

**IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT  
OF THE STATE OF FLORIDA**

**ADMINISTRATIVE ORDER NO: A-2018-02-B**

**AMENDED ORDER RESCINDING AO 2006-32, AO 2006 32A, 2010-48  
AND  
APPROVING FAMILY LAW SELF-HELP FORMS AND REMOVING MOTION TO  
CONTEST DRIVER'S LICENSE SUSPENSION/REVOCATION FORM**

Pursuant to Fla.Fam.L.R.P. 12.750(b)(5), the chief judge of the circuit may approve additional forms that are not inconsistent with forms approved by the Florida Supreme Court. The chief judge of the Fifth Judicial Circuit has approved additional forms on prior occasions. Since the entry of the last administrative order adopting forms, changes in the law necessitated a review of those forms and the creation of new forms. In addition, it is beneficial to the clerks of court, the family law self-help clinics and offices, and the judiciary to make these forms available to the interested individuals of the Fifth Judicial Circuit.

Therefore, it is **ORDERED AND ADJUDGED**:

1. Effective February 1, 2018, only the following forms shall be approved for use in the Fifth Judicial Circuit to include for use by the self-help programs, Clerks of Court, and the Family Division of the Fifth Circuit:

a. Petitions:

- i. Addendum to Petition
- ii. Petition for Parenting Plan with Time-Sharing Schedule and Support Unconnected with Dissolution of Marriage and Instructions
- iii. Petition to Establish Parenting Plan with Time-Sharing Schedule with Minor Child(ren) of Parents Who Were Never Married and Instructions

b. Motions:

- i. Motion for Telephonic Appearance
- ii. Motion for Telephonic Appearance at Mediation
- iii. Motion for Income Deduction/Income Withholding Order
- iv. Motion for Order Setting Final Hearing/Non-Jury Trial
- v. Motion to Terminate Child Support and Vacate Income Deduction Order
- vi. Motion to or for:  
Compel Financial Disclosure  
Continue Hearing  
Dismiss  
Rehearing

**Excused from Parenting Class Requirement  
Mediation  
Clarification**

- c. **Pre-Trial Statement**
  - i. **Dissolution of Marriage (Actions Involving Parenting Issues)**
  - ii. **Dissolution of Marriage (Without Children's Issues)**
- d. **Waiver of Service of Process**
- e. **Agreement**
  - i. **Settlement Agreement for Parties Who Were Never Married with Dependent of Minor Child(ren) and Instructions**

Copies of these forms are attached to this administrative order.

2. In addition to the foregoing forms, effective February 1, 2018, cases concerning the State of Florida/Department of Revenue/Child Support may utilize the following forms and may include use by self-help programs, Clerks of Court, and the Family Division of the Fifth Circuit:

- a. **Responses/Answers:**
  - i. **Answer to Petition**
  - ii. **Answer to Supplemental Petition**
  - iii. **Acceptance of Service of Supplemental Petition and Answer**
- b. **Motions:**
  - i. **Motion to Appear by Telephone**
  - ii. **Motion to Correct Child Support Account**
  - iii. **Motion to Contest Driver's License Suspension/Revocation**
  - iv. **Motion to Suspend/Terminate Child Support**
  - v. **Motion to/for \_\_\_\_\_ (general, non-specific form)**
- c. **Affidavits:**
  - i. **Affidavit of Non-Compliance**

Copies of these forms are attached to this administrative order.


3. The Court does not authorize use of any other forms other than those approved by this order and the Fla.Fam.L.R.P. 12.900, et seq.

4. If any self-help program or intake program creates additional forms that should be disseminate to the general public, they shall forward them to the Family Law Administrative Judge for review and compliance with Fla.Fam.L.R.P. 12.750.

5. ADMINISTRATIVE ORDERS A-2006-32, A-2006-32a AND A-2010-48 are hereby rescinded.

ORDERED at Ocala, Marion County, Florida on July 19th, 2019.

  
Ann Melinda Craggs  
Family Law Administrative Judge

  
Daniel B. Merritt, Jr.  
Chief Judge

## ADDENDUM TO PETITION/COMPLAINT

### PETITIONER:

Full Name: \_\_\_\_\_

Aliases: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Distinguishing Characteristics: \_\_\_\_\_

Physical address: \_\_\_\_\_

\_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

\_\_\_\_\_

Phone numbers: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

Employer name and address: \_\_\_\_\_

\_\_\_\_\_

### RESPONDENT:

Full Name: \_\_\_\_\_

Aliases: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Distinguishing Characteristics: \_\_\_\_\_

Physical address: \_\_\_\_\_

\_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

\_\_\_\_\_

Phone numbers: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

Employer name and address: \_\_\_\_\_

\_\_\_\_\_

## **INSTRUCTIONS FOR PETITION FOR PARENTING PLAN WITH TIME-SHARING SCHEDULE AND SUPPORT UNCONNECTED WITH DISSOLUTION OF MARRIAGE**

### **When should this form be used?**

This form may be used to ask the court to enter an order for support if you and your spouse are separated, and a dissolution of marriage has **NOT** been filed. If a petition for dissolution of marriage has been filed, you may file a Motion for Temporary Support and Time-Sharing With Dependent or Minor Child(ren), Florida Supreme Court Approved Family Law Form 12.947(a), instead of this petition.

This petition cannot address the issues of property or debts. It only deals with parental responsibility, time-sharing schedules, child support, and alimony. The petition is for the purpose of entering an order defining where the child(ren) will live, the time-sharing with or access to the child(ren), child support, and, if appropriate, spousal support.

### **What should I do next?**

The petition and all required forms should be typed or printed in black ink. After completing the forms, you should sign the forms before a notary public or deputy clerk. You must file the original with the clerk of the circuit court in the county where you live and keep a copy for your records. In addition to the Petition, you must also complete and file the following forms with your petition:

- Notice of Related Cases, Florida Family Law Rules of Procedure, Form 12.900(h)
- Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) Affidavit, Florida Supreme Court Approved Family Law Form 12.902(d) if the case involves children. Form must be completed, signed and notarized and served with the summons.
- Civil Cover Sheet, Florida Rules of Civil Procedure, Form 1.997. The clerk's office can provide this form.
- Notice of Social Security Number, Florida Supreme Court Approved Family Law Form 12.902(j).
- Family Law Financial Affidavit, Florida Family Law Rules of Procedure Form 12.902(b) or(c).
- Parenting Plan, Florida Supreme Court Approved Family Law Form 12.995(a) or Supervised/Safety Focused Parenting Plan, Form 12.995(b). If the parents have reached an agreement a signed and notarized Parenting Plan should be attached. If the parents have not reached an agreement a proposed Parenting Plan may be filed.
- Certificate of Compliance with Mandatory Disclosure, Florida Family Law Rules of Procedure Form 12.932. (This must be filed within 45 days of service of the petition on the respondent, unless you filed it with your petition). You do not need to file this form if you and the other party have agreed not to exchange these documents.
- Child Support Guidelines Worksheet, Florida Family Law Rules of Procedure Form, 12.902(e), if you are asking for child support to be established. If you do not know the other's parties income, you may file this worksheet after his or her financial affidavit has been served on you.

For your case to proceed, you must properly notify the other party in your case of the petition. If you know where he or she lives, you should use personal service. If you absolutely do not know where he or she lives, you may use constructive service. You may also be able to use constructive service if the other party resides in another state or country. **However, if constructive service is used, the court cannot order child support or alimony.** For more information on constructive service, see Rule

12.070(e)(2) of the Florida Family Law Rules of Procedure; Notice of Action for Dissolution of Marriage, Florida Supreme Court Approved Family Law Form 12.913(a); and Affidavit of Diligent Search and Inquiry, Florida Family Law Rules of Procedure Form 12.913(c). If you need to use constructive service, use the Notice of Action for Dissolution of Marriage, Florida Supreme Court Approved Family Law Form 12.913(a), after striking through "for Dissolution of Marriage" and inserting "for Parenting Plan with Time-Sharing and Support Unconnected with Dissolution of Marriage" If the other party is in the military service of the United States, additional steps for service may be required. See, for example, Memorandum for Certificate of Military Service, Florida Supreme Court Approved Family Law Form 12.912(a). The law on service of process is very complex and you should consult an attorney.

If personal service is used, the other party has 20 days to answer after being served with your petition. Your case will then generally proceed in one of the following three ways:

**DEFAULT.** If after 20 days, no answer has been filed, you may file a Motion for Default, Florida Supreme Court Approved Family Law Form 12.922(a), with the clerk of court.

**UNCONTESTED.** If the respondent files an answer that agrees with everything in your petition or an answer and waiver, and you have complied with mandatory disclosure, and filed all of the required papers, final hearing can be scheduled.

**CONTESTED.** If the respondent files an answer or an answer and counterpetition, which disagrees with or denies anything in your petition, you should answer the counterpetition within 20 days using an Answer to Counterpetition, Florida Supreme Court Approved Family Law Form 12.903(d). Mediation may be required before a final hearing is set if you are unable to settle the disputed issues.

