY IN COURT.

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

THE INFORMATION THAT YOU GIVE TO AND RECEIVE FROM SELF-HELP PERSONNEL IS NOT CONFIDENTIAL AND MAY BE SUBJECT TO DISCLOSURE AT A LATER DATE. IF ANOTHER PERSON INVOLVED IN YOUR CASE SEEKS ASSISTANCE FROM THIS SELF-HELP PROGRAM, THAT PERSON WILL BE GIVEN THE SAME ASSISTANCE THAT YOU RECEIVE.

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.

ACKNOWLEDGMENT

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

I CAN READ ENGLISH.

I CANNOT READ ENGLISH. THIS NOTICE WAS READ TO ME BY

[NAME] Omar Mir Seddique IN [LANGUAGE] English.

I Omar Mir Seddique {name} do acknowledge that I have read this Notice of Limitation of Services Provided. I have received an explanation of the Notice of Limitation of Services Provided and I understand the limitation of the services provided. I understand that it is in my best interest to secure an attorney to represent my interest in this case. I understand that this form must be signed and filed with the Clerk before the Self-Help coordinator may provide services to me.

Date 8/8/06

Case No.: 06-DR-2577


Signature


Signature

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

Omar Mir Seddique
Petitioner,

v.

Case No.: Clc-DR-2577

Respondent.

NOTICE OF RELATED CASES

PETITIONER:

Name: _____

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

(Maiden) _____

RESPONDENT:

Name: _____

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

(Maiden) _____

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 statement(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
 JUIFSA(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 statement(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
 JUIFSA(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 statement(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 Oli Seddegue, 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

Dated 8-14-06

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


(Signature of Petitioner/Respondent or Attorney)
Printed Name: Omar Oli Seddegue
Address: _____

City: _____

State, Zip: _____

Telephone Number: _____

Fla. Bar No. _____

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 (1) | LAST NAME (16) | |
| | [REDACTED] Omar | | S | Materen | |
| ADDRESS (30) | CITY (15) | | STATE (2) | ZIP CODE (5 OR 9) | OR FOREIGN COUNTRY (13) |
| | [REDACTED] | | [REDACTED] | [REDACTED] | 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) | NUMBER OF W/H ALLOW (2) | ADDITIONAL AMOUNT WHOLE DOLLARS |
| | | | | | MCIT |
| | M | S | 2 | | |
| <p>I claim exemption from withholding and I certify that I meet All of the conditions for exemption</p> <p>EFFECTIVE YEAR <=====> <=====> 200</p> <p>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</p> | | | | | |
| FOR COMPTROLLER USE ONLY | | | | | |
| SIGNATURE: [REDACTED] 10/27/06 DATE SIGNED: [REDACTED] | | | | | |

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)

MI (1)

LAST NAME (15)

ADDRESS (30)

CITY (15)

STATE (2)

ZIP CODE (5 OR 9)

OR FOREIGN COUNTRY (13)

HOME TELEPHONE NUMBER

RACE
CODE
(SEE
BELOW)

SEX
(M=MALE)
(F=FEMALE)

MARITAL STATUS
(S=SINGLE)
(M=MARRIED)
(X=MARRIED CLAIMING SINGLE)

NUMBER
OF WH
ALLOW
(2)

ADDITIONAL
AMOUNT
WHOLE DOLLARS

WORK LOCATION
MCI

8 M

S 2

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

EFFECTIVE
YEAR
"EXEMPT"

<=====>
<=====>

200

THIS NUMBER HAS BEEN ESTABLISHED FOR
OMAR MIR SEDDIQUE MATEEN
OCT 1995
FOR COMPTROLLER USE ONLY

SOCIAL SECURITY

NAME: [REDACTED]
SOCIAL SECURITY NUMBER: [REDACTED]

SIGNATURE

SIGNATURE

SIGNATURE