



Karen E. Rushing
Clerk of the Circuit Court and County Comptroller
Sarasota County, Florida

Premarital Course Provider Registration Instructions and Affidavit

Florida Statute 741.0305(5) states: "All area course providers shall register with the clerk of the circuit court by filing an affidavit in writing attesting to the provider's compliance with the premarital preparation course requirements as set forth in this section and including the course instructor's name and qualifications, including the license number, if any, or, if an official representative of a religious institution, a statement as to relevant training. The affidavit shall also include the addresses where the provider may be contacted."

INSTRUCTIONS:

For organizations with multiple providers, each individual provider must complete a separate Affidavit pursuant to F.S. §741.0305(5).

1. **Check** the definition of a qualified premarital preparation course instructor that applies to you.
2. **Complete** Course Instructor Information section.
3. **Sign Affidavit in the presence of a Notary Public.**
4. **Attach** a statement as to relevant training, if you are a representative of a religious institution.
5. **Return** completed affidavit to Sarasota County Clerk and Comptroller's Office by mail, fax, or email.

MAIL: Sarasota County Clerk and Comptroller
Attn: Marriage Licenses
P.O. Box 3079, Sarasota, FL 34230-3079

FAX:
941-861-7707

EMAIL:
CkInfo@SarasotaClerkandComptroller.com

PREMARITAL COURSE PROVIDER AFFIDAVIT

I hereby attest that I am in compliance with the premarital preparation course requirements as set forth in Florida Statute 741.0305, including the following.

Florida Statute 741.0305(3)(a) defines qualified premarital preparation course instructors as:

- | | |
|--|----------------------------|
| <input type="checkbox"/> A psychologist licensed under Florida Statute chapter 490. | License No. _____ |
| <input type="checkbox"/> A clinical social worker licensed under Florida Statute chapter 491. | License No. _____ |
| <input checked="" type="checkbox"/> A marriage and family therapist licensed under Florida Statute chapter 491. | License No. <u>MT1984</u> |
| <input checked="" type="checkbox"/> A mental health counselor licensed under Florida Statute chapter 491. | License No. <u>MH10038</u> |
| <input type="checkbox"/> An official representative of a religious institution which is recognized under Florida Statute 496.404(23).
Include or attach a statement of relevant training: _____ | |

- ☐ A provider designated by a judicial circuit, which may include, but is not limited to, school counselors who are certified to offer such courses. Attach a copy of such designation.

Course Instructor Information *This information may be published on SarasotaClerk.com.*

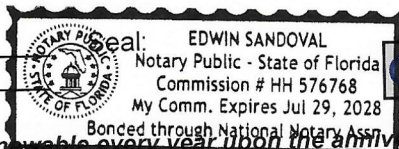
Chose One: ☐ This is a new registration.
☒ This is an updated registration.

Name: <u>Dr. Roberto Jimenez</u>	Address: <u>3081 Salzedo St #202-X</u>
Title: <u>Mental Health Professional</u>	City, State: <u>Coral Gables, FL</u>
Organization: <u>RJimenez Counseling Inc</u>	Zip: <u>33134</u>
Business Phone: <u>305.414.2199</u>	Email: <u>info@drjimenezcounseling.com</u>
Cell Phone: <u>n/a</u>	Website: <u>www.rjimenezcounseling.com</u>
Signature: _____	Date: _____

STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me this 26 day of December, 2024, by Roberto Jimenez
who is ☒ personally known to me, OR ☐ produced identification in the form of _____

Notary Public: [Signature]
My commission expires: 7-29-2028



CLEAR FORM **PRINT FORM**

NOTE: This Affidavit is renewable every year upon the anniversary date of registration.