**FINAL HEARING/NON-JURY TRIAL.** After compliance with mandatory disclosure pursuant to Rule 12.285, Florida Family Law Rules of Procedure, and the filing of all of the required papers, you should file a Motion for Order Setting Final Hearing/Non-Jury Trial. Your case will be sent to Case Management for scheduling before the Judge or General Magistrate.

#### **Where can I look for more information?**

Before proceeding, you should read "General Information for Self-Represented Litigants" found at the beginning of these forms. The words that are in "bold underline" in these instructions are defined there. For further information, see sections 61.09-61.10, Florida Statutes.

#### **Special notes**

You must pay the appropriate filing fee to the Clerk of Court. If you do not have the money to pay the filing fee, you may obtain an Application for Determination of Civil Indigent Status from the Clerk, fill it out, and the Clerk will determine whether you are eligible to have filing fees deferred or to set up a payment plan.

If a domestic violence case has been filed and you want to keep your address confidential for safety reasons, do not enter the address, telephone, and fax information at the bottom of this form. Instead, file Petitioner's Request for Confidential Filing of Address, Florida Supreme Court Approved Family Law Form 12.980(h).

Listed below are some terms which you should become familiar before completing your petition. If you do not fully understand any of the terms below or their implications, you should speak with an attorney before going any further.

- Shared Parental Responsibility
- Sole Parental Responsibility
- Parenting Plan
- Parenting Plan Recommendation
- Time-Sharing Schedule
- Supervised Time-Sharing Schedule
- No contact

**PARENTING PLAN AND TIME-SHARING:** In all cases involving minor or dependent child(ren), a Parenting Plan shall be approved or established by the court. If you and your spouse have reached an agreement, you should file a Parenting Plan, Florida Supreme Court Approved Family Law Form 12.995(a) or a Supervised Safety Focused Parenting Plan, Florida Supreme Court Approved Family Law Form 12.995(b) which addresses the time-sharing schedule for the child(ren) If you and your spouse are unable to agree on parenting arrangements and a time-sharing schedule a judge will decide for you as part of establishing a Parenting Plan. The judge will decide the parenting arrangements and time-sharing based on the child(ren)'s best interests. Regardless of whether there is an agreement, the court reserves jurisdiction to modify issues relating to the minor child(ren).

The judge may request a parenting plan recommendation or appoint a guardian ad litem in your case. This means that a neutral person will review your situation and report to the judge concerning parenting issues. The purpose of such intervention is to be sure that the best interests of the child(ren) is (are) being served. For more information, you may consult section 61.13, Florida Statutes.

**PARENT EDUCATION AND FAMILY STABILIZATION COURSE:** Within 45 days after filing, you and the other parent must complete the Parent Education and Family Stabilization Course. The list of courses may be obtained from the Department of Children and Families website [www.myflfamilies.com](http://www.myflfamilies.com) or from the Fifth Judicial Circuit Website [www.circuit5.org](http://www.circuit5.org).

**CHILD SUPPORT:** Both parents are required to provide financial support for their minor or dependent child(ren). The Court may order one parent to pay child support to the other parent. Florida has adopted guidelines for determining the amount of child support to be paid. These guidelines are based on the combined income of both parents overnights and take into account the financial contributions of both parents and the number of overnights the child(ren) spend with each parent. You must file a Family Law Financial Affidavit, Florida Family Law Rules of Procedure Form 12.902(b) or (c), and your spouse will be required to do the same. From your financial affidavits, you should be able to calculate the amount of child support that should be paid using the Child Support Guidelines Worksheet, Florida Family Law Rules of Procedure, Form 12.902(e). Because the child support guidelines take several factors into consideration, change over time, and vary from state to state, your child support obligation may be more or less than that of other people in seemingly similar situations.

**ALIMONY:** Alimony may be awarded to a spouse if the judge finds that he or she needs it and that the other party has the ability to pay it. If you want alimony, you must request it in writing in the original petition or counterpetition. If you do not request alimony in writing before the final hearing, you may not request it in the hearing. You may request either permanent alimony, lump sum alimony, or rehabilitative alimony.

**TEMPORARY RELIEF.** If you need temporary relief regarding child support or temporary alimony, you may file a Motion for Temporary Support and Time-Sharing with Dependent or Minor Child(ren), Florida Supreme Court Approved Family Law Form 12.947(a). For more information, see the instructions for that form.

**REMEMBER.**

**NONLAWYER.** Remember, a person who is NOT an attorney is called a nonlawyer. If a nonlawyer helps you fill out these forms, that person must give you a copy of a Disclosure from Nonlawyer, Florida Family Law Rules of Procedure Form 12.900(a), before he or she helps you. A nonlawyer helping you fill out these forms also must put his or her name, address, and telephone number on the bottom of the last page of every form he or she helps you complete.



IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT, IN AND  
FOR \_\_\_\_\_ COUNTY, FLORIDA

Case No. \_\_\_\_\_

\_\_\_\_\_  
Petitioner

and

\_\_\_\_\_  
Respondent.

**PETITION FOR PARENTING PLAN WITH TIME-SHARING SCHEDULE AND SUPPORT**  
**UNCONNECTED WITH DISSOLUTION OF MARRIAGE**

I, {full legal name}

the [one only] ( ) Petitioner

( ) Respondent, being sworn, certify that the following statements are true:

1. **JURISDICTION**

( ) Petitioner ( ) Respondent ( ) Both live in Florida at the filing of this Petition for Parenting Plan with Time-Sharing Schedule and Support Unconnected with Dissolution of Marriage, which is filed pursuant to sections 61.09 and 61.10, Florida Statutes.

2. **MILITARY SERVICE**

Petitioner ( ) is ( ) is not a member of the military service.

Respondent ( ) is ( ) is not a member of the military service.

3. **MARRIAGE HISTORY**

Date of marriage: { month, day, year} \_\_\_\_\_

Place of marriage: {city, state, country} \_\_\_\_\_

Date of separation: {month, day, year} \_\_\_\_\_

4. **MINOR CHILD(REN)** [Indicate all that apply]

a. The Petitioner ( ) Respondent ( ) is pregnant.

b. The baby is due on: {date} \_\_\_\_\_.

c. The minor (under 18) child(ren) common to both parties are:

Name

Birth Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d. The minor child(ren) born or conceived during the marriage who are not common to both parties are:

Name

Birth Date

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The birth father(s) of the above minor child(ren) is (are) *{name and address}* \_\_\_\_\_

e. The child(ren) common to both parties who are 18 or older but who are dependent upon the parties due to a mental or physical incapacity are:

Name	Birth Date
_____	_____
_____	_____

5. A completed Notice of Social Security Number, Florida Supreme Court Approved Family Law Form 12.9020), is filed with this petition.
6. A completed Family Law Financial Affidavit, Florida Family Law Rules of Procedure Form 12.902(b) or (c), is, or will be, filed.
7. A completed Child Support Guidelines Worksheet, Florida Family Law Rules of Procedure Form 12.902(e), is, or will be, filed.
8. This case involves time-sharing with a minor child(ren), and a completed Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) Affidavit, Florida Supreme Court Approved Family Law Form 12.902(d), is filed.

#### SECTION I. SPOUSAL SUPPORT(ALIMONY)

[Choose only one]

- ☐ 1. Petitioner does not request spousal support (alimony) from Respondent at this time.
- ☐ 2. Respondent has the ability to contribute to the maintenance of Petitioner and has failed to do so. Petitioner has a need for support and requests that Respondent pay spousal support (alimony) in the amount \$\_\_\_\_\_ ( ) week ( ) other week ( ) month, beginning *{date}* and continuing until *{date or event}*\_\_\_\_\_.

Explain why the Court should order Respondent to pay and any specific request(s) for type of alimony (bridge-the-gap, durational, permanent, rehabilitative, and/or lump sum):

---



---



---



---

[Choose if applies] ( ) Petitioner requests life insurance on Respondent's life, provided by Respondent to secure such support.

**SECTION II. PARENTING PLAN ESTABLISHING PARENTAL RESPONSIBILITY, AND TIME-SHARING SCHEDULE**

1. The minor child(ren) currently reside(s) the majority of the time with ( ) Petitioner ( ) Respondent ( ) Other: *explain* \_\_\_\_\_.
2. Parental Responsibility. It is in the child(ren)'s best interests that parental responsibility be: [Choose only one ]  
\_\_\_\_\_ Shared by both Petitioner and Respondent.  
\_\_\_\_\_ Awarded solely to ( ) Petitioner ( ) Respondent. Shared parental responsibility would be detrimental to the child(ren) because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Parenting Plan and Time-Sharing Schedule. It is in the best interests of the child(ren) that: [Choose only one]  
\_\_\_\_\_ The attached proposed Parenting Plan should be adopted by the court. The parties ( ) have ( ) have not agreed to the Parenting Plan.  
  
