

# JOINT STIPULATION TO MODIFY PARENTAL RESPONSIBILITY, SUPPORT, AND TIME SHARING

## A PARENTING PLAN MUST BE ATTACHED

### NOTICE TO PARTIES WHO ARE NOT REPRESENTED BY AN ATTORNEY WHO IS A MEMBER IN GOOD STANDING OF THE FLORIDA BAR

This checklist is designed to help persons seeking to represent themselves in court without the assistance of an attorney. It is meant to serve as a guide only.

We do not guarantee that either the instructions or the forms will achieve the result desired by the parties or ensure that any individual judge will follow the procedures exactly or accept each and every form drafted. Any person using these instructions and forms does so at his/her own risk.

To obtain Florida approved family law forms visit the Florida Court Self Help website at [www.flcourts.org](http://www.flcourts.org).

Please note that Florida law prevents our staff from providing legal advice.

**AFTER** all forms are filled out and **NOTARIZED** you must have them reviewed by **Family Court Case Management**, which is located on the 2<sup>nd</sup> Floor of the Lake County Courthouse. You **DO NOT** need to schedule an appointment to have your paperwork reviewed.

#### I. REVIEW OF DOCUMENTS WITH FAMILY COURT CASE MANAGEMENT

##### **Additional items to bring for review with Family Court Case Management**

Two (2) stamped envelopes

- a. One addressed to the Petitioner
- b. One addressed to the Respondent

##### **Initial Filing**

- Joint Stipulation to Modify Parental Responsibility, Support, & Time Sharing
- Notice of Related Cases – Form 12.900(h)
- Parenting Plan – Form 12.995

##### **How this document may be used**

This form is to be used when BOTH parties are in agreement to change Parental Responsibility child support, and time sharing. All three issues may be addressed in this Joint Stipulation. Parties cannot change any support that is owed to DOR Child Support Enforcement.



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**I understand that I am swearing or affirming under oath to the truthfulness of the above stated claims and that the punishment for knowingly making a false statement includes fines and/or imprisonment.**

THIS IS A SWORN AFFIDAVIT AND MUST BE SIGNED BEFORE A NOTARY

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
Signature of Respondent

Address:  
\_\_\_\_\_  
\_\_\_\_\_

Address:  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF LAKE

Sworn to or affirmed and signed before me on this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_, by \_\_\_\_\_.

\_\_\_\_\_ Personally Known  
\_\_\_\_\_ Produced Identification  
\_\_\_\_\_ Driver License No. \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC/ DEPUTY CLERK  
  
\_\_\_\_\_  
Print, type, or stamp commissioned Name of  
notary or deputy clerk

STATE OF FLORIDA  
COUNTY OF LAKE

Sworn to or affirmed and signed before me on this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_, by \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC/ DEPUTY CLERK

\_\_\_\_\_ Personally Known  
\_\_\_\_\_ Produced Identification  
\_\_\_\_\_ Driver License No. \_\_\_\_\_

\_\_\_\_\_  
Print, type, or stamp commissioned Name of  
notary or deputy clerk