\_\_\_\_\_ The Court should establish a Parenting Plan with the following provisions:  
[ ] No time-sharing for the \_\_\_ Petitioner \_\_\_ Respondent.  
[ ] Limited time-sharing with the \_\_\_ Petitioner \_\_\_ Respondent.  
[ ] Supervised time-sharing for the \_\_\_ Petitioner \_\_\_ Respondent  
[ ] Supervised or third-party exchange of the child(ren)  
[ ] Time-sharing schedule as follows:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explain why this request is in the best interests of the child(ren): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION III. CHILD SUPPORT**

Respondent has the ability to contribute to the maintenance of his or her minor child(ren) and has failed to do so. (Choose all that apply)

- \_\_\_\_\_ 1. Petitioner requests that the Court award child support as determined by Florida's child support guidelines, section 61.30, Florida Statutes.
- \_\_\_\_\_ 2. Petitioner requests that the Court award child support to be paid beyond the age of 18

years because:

a. the following child(ren). {name(s)} \_\_\_\_\_  
is (are) dependent because of a mental or physical incapacity which began prior to the age of 18 {explain}: \_\_\_\_\_  
\_\_\_\_\_

b. the following child(ren), {name(s)} \_\_\_\_\_  
is (are) dependent in fact and is (are) in high school while he/she (they) are between the ages of 18 and 19; said child(ren) is (are) performing in good faith with reasonable expectation of graduation before the age of 19.

#### SECTION IV. INSURANCE

1. Petitioner requests that medical/dental insurance coverage for the minor child(ren) be provided by: [Choose only one]

- ☐ a. Petitioner  
☐ b. Respondent

2. Petitioner requests that uninsured medical/dental expenses for the child(ren) be paid by: [Choose only one]

- ☐ a. Petitioner  
☐ b. Respondent  
☐ c. Both parents paying one-half.  
☐ d. According to the percentages in the Child Support Guidelines Worksheet, Florida Family Law Rules of Procedure Form 12.902(e).  
☐ e. Other {explain}: \_\_\_\_\_  
\_\_\_\_\_

3. Petitioner requests that life insurance to secure child support be provided by: [Choose only one]

- ☐ a. Petitioner  
☐ b. Respondent  
☐ c. Both.

#### SECTION V. OTHER RELIEF

---

---

---

---

---

#### SECTION VI. PETITIONER'S REQUEST

(This section summarizes what you are asking the Court to include in the order.)

Petitioner requests the Court to enter an order: [Choose all that apply]

- ☐ A. Awarding spousal support (alimony) as requested in Section I of this petition;  
☐ B. Establishing parental responsibility, and a Parenting Plan with a time-sharing schedule as requested in Section II of this petition;  
☐ C. Establishing child support as requested in Section III of this petition;

- ☐ D. Establish insurance as requested in Section IV of this petition;  
☐ E. Grant other relief as requested in Section V of this petition, including any other relief the Court deems necessary and appropriate.

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 \_\_\_\_\_

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

Printed name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Designated E-Mail Address(es) \_\_\_\_\_

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me on {date} \_\_\_\_\_ 20 \_\_\_\_ by  
{name} \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC – STATE OF FLORIDA

[Print, type, or stamp commissioned name of notary]

[Choose only one]

☐ Personally known

☐ Produced identification Type of identification produced \_\_\_\_\_

IF A NON-LAWYER HELPED YOU FILL OUT THIS FORM THEY MUST FILL IN THE BLANKS  
BELOW: [fill in all blanks]

name of individual \_\_\_\_\_

{name of business} \_\_\_\_\_

{address} \_\_\_\_\_

{city} \_\_\_\_\_ {state} \_\_\_\_\_ {zip code} \_\_\_\_\_ {telephone number} \_\_\_\_\_

## **INSTRUCTIONS FOR PETITION TO ESTABLISH PARENTING PLAN WITH TIME-SHARING SCHEDULE WITH MINOR CHILD(REN) OF PARENTS WHO WERE NEVER MARRIED**

### **When should this form be used?**

If paternity has been established by final judgment in a separate court case, a proceeding filed by the Department of Revenue or other IV-D child support enforcement agency, or by other means as set forth in Chapter 742 of the Florida Statutes, a parent who was never married to the other parent may use this form to establish parental responsibility and to obtain a Parenting Plan with a Time-Sharing Schedule. If the Department of Revenue, has not filed a paternity action, or paternity has not been established, the Petitioner must file a Petition to Determine Paternity and for Related Relief, Florida Supreme Court Approved Family Law Form 12.983. This form is only appropriate when the parents are unable to have the issues of parenting time decided in the paternity action.

### **What should I do next?**

The petition and all other required forms must be typed or printed in black ink. After completing the forms, you should sign the forms before a notary public or deputy clerk. You must file the original with the clerk of the circuit court in the county where you live and keep a copy for your records. In addition to this petition, you *must* also complete and file the following forms:

- Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) Affidavit, Florida Supreme Court Approved Family Law Form 12.902(d). Form must be completed, signed and notarized and served with the summons.
- Notice of Related Cases, Florida Family Law Rules of Procedure Form 12.900(h).
- Civil Cover Sheet, Florida Rules of Civil Procedure, Form 12.928.
- Parenting Plan, Florida Supreme Court Approved Family Law Form 12.995(a) or Supervised/Safety Focused Parenting Plan, Form 12.995(b). If the parents have reached an agreement, a signed and notarized Parenting Plan should be attached. If the parents have not reached an agreement, a proposed Parenting Plan may be attached.

### **IF YOU ASK FOR CHILD SUPPORT:**

- Family Law Financial Affidavit, Florida Family Law Rules of Procedure Form 12.902(b) or(c).
- Certificate of Compliance with Mandatory Disclosure, Florida Family Law Rules of Procedure Form 12.932. (This must be filed within 45 days of service of the petition on the respondent, unless you filed it with your petition). You do not need to file this form if you and the other party have agreed not to exchange these documents.
- Child Support Guidelines Worksheet, Florida Family Law Rules of Procedure Form, 12.902(e), if you are asking for child support to be established. If you do not know the other's parties income, you may file this worksheet after his or her financial affidavit has been served on you.

For your case to proceed, you must properly notify the other party in your case of the petition. If you know where he or she lives, you should use personal service. You must arrange for the Sheriff or a process server to serve the other parent with a copy of the petition and a summons. If you absolutely do not know where he or she lives, you may use constructive service. You may also be able to use constructive service if the other party resides in another state or country. **However, if constructive service is used, the court cannot order child support.** For more information on constructive service, see Rule 12.070(e)(2) of the Florida Family Law Rules of Procedure, Notice of Action for Dissolution of Marriage, Florida Supreme Court Approved Family Law Form 12.913(a)(2), and Affidavit of Diligent Search and Inquiry, Florida Family Law Rules of Procedure Form 12.913(c). If you need to use constructive service, use the Notice of Action for Dissolution of Marriage, Florida Supreme Court Approved Family Law Form 12.913(a), after striking through "for Dissolution of Marriage" and inserting "To Establish Parenting Plan with Time-Sharing Schedule with Minor Child(ren) of Parents Who Were Never Married." If the other party is in the military service of the United States, additional steps for service may be required. See, for example, Memorandum for Certificate of Military Service, Florida Supreme Court Approved Family Law Form 12.912(a). The law on service of process is very complex and you should consult an attorney.

If personal service is used, the other party has 20 days to answer after being served with your petition. Your case will then generally proceed in one of the following three ways:

**DEFAULT.** If after 20 days, the other parent has not filed an answer, you may file a Motion for Default, Florida Supreme Court Approved Family Law Form 12.922(a), with the clerk of court.

**UNCONTESTED.** If the respondent files an answer that agrees with everything in your petition or an answer and waiver, and you have complied with mandatory disclosure and filed all of the required papers, final hearing can be scheduled.

**CONTESTED.** If the respondent files an answer or an answer and counterpetition, which disagrees with or denies anything in your petition, you should answer the counterpetition within 20 days using an Answer to Counterpetition, Florida Supreme Court Approved Family Law Form 12.903(d). Mediation may be required before a final hearing is set if you are unable to settle the disputed issues.

**FINAL HEARING/NON-JURY TRIAL.** After compliance with mandatory disclosure pursuant to Rule 12.285, Florida Family Law Rules of Procedure, and the filing of all of the required papers, you should file a Motion for Order Setting Final Hearing/Non-Jury Trial. Your case will be sent to Case Management for scheduling before the Judge or General Magistrate.

### **Where can I look for more information?**

Before proceeding, you should read "General Information for Self-Represented Litigants" found in the Family Law Forms section of the Florida Family Law Rules of Procedure. A copy may be obtained from the law library or from the Florida Supreme Court website. For further information, see chapter 61, Florida Statutes.

### **SPECIAL NOTES...**

You must pay the appropriate filing fee to the Clerk of Court. If you do not have the money to pay the filing fee, you may obtain an Application for Determination of Civil Indigent Status from the Clerk. Complete the form and the clerk will determine whether or not you are eligible to have the filing fees deferred or to set up a payment plan.

If a domestic violence case has been filed and you want to keep your address confidential for safety reasons, do not enter the address, telephone, and fax information at the bottom of this form. Instead, file Petitioner's Request for Confidential Filing of Address, Florida Supreme Court Approved Family Law Form 12.980(h).

Listed below are some terms with which you should become familiar before completing your petition. If you do not fully understand any of the terms below or their implications, you should speak with an attorney before going any further.

- Shared Parental Responsibility
- Sole Parental Responsibility
- Parenting Plan
- Parenting Plan Recommendation
- Time-Sharing Schedule
- Supervised Time-Sharing
- No Contact

**PARENTING PLAN AND TIME-SHARING:** In all cases involving minor or dependent child(ren), a Parenting Plan shall be approved or established by the court. If you and the other parent have reached an agreement, you should file a Parenting Plan, Florida Supreme Court Approved Family Law Form 12.995(a) or a Supervised Safety Focused Parenting Plan, Florida Supreme Court Approved Family Law Form 12.995(b) which addresses the time-sharing schedule for the child(ren). If you and the other parent are unable to agree on parenting arrangements and a time-sharing schedule, a judge will decide for you as part of establishing a Parenting Plan. The judge will decide the parenting arrangements and time-sharing based on the child(ren)'s best interests. Regardless of whether there is an agreement, the court reserves jurisdiction to modify issues relating to the minor child(ren).

The judge may request a parenting plan recommendation or appoint a guardian ad litem in your case. This means that a neutral person will review your situation and report to the judge concern parenting issues. The purpose of such intervention is to be sure that the best interests of the child(ren) is (are) being served. For more information, you may consult section 61.13, Florida Statutes.

**PARENT EDUCATION AND FAMILY STABILIZATION COURSE:** Within 45 days after filing, you and the other parent must complete a Parent Education and Family Stabilization Course. The list of courses may be obtained from the Department of Children and Families website [www.myflfamilies.com](http://www.myflfamilies.com) or from the Fifth Judicial Circuit Website [www.circuit5.org](http://www.circuit5.org).

**CHILD SUPPORT:** Both parents are required to provide financial support for their minor or dependent child(ren). The Court may order one parent to pay child support to the other parent. Florida has adopted guidelines for determining the amount of child support to be paid. These guidelines are based on the combined income of both parents and take into account the financial contributions of both parents and the number of overnights the child(ren) spend with each parent. You must file a Family Law Financial Affidavit, Florida Family Law Rules of Procedure Form 12.902(b) or (c), and the other parent will be required to do the same. From your financial affidavits, you should be able to calculate the amount of child support that should be paid using the Child Support Guidelines Worksheet, Florida Family Law Rules of Procedure Form 12.902(e). Because the child support guidelines take several factors into consideration, change over time, and vary from state to state, your



child support obligation may be more or less than that of other people in seemingly similar situations.

## **Remember ...**

Remember, a person who is NOT an attorney is called a nonlawyer. If a nonlawyer helps you fill out these forms, that person must give you a copy of a Disclosure from Nonlawyer, Florida Family Law Rules of Procedure Form 12.900(a), before he or she helps you. A nonlawyer helping you fill out these forms also must put his or her name, address, and telephone number on the bottom of the last page of every form he or she helps you complete.

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT, IN AND  
FOR COUNTY, FLORIDA

Case No: \_\_\_\_\_

\_\_\_\_\_  
Petitioner,

and

\_\_\_\_\_  
Respondent.

**PETITION TO ESTABLISH PARENTING PLAN WITH TIME-SHARING SCHEDULE WITH  
MINOR CHILD(REN) OF PARENTS WHO WERE NEVER MARRIED**

I, {full legal name} \_\_\_\_\_ the (Chose  
only one) ( ) Petitioner ( ) Respondent, being sworn, certify that the following statements are  
true:

1. I request that the Court establish parental responsibility and a Parenting Plan with a  
time- sharing schedule with the following minor children:

Name

Birth Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. The children have resided continuously in the State of Florida for six (6) months before this  
petition was filed. A Uniform Child Custody Jurisdiction Act Affidavit, Florida Supreme Court  
Approved Family Law Form 12.902(d) is filed with this petition.
3. The parties were never married to each other.
4. Paternity was established by: (Choose only one)

a. \_\_\_\_\_ A Final Judgment of Paternity or Order entered on {date of order} \_\_\_\_\_  
in case number \_\_\_\_\_.  
**Attach a copy of the Final Judgment or Order.**

OR

b. \_\_\_\_\_ **Attach copy of the Certification of Birth.**

**SECTION I. PARENTING PLAN ESTABLISHING PARENTAL RESPONSIBILITY and TIME-SHARING SCHEDULE**

1. It is in the best interests of the child(ren) that parental responsibility be: (Choose only one)
- a. ☐ shared by both the Petitioner and the Respondent.
  - b. ☐ awarded solely to ( ☐ Petitioner ( ☐ Respondent. Shared parental responsibility would be detrimental to the child(ren) because \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.
2. It is in the best interests of the child(ren) that: (Choose only one)
- a. ☐ The attached proposed Parenting Plan with Time-Sharing Schedule should be adopted by the court. The parties ( ☐ ) have ( ☐ ) have not agreed to the Parenting Plan.
  - b. ☐ The court should establish a Parenting Plan with the following provisions:
    - ( ☐ ) No time-sharing for the ( ☐ ) Petitioner ( ☐ ) Respondent.
    - ( ☐ ) Limited time-sharing for the ( ☐ ) Petitioner ( ☐ ) Respondent.
    - ( ☐ ) Supervised time-sharing for the ( ☐ ) Petitioner ( ☐ ) Respondent.
    - ( ☐ ) Supervised or third-party exchange of the children.
    - ( ☐ ) Time-sharing Schedule as follows:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**SECTION II. CHILD SUPPORT (Choose only one)**

1. ☐ The Petitioner does not request the establishment of child support.
- OR
2. ☐ Child support in the amount of \$ \_\_\_\_\_ per \_\_\_\_\_ was established in Case No. \_\_\_\_\_ by the judge in {city, county, state) \_\_\_\_\_  
(Attach a copy of the Order establishing child support)
- OR
3. ☐ The Petitioner requests that the Court award child support as determined by Florida's child support guidelines, section 61.30, Florida Statutes. A completed Child Support Guidelines Worksheet, Florida Family Laws Rules of Procedure Form 12.902(e), is or will be filed. Such support should be ordered retroactive to:
- a. ☐ the date of filing of this petition.
  - b. ☐ Other {date}{ explain} \_\_\_\_\_

### **SECTION III. INSURANCE**

1. The Petitioner requests that medical/dental insurance coverage for the minor child(ren) be paid by: [Choose only one]
  - a. ☐ Petitioner
  - b. ☐ Respondent
  
2. Petitioner requests that uninsured medical/dental expenses for the child(ren) be paid: [Choose only one]
  - a. ☐ by Petitioner.
  - b. ☐ by Respondent.
  - c. ☐ by Petitioner and Respondent each paying one-half.
  - d. ☐ According to the percentages in the Child Support Guidelines Worksheet, Florida Family Law Rules of Procedure Form 12.902(e).
  - e. ☐ Other (explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
3. Petitioner requests that life insurance to secure child support be provided by:
  - a. ☐ Petitioner
  - b. ☐ Respondent
  - c. ☐ Both

### **SECTION IV. OTHER RELIEF**

\_\_\_\_\_  
\_\_\_\_\_

### **SECTION V. PETITIONER'S REQUEST** (This section summarizes what you are asking the Court to include in the order.)

Petitioner requests the Court to enter an order: (Choose all that apply)

- a. ☐ Establishing parental responsibility, and a Parenting Plan with a time-sharing schedule as requested in Section I of this petition;
- b. ☐ Establishing child support as requested in Section II of this petition;
- c. ☐ Establishing insurance as requested in Section III of this petition;
- d. ☐ Granting other relief as requested in Section IV of this petition, including any other relief the Court deems necessary and appropriate.

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

DATED: \_\_\_\_\_

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

Printed name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Designated E-Mail Address(es) \_\_\_\_\_

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Sworn to or affirmed and signed before me on \_\_\_\_\_ by

\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC - STATE OF FLORIDA

\_\_\_\_\_  
[Print, type, or stamp commissioned name of notary]

[check one only]

\_\_\_\_\_ Personally known

\_\_\_\_\_ Produced identification

Type of Identification produced \_\_\_\_\_

**IF A NON-LAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS  
BELOW: [fill in all blanks]**

This form was prepared for the Petitioner. This form was completed with the assistance of:

{name of individual} \_\_\_\_\_

{name of business} \_\_\_\_\_

{address} \_\_\_\_\_

{city} \_\_\_\_\_ {state} \_\_\_\_\_ {zip code} \_\_\_\_\_ {telephone number} \_\_\_\_\_

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

CASE NUMBER: \_\_\_\_\_

\_\_\_\_\_,  
Petitioner,  
and

\_\_\_\_\_,  
Respondent.

**MOTION FOR TELEPHONIC APPEARANCE**

Pursuant to Rule 2.530(b), Florida Rules of Judicial Administration, I,  
\_\_\_\_\_ (*party filing motion*), request permission to appear and testify by  
telephone for the hearing/conference scheduled for \_\_\_\_\_ (*date of*  
*hearing/conference*).

I hereby certify that the type of hearing this request is for is a:

***Check one:***

\_\_\_\_\_ Motion Hearing  
\_\_\_\_\_ Pretrial Conference  
\_\_\_\_\_ Status Conference

Pursuant to Rule 2.530(c), Florida Rules of Judicial Administration, I hereby certify that:

***Check all that apply:***

\_\_\_\_\_ I have consulted all parties and he/she/they have no objection to my appearance by  
telephone AND the hearing is not scheduled for more than 15 minutes.

\_\_\_\_\_ All parties have not agreed to my appearance by telephone.

\_\_\_\_\_ The hearing/conference is scheduled for more than 15 minutes.

The reason I am unable to attend the hearing/conference in person is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OPPOSING COUNSEL OR PRO SE (SELF-REPRESENTED) PARTY SHOULD  
PROVIDE ANY OBJECTION TO THIS MOTION IN WRITING TO THE COURT  
WITHIN TEN (10) DAYS**

*I hereby acknowledge that, in the event the Motion is granted, I will be responsible for placing the call at the time permitted.*

*I further acknowledge that in the event I do not phone in to the Court at the designated time, that my nonappearance will be treated the same as if I had failed to appear in person.*

**CERTIFICATE OF SERVICE**

I certify that a copy of this document was (    ) mailed (    ) faxed and mailed  
(    ) e-mailed (    ) hand-delivered to the person(s) listed below on {date} \_\_\_\_\_.

**Other party or his/her attorney:**

Printed Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Designated E-mail Address(es): \_\_\_\_\_

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

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Party or his/her attorney

Printed Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Designated E-mail Address(es): \_\_\_\_\_

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE  
BLANKS BELOW:**

[fill in all blanks] This form was prepared for the: {choose only one} (    ) Petitioner (    ) Respondent

This form was completed with the assistance of: {name of individual} \_\_\_\_\_,

{name of business} \_\_\_\_\_,

{address} \_\_\_\_\_,

{city} \_\_\_\_\_, {state} \_\_\_\_\_, {zip code} \_\_\_\_\_, {telephone number} \_\_\_\_\_

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

CASE NUMBER: \_\_\_\_\_

\_\_\_\_\_,  
Petitioner,  
and

\_\_\_\_\_,  
Respondent.

**MOTION FOR TELEPHONIC APPEARANCE AT MEDIATION**

I, \_\_\_\_\_ (*party filing motion*), request permission to appear by telephone for the Mediation Conference scheduled for \_\_\_\_\_ (*date of mediation conference*).

I hereby certify that:

***Check all that apply:***

\_\_\_\_\_ I have consulted all parties and he/she/they have no objection to my appearance by telephone.

\_\_\_\_\_ All parties have not agreed to my appearance by telephone.

The reason I am unable to attend the Mediation Conference in person is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***I hereby acknowledge that, in the event the Motion is granted, I will be responsible for placing the call at the time permitted.***

***I further acknowledge that in the event I do not phone in to the Mediation Conference at the designated time, that my non-appearance will be treated the same as if I had failed to appear in person.***



### **CERTIFICATE OF SERVICE**

I certify that a copy of this document was (    ) mailed (    ) faxed and mailed  
(    ) e-mailed (    ) hand-delivered to the person(s) listed below on {date} \_\_\_\_\_.

**Other party or his/her attorney:**

Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Designated E-mail Address(es): \_\_\_\_\_  
\_\_\_\_\_

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

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Party or his/her attorney  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Designated E-mail Address(es): \_\_\_\_\_  
\_\_\_\_\_

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:**

[fill in all blanks] This form was prepared for the: {choose only one} (    ) Petitioner (    ) Respondent  
This form was completed with the assistance of: {name of individual} \_\_\_\_\_;  
{name of business} \_\_\_\_\_;  
{address} \_\_\_\_\_;  
{city} \_\_\_\_\_, {state} \_\_\_\_\_, {zip code} \_\_\_\_\_, {telephone number} \_\_\_\_\_

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

CASE NUMBER: \_\_\_\_\_

\_\_\_\_\_,  
Petitioner,  
and

\_\_\_\_\_,  
Respondent.

**MOTION FOR INCOME DEDUCTION/INCOME WITHHOLDING ORDER**

The undersigned requests the Court to enter an Income Deduction/Income Withholding Order as provided in Fla. Stat. 61.1301, because the person who is obligated to pay support ("Obligor") has not paid it on time and currently owes past due support. The Obligor's present employer and address is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATE OF SERVICE**

I certify that a copy of this document was ( ) mailed ( ) faxed and mailed ( ) e-mailed ( ) hand-delivered to the parties listed below on {date} \_\_\_\_\_.

**Other party or his/her attorney:**

Printed Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Designated E-mail Address(es): \_\_\_\_\_

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

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Party or his/her attorney

Printed Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Designated E-mail Address(es): \_\_\_\_\_

---

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE  
BLANKS BELOW:**

[fill in all blanks] This form was prepared for the: *{choose only one}* (    ) Petitioner (    ) Respondent

This form was completed with the assistance of: {name of individual} \_\_\_\_\_,

{name of business} \_\_\_\_\_,

{address} \_\_\_\_\_,

{city} \_\_\_\_\_, {state} \_\_\_\_\_, {zip code} \_\_\_\_\_, {telephone number} \_\_\_\_\_

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

\_\_\_\_\_, Case No. \_\_\_\_\_  
Petitioner,  
and  
\_\_\_\_\_,  
Respondent.

**MOTION FOR ORDER SETTING FINAL HEARING / NON-JURY TRIAL**

THE MOVANT \_\_\_\_\_ (name of person filing this motion)  
files this Motion for Order Setting Final Hearing / Non-Jury Trial, pursuant to Florida Family Law Rules  
of Procedure 12.440 and states as follows:

1. This action is:  
\_\_\_\_\_ Uncontested and ready for Final Hearing  
\_\_\_\_\_ Contested and twenty days have passed since the last pleading was filed with the  
Court.
2. The movant believes that a \_\_\_\_\_ minute or \_\_\_\_\_ hour hearing/trial is needed to present this  
case.

**CERTIFICATE OF SERVICE**

I certify that a copy of this document was ( ) mailed ( ) faxed and mailed  
( ) e-mailed ( ) hand-delivered to the person(s) listed below on {date} \_\_\_\_\_.

**Other party or his/her attorney:**

Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Designated E-mail Address(es): \_\_\_\_\_

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

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Party or his/her attorney  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Designated E-mail Address(es): \_\_\_\_\_  
\_\_\_\_\_

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: '**

[fill in all blanks] This form was prepared for the: *{choose only one}* (    ) Petitioner (    ) Respondent

This form was completed with the assistance of: {name of individual} \_\_\_\_\_,

{name of business} \_\_\_\_\_,

{address} \_\_\_\_\_,

{city} \_\_\_\_\_, {state} \_\_\_\_\_, {zip code} \_\_\_\_\_, {telephone number} \_\_\_\_\_

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

Case No. \_\_\_\_\_

\_\_\_\_\_  
Petitioner,  
and

\_\_\_\_\_  
Respondent.

**MOTION TO TERMINATE CHILD SUPPORT AND VACATE INCOME DEDUCTION ORDER**

1. THE MOVANT \_\_\_\_\_ (name of person filing this motion) requests the Court to terminate child support and vacate the income deduction order entered in this case because the person paying child support is no longer obligated to pay support. The child has attained the age of eighteen and is not in high school, performing in good faith, with a reasonable expectation of graduating before age nineteen.

2. [✓ one only]

\_\_\_\_ An Agreement to terminate child support and vacate the income deduction order which was signed by the other party and notarized is attached to the motion.

\_\_\_\_ I request a hearing because the parties do not agree.

3. I have attached a current copy of the child support print out showing that all payments are current.

**FAILURE TO ATTACH A COPY OF THE ACCOUNT SHOWING CHILD SUPPORT IS CURRENT WILL RESULT IN THE MOTION BEING DENIED WITHOUT A HEARING.**

**CERTIFICATE OF SERVICE**

I certify that a copy of this document was ( ) mailed ( ) faxed and mailed ( ) e-mailed ( ) hand-delivered to the person(s) listed below on {date} \_\_\_\_\_.

**Other party or his/her attorney:**

Printed Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Designated E-mail Address(es): \_\_\_\_\_

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

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Party or his/her attorney  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Designated E-mail Address(es): \_\_\_\_\_  
\_\_\_\_\_

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:**

[fill in all blanks] This form was prepared for the: *{choose only one}* (    ) Petitioner (    ) Respondent  
This form was completed with the assistance of: {name of individual} \_\_\_\_\_,  
{name of business} \_\_\_\_\_,  
{address} \_\_\_\_\_,  
{city} \_\_\_\_\_, {state} \_\_\_\_\_, {zip code} \_\_\_\_\_, {telephone number} \_\_\_\_\_

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

CASE NUMBER: \_\_\_\_\_

\_\_\_\_\_,  
Petitioner,  
and

\_\_\_\_\_,  
Respondent.

MOTION

COMES NOW the \_\_\_\_ Petitioner or \_\_\_\_ Respondent and files the following:  
(check the appropriate motion)

- ☐ Motion to Compel Financial Disclosure
- ☐ Motion to Continue Hearing Set for (date & time) \_\_\_\_\_
- ☐ Motion to Dismiss (name of action to be dismissed) \_\_\_\_\_
- ☐ Motion for Rehearing (name of motion/petition) \_\_\_\_\_
- ☐ Motion to be Excused from Parenting Class Requirement
- ☐ Motion for Mediation
- ☐ Motion for Clarification

In support of the above motion, I hereby state the following facts:

---

---

---

---

---

---

---

---

---

---



### **CERTIFICATE OF SERVICE**

I certify that a copy of this document was ( ) mailed ( ) faxed and mailed ( ) e-mailed ( ) hand-delivered to the person(s) listed below on {date} \_\_\_\_\_.

**Other party or his/her attorney:**

Printed Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Designated E-mail Address(es): \_\_\_\_\_

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

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Party or his/her attorney

Printed Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Designated E-mail Address(es): \_\_\_\_\_

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:**

[fill in all blanks] This form was prepared for the: {choose only one} ( ) Petitioner ( ) Respondent

This form was completed with the assistance of: {name of individual} \_\_\_\_\_,

{name of business} \_\_\_\_\_,

{address} \_\_\_\_\_,

{city} \_\_\_\_\_, {state} \_\_\_\_\_, {zip code} \_\_\_\_\_, {telephone number} \_\_\_\_\_

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

CASE NUMBER: \_\_\_\_\_

\_\_\_\_\_,  
Petitioner,  
and

\_\_\_\_\_,  
Respondent.

**PRETRIAL STATEMENT**  
**DISSOLUTION OF MARRIAGE**  
**(ACTIONS INVOLVING PARENTING ISSUES)**

**I. INFORMATION RE: PARTIES**

Name: \_\_\_\_\_ Education: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_ SS#: \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_

Date and Place of Marriage: \_\_\_\_\_

Date of Final Separation: \_\_\_\_\_

Are there any pre-nuptial or post-nuptial agreements? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, attach  
agreement(s).

**II. INCOME**

Name and Address of Employer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Gross Income: \_\_\_\_\_

**Financial Affidavit: A current, fully executed financial statement in accordance with the Florida Family Law Rules of Procedure shall be attached and must be provided to the other party.**

**III. CHILDREN**

Child(ren):

Names

Date of Birth

Present Residence

---

---

---

---

**A. PARENT STABILIZATION CLASS**

Each parent shall file proof that they have completed the Parent Education and Family Stabilization class ordered by the Court.

**B. CURRENT ACCESS AND PARENTING TIME**

Describe the access and parenting time since separation and since filing of the petition, if different.

---

---

---

**C. PROPOSED TIME-SHARING SCHEDULE**

Describe your proposed time-sharing schedule with the minor child(ren). (Attach a proposed Parenting Plan)

---

---

---

**D. INSURANCE**

List name of insurance company or if Medicaid, the policy number, and the costs, if any.

---

---

**E. CHILD CARE COSTS**

List name of child care provider and costs.

---

---

**F. CHILD SUPPORT GUIDELINES WORKSHEET**

Each parent shall attach a Child Support Guidelines Worksheet or a written agreement for payment of child support.

**IV. ISSUES FRAMED BY THE PLEADINGS**

**A. Court Resolution Not Required, Admissions or Stipulations**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**B. Court Resolution Required: (Description only - parenting time, time-sharing, alimony, division of assets and liabilities, etc.)**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

**C. Pending Motions (include date motion filed)**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**D. Requests for Judicial Notice**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

E. Estimate of Time Needed for Trial \_\_\_\_\_

**V. ALIMONY**

If alimony was requested in the pleadings, list amount requested and type (bridge-the-gap, durational, rehabilitative, permanent, lump-sum)

\_\_\_\_\_  
\_\_\_\_\_

**VI. REAL ESTATE INTERESTS ACQUIRED DURING MARRIAGE**

Continue on separate page if necessary.

1) Legal Description \_\_\_\_\_

\_\_\_\_\_

(2) Purchase Price \_\_\_\_\_ (3) Value \_\_\_\_\_

(4) Source of value \_\_\_\_\_ (5) Valuation Date \_\_\_\_\_

(6) Liens/Amount and name(s) of obligated person(s) \_\_\_\_\_

\_\_\_\_\_

(7) Net Equity \_\_\_\_\_ (8) Opinion Source \_\_\_\_\_

(9) Suggested disposition of property \_\_\_\_\_

(10) Name(s) on title \_\_\_\_\_

**VII. REAL ESTATE INTERESTS ACQUIRED BEFORE THE MARRIAGE**

Continue on separate page if necessary

(1) Legal Description \_\_\_\_\_

\_\_\_\_\_

(2) Purchase Price \_\_\_\_\_ (3) Value \_\_\_\_\_

(4) Source of value \_\_\_\_\_ (5) Valuation Date \_\_\_\_\_

(6) Liens/Amount and name(s) of obligated person(s) \_\_\_\_\_

(7) Net Equity \_\_\_\_\_ (8) Opinion Source \_\_\_\_\_

(9) Suggested disposition of property \_\_\_\_\_

(10) Name(s) on Title \_\_\_\_\_

**VIII. INTANGIBLE PERSONAL PROPERTY ACQUIRED DURING THE MARRIAGE**

Continue on separate page if necessary.

(1) Description \_\_\_\_\_

(2) Purchase Price \_\_\_\_\_ (3) Value \_\_\_\_\_

(4) Source of Value \_\_\_\_\_ (5) Valuation Date \_\_\_\_\_

(6) Liens/Amount \_\_\_\_\_

(7) Tax Consequences \_\_\_\_\_

(8) Net Equity \_\_\_\_\_ (9) Opinion Source \_\_\_\_\_

(10) Suggested disposition of property \_\_\_\_\_

(11) Name(s) on title \_\_\_\_\_

**IX. INTANGIBLE PERSONAL PROPERTY ACQUIRED BEFORE THE MARRIAGE**

Continue on separate page if necessary.

(1) Description \_\_\_\_\_

(2) Purchase Price \_\_\_\_\_ (3) Value \_\_\_\_\_

(4) Source of Value \_\_\_\_\_ (5) Valuation Date \_\_\_\_\_

(6) Liens/Amount \_\_\_\_\_

(7) Tax Consequences \_\_\_\_\_

(8) Net Equity \_\_\_\_\_ (9) Opinion Source \_\_\_\_\_

(10) Suggested disposition of property \_\_\_\_\_

(11) Name(s) on title \_\_\_\_\_

**X. TANGIBLE PERSONAL PROPERTY ACQUIRED DURING THE MARRIAGE**

List all items that must be divided in the event of a disagreement. If parties have agreed to distributions, the property may be lumped together and valued. For example: household furnishings, \$2,000.00. Continue on separate page if necessary.

<u>Item</u>	<u>Description</u>	<u>Fair Market Value</u>	<u>Debt Against</u>	<u>Title</u>	<u>Suggested Distribution</u>
-------------	--------------------	--------------------------	---------------------	--------------	-------------------------------

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

**XI. TANGIBLE PERSONAL PROPERTY ACQUIRED BEFORE THE MARRIAGE**

Continue on separate page if necessary.

<u>Item</u>	<u>Description</u>	<u>Fair Market Value</u>	<u>Debt Against</u>	<u>Title</u>	<u>Suggested Distribution</u>
-------------	--------------------	--------------------------	---------------------	--------------	-------------------------------

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

**XII. LIABILITIES OR DEBTS INCURRED DURING THE MARRIAGE**

Continue on separate page if necessary.

<u>Description</u>	<u>Security</u>	<u>Monthly Payment</u>	<u>Principal Balance</u>	<u>Responsibility (H/W/Joint/Disputed)</u>	<u>Suggested Distribution</u>
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

**XIII. RETIREMENT PLANS**

List all retirement plan, pensions, profit sharing, annuity, deferred compensation and/or insurance plan whether vested or non-vested. Identify plan; present owner; the name and address of the plan administrator, if any; the present value; your interest in the plan; and the suggested disposition.

<u>Plan</u>	<u>Present Value</u>	<u>Interest Claimed by each party</u>	<u>Suggested Distribution</u>
1.			
2.			
3.			

**XIV. LIFE INSURANCE**

Indicate type of coverage: Term (T), Straight Life (SL), or Other (O)

<u>Name and Address of Company</u>	<u>Face Amount</u>	<u>Cash Surrender Value</u>	<u>Type</u>



**XV. ATTORNEY'S FEES & COURT COSTS**

- A. Amount sought \_\_\_\_\_
- B. Estimate through conclusion of trial \_\_\_\_\_
- C. Motions filed wherein fees requested or Orders entered wherein jurisdiction reserved to  
determine fees and costs \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**XVI. TRIAL WITNESSES**

Continue on separate page if necessary.

Name and Address	Testimony Summary
1. _____ _____	_____ _____
2. _____ _____	_____ _____
3. _____ _____	_____ _____
4. _____ _____	_____ _____

**XVII. TRIAL EXHIBITS**

Continue on separate page if necessary.

**Copies of the Trial Exhibits shall be attached to the Pre-Trial Statement provided to the other party. DO NOT attached copies of the exhibits to the Pre-Trial Statement filed with the Clerk of Court.**

**Description**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

**CERTIFICATE OF SERVICE**

I certify that a copy of this document was (    ) mailed (    ) faxed and mailed (    ) e-mailed  
(    ) hand-delivered to the person(s) listed below on {date} \_\_\_\_\_.

**Other party or his/her attorney:**

Printed Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Designated E-mail Address(es): \_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Party or his/her attorney

Printed Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Designated E-mail Address(es): \_\_\_\_\_

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:**

[fill in all blanks] This form was prepared for the: *{choose only one}* (    ) Petitioner (    ) Respondent

This form was completed with the assistance of: {name of individual} \_\_\_\_\_,

{name of business} \_\_\_\_\_,

{address} \_\_\_\_\_,

{city} \_\_\_\_\_, {state} \_\_\_\_\_, {zip code} \_\_\_\_\_, {telephone number} \_\_\_\_\_

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

CASE NUMBER: \_\_\_\_\_

\_\_\_\_\_,  
Petitioner,  
and

\_\_\_\_\_,  
Respondent.

**PRETRIAL STATEMENT**  
**DISSOLUTION OF MARRIAGE**  
**(WITHOUT CHILDREN'S ISSUES)**

**I. INFORMATION RE: PARTIES**

Name: \_\_\_\_\_ Education: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_ SS#: \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_

Date and Place of Marriage: \_\_\_\_\_

Date of Final Separation: \_\_\_\_\_

Are there any pre-nuptial or post-nuptial agreements? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, attach  
agreement(s).

**II. INCOME**

Name and Address of Employer: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Gross Income: \_\_\_\_\_

**Financial Affidavit: A current, fully executed financial statement in accordance with the Florida Family Law Rules of Procedure shall be attached and must be provided to the other party.**

**III. ISSUES FRAMED BY THE PLEADINGS**

**A. Court Resolution Not Required, Admissions or Stipulations**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**B. Court Resolution Required: (Description only - parenting time, time-sharing, alimony, division of assets and liabilities, etc.)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**C. Pending Motions (include date motion filed)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**D. Requests for Judicial Notice**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**E. Estimate of Time Needed for Trial \_\_\_\_\_**

**IV. ALIMONY**

If alimony was requested in the pleadings, list amount requested and type (bridge-the-gap, durational, rehabilitative, permanent, lump-sum)

**V. REAL ESTATE INTERESTS ACQUIRED DURING MARRIAGE**

Continue on separate page if necessary.

- 1) Legal Description \_\_\_\_\_
- (2) Purchase Price \_\_\_\_\_ (3) Value \_\_\_\_\_
- (4) Source of value \_\_\_\_\_ (5) Valuation Date \_\_\_\_\_
- (6) Liens/Amount and name(s) of obligated person(s) \_\_\_\_\_
- (7) Net Equity \_\_\_\_\_ (8) Opinion Source \_\_\_\_\_
- (9) Suggested disposition of property \_\_\_\_\_
- (10) Name(s) on title \_\_\_\_\_

**VI. REAL ESTATE INTERESTS ACQUIRED BEFORE THE MARRIAGE**

Continue on separate page if necessary

- (1) Legal Description \_\_\_\_\_
- (2) Purchase Price \_\_\_\_\_ (3) Value \_\_\_\_\_
- (4) Source of value \_\_\_\_\_ (5) Valuation Date \_\_\_\_\_
- (6) Liens/Amount and name(s) of obligated person(s) \_\_\_\_\_
- (7) Net Equity \_\_\_\_\_ (8) Opinion Source \_\_\_\_\_
- (9) Suggested disposition of property \_\_\_\_\_

(10) Name(s) on Title \_\_\_\_\_

**VII. INTANGIBLE PERSONAL PROPERTY ACQUIRED DURING THE MARRIAGE**

Continue on separate page if necessary.

(1) Description \_\_\_\_\_

(2) Purchase Price \_\_\_\_\_ (3) Value \_\_\_\_\_

(4) Source of Value \_\_\_\_\_ (5) Valuation Date \_\_\_\_\_

(6) Liens/Amount \_\_\_\_\_

(7) Tax Consequences \_\_\_\_\_

(8) Net Equity \_\_\_\_\_ (9) Opinion Source \_\_\_\_\_

(10) Suggested disposition of property \_\_\_\_\_

(11) Name(s) on title \_\_\_\_\_

**VIII. INTANGIBLE PERSONAL PROPERTY ACQUIRED BEFORE THE MARRIAGE**

Continue on separate page if necessary.

(1) Description \_\_\_\_\_

(2) Purchase Price \_\_\_\_\_ (3) Value \_\_\_\_\_

(4) Source of Value \_\_\_\_\_ (5) Valuation Date \_\_\_\_\_

(6) Liens/Amount \_\_\_\_\_

(7) Tax Consequences \_\_\_\_\_

(8) Net Equity \_\_\_\_\_ (9) Opinion Source \_\_\_\_\_

(10) Suggested disposition of property \_\_\_\_\_

(11) Name(s) on title \_\_\_\_\_

**IX. TANGIBLE PERSONAL PROPERTY ACQUIRED DURING THE MARRIAGE**

List all items that must be divided in the event of a disagreement. If parties have agreed to distributions, the property may be lumped together and valued. For example: household furnishings, \$2,000.00. Continue on separate page if necessary.

<u>Item</u>	<u>Description</u>	<u>Fair Market Value</u>	<u>Debt Against</u>	<u>Title</u>	<u>Suggested Distribution</u>
-------------	--------------------	--------------------------	---------------------	--------------	-------------------------------

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

**X. TANGIBLE PERSONAL PROPERTY ACQUIRED BEFORE THE MARRIAGE**

Continue on separate page if necessary.

<u>Item</u>	<u>Description</u>	<u>Fair Market Value</u>	<u>Debt Against</u>	<u>Title</u>	<u>Suggested Distribution</u>
-------------	--------------------	--------------------------	---------------------	--------------	-------------------------------

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

**XI. LIABILITIES OR DEBTS INCURRED DURING THE MARRIAGE**

Continue on separate page if necessary.

<u>Description</u>	<u>Security</u>	<u>Monthly</u>	<u>Principal</u>	<u>Responsibility</u>	<u>Suggested</u>
		<u>Payment</u>	<u>Balance</u>	<u>(H/W/Joint/Disputed)</u>	<u>Distribution</u>

1. \_\_\_\_\_
2. \_\_\_\_\_



3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

## **XII. RETIREMENT PLANS**

List all retirement plan, pensions, profit sharing, annuity, deferred compensation and/or insurance plan whether vested or non-vested. Identify plan; present owner; the name and address of the plan administrator, if any; the present value; your interest in the plan; and the suggested disposition.

<u>Plan</u>	<u>Present Value</u>	<u>Interest Claimed by each party</u>	<u>Suggested Distribution</u>
1. _____			
2. _____			
3. _____			

## **XIII. LIFE INSURANCE**

Indicate type of coverage: Term (T), Straight Life (SL), or Other (O)

<u>Name and Address of Company</u>	<u>Face Amount</u>	<u>Cash Surrender Value</u>	<u>Type</u>
_____			
_____			
_____			

## **XIV. ATTORNEY'S FEES & COURT COSTS**

- A. Amount sought \_\_\_\_\_
- B. Estimate through conclusion of trial \_\_\_\_\_
- C. Motions filed wherein fees requested or Orders entered wherein jurisdiction reserved to \_\_\_\_\_

determine fees and costs \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**XV. TRIAL WITNESSES**

Continue on separate page if necessary.

Name and Address	Testimony Summary
1. _____ _____	_____ _____
2. _____ _____	_____ _____
3. _____ _____	_____ _____
4. _____ _____	_____ _____

**XVI. TRIAL EXHIBITS**

Continue on separate page if necessary.

**Copies of the Trial Exhibits shall be attached to the Pre-Trial Statement provided to the other party. DO NOT attached copies of the exhibits to the Pre-Trial Statement filed with the Clerk of Court.**

**Description**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

6. \_\_\_\_\_  
7. \_\_\_\_\_  
8. \_\_\_\_\_

**CERTIFICATE OF SERVICE**

I certify that a copy of this document was ( ) mailed ( ) faxed and mailed ( ) e-mailed ( ) hand-delivered to the person(s) listed below on {date} \_\_\_\_\_.

**Other party or his/her attorney:**

Printed Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Designated E-mail Address(es): \_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Party or his/her attorney

Printed Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Designated E-mail Address(es): \_\_\_\_\_

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:**

[fill in all blanks] This form was prepared for the: {choose only one} ( ) Petitioner ( ) Respondent

This form was completed with the assistance of: {name of individual} \_\_\_\_\_,

{name of business} \_\_\_\_\_,

{address} \_\_\_\_\_,

{city} \_\_\_\_\_, {state} \_\_\_\_\_, {zip code} \_\_\_\_\_, {telephone number} \_\_\_\_\_

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

CASE No:

\_\_\_\_\_  
Petitioner,  
v.

\_\_\_\_\_  
Respondent.  
\_\_\_\_\_ /

**WAIVER OF SERVICE OF PROCESS**

I acknowledge receipt of your request that I waive service of process in the lawsuit of

\_\_\_\_\_  
(Petitioner) vs. \_\_\_\_\_  
(Respondent), in the Circuit Court in Marion County, Florida. I have also received a copy of the complaint or petition. I agree to save the cost of service of process and an additional copy of the complaint or petition in this lawsuit by not requiring that I, \_\_\_\_\_ (Respondent), be served with judicial process in the manner provided by Fla. R. Civ. P. 12.070. I understand that a judgment may be entered against me if a written response is not filed with the Clerk of Court's office within twenty (20) days and a copy is mailed/hand delivered to the Petitioner.

**I acknowledge that I must keep the Clerk of the Circuit Court's office notified of my current address. (I acknowledge that I may file Notice of Current Address, Florida Supreme Court Approved Family Law Form 12.915.) I acknowledge that future papers in this lawsuit will be mailed to my address on record at the clerk's office.**

**I acknowledge that the Florida Family Law Rules of Procedure 12.285 requires certain automatic disclosures or documents and information. Failure to comply can result in sanctions, including dismissal or striking of pleadings.**

DATED: \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
(Signature of Respondent)  
Printed Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Designated Email \_\_\_\_\_

State of Florida  
County of \_\_\_\_\_

Sworn to or affirmed and signed before me on \_\_\_\_\_, 20\_\_ by  
\_\_\_\_\_ who produced identification or is personally known to me. Type  
of ID produced: \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC or DEPUTY CLERK

# **INSTRUCTIONS FOR SETTLEMENT AGREEMENT FOR PARTIES WHO WERE NEVER MARRIED WITH DEPENDENT OR MINOR CHILD(REN)**

## **When should this form be used?**

**DO NOT USE THIS FORM IF YOU HAVE FILED A PETITION FOR DISSOLUTION OF MARRIAGE.** If you have filed a Petition for Dissolution of Marriage and have reached an agreement as to all or some of the issues, you should use the Marital Settlement Agreement for Dissolution of Marriage with Dependent or Minor Child(ren), Florida Supreme Court Approved Family Law Form, 12.902(f)(1).

This form should be used when a **Petition to Determine Paternity and for Related Relief**, Florida Supreme Court Approved Family Law Form 12.983(a); a **Supplemental Petition to Modify Parenting Plan/Time-Sharing Schedule and Other Relief**, Florida Supreme Court Approved Family Law Form 12.905(a); **Supplemental Petition for Temporary Modification of Parenting Issues for Child(ren) of Parent Activated, Deployed, or Temporarily Assigned to Military Service**, Florida Supreme Court Approved Family Law Form 12.905(d); **Petition to Establish Parenting Plan with Time-Sharing Schedule with Minor Child(ren) of Parents Who Were Never Married**, Fifth Judicial Circuit Locally Approved Form; or any other action involving children has been filed and the parties have reached an agreement on some or all of the issues at hand.

This form should be typed or printed in black ink. Both parties must sign the agreement and have their signatures witnessed by a notary public or deputy clerk. After completing this form, you should file the original with the clerk of the circuit court in the county where the petition was filed and keep a copy for your records. You should then refer to the instructions for your petition, answer, or answer and counterpetition concerning the procedures for setting a hearing or trial (final hearing).

## **Where can I look for more information?**

**Before proceeding, you should read General Information for Self-Represented Litigants found at the beginning of these forms.** The words that are in **bold underline** in these instructions are defined there. For further information, see chapter 61, Florida Statutes, and the instructions for the petition and/or answer that were filed in this case.

## **Special notes...**

With this form you must also file a **Child Support Guidelines Worksheet**, Florida Family Law Rules of Procedure Form 12.902(e), if not already filed.

Remember, a person who is NOT an attorney is called a nonlawyer. If a nonlawyer helps you fill out these forms, that person must give you a copy of a **Disclosure from Nonlawyer**, Florida Family Law Rules of Procedure Form 12.900 (a), before he or she helps you. A nonlawyer helping you fill out these forms also **must** put his or her name, address, and telephone number on the bottom of the last page of every form he or she helps you complete.

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

Case No.: \_\_\_\_\_  
Division: \_\_\_\_\_

\_\_\_\_\_  
Petitioner,

and

\_\_\_\_\_  
Respondent.

**SETTLEMENT AGREEMENT FOR PARTIES WHO WERE NEVER MARRIED  
WITH DEPENDENT OR MINOR CHILD(REN)**

We, {*Petitioner's full legal name*} \_\_\_\_\_  
and {*Respondent's full legal name*} \_\_\_\_\_  
being sworn, certify that the following statements are true:

1. We have made this agreement to settle the issues involving our minor or dependent child(ren).
2. We have both filed a Family Law Financial Affidavit, Florida Family Law Rules of Procedure Form 12.902(b) or (c). Because we have voluntarily made full and fair disclosure to each other of all our assets and debts, we waive any further disclosure under rule 12.285, Florida Family Law Rules of Procedure.
3. Each of us agrees to execute and exchange any papers that might be needed to complete this agreement, including but not limited to, insurance cards, birth certificates and social security information regarding the minor or dependent child(ren).

**SECTION I. PATERNITY**

**1. Paternity.**

The Petitioner \_\_\_\_\_ and the Respondent \_\_\_\_\_  
are the biological, or legal parents of the minor or dependent child(ren), listed below:

**The parties' dependent or minor child(ren) is (are):**

**Name**

**Birth date**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**SECTION II. PARENTING PLAN ESTABLISHING PARENTAL RESPONSIBILITY AND TIME-SHARING**

The parties shall have time-sharing and parental responsibility in accordance with the Parenting Plan attached as Exhibit\_\_\_\_.

### SECTION III. CHILD SUPPORT

1. \_\_The (            ) Petitioner(   ) Respondent is currently ordered to pay child support in the amount of \$\_\_\_\_\_per\_\_\_\_\_as ordered in the case of \_\_\_\_\_  
 \_\_\_\_\_  
 {Case Name}, \_\_\_\_\_  
 {Case Number}, entered on \_\_\_\_\_  
 {date} in the \_\_\_\_\_Circuit, \_\_\_\_\_County,  
 \_\_\_\_\_{State}. Child support shall continue to be paid as previously established.

OR

(   ) Petitioner(   ) Respondent (Hereinafter known as the Obligor)\_shall pay child support on a monthly basis, payable beginning \_\_\_\_\_and continuing each month as set forth in the schedule

below: Child Support Schedule -

Please list children by name from oldest to youngest	Insert in this column the day, month, and year the child support obligation terminates for each designated child (see instructions)*	Insert in this column the amount of child support for all minor children remaining (including designated child).
<b>Child 1</b> Typically the <u>oldest</u> :	<i>From the effective date of this Order until the following date:</i>	<i>child support for Child 1 and all other younger child(ren) should be paid in the following monthly amount:</i>
<b>Child 2</b>	<i>After the date set forth in the row above until the following date:</i>	<i>child support for Child 2 and all other younger child(ren) should be paid in the following monthly amount:</i>

Child 3	After the date set forth in the row above until the following date:	child support for Child 3 and all other younger child(ren) should be paid in the following monthly amount:
Child 4		
	forth in the row above until the following date:	all other younger child(ren) should be paid in the following monthly amount:
Child 5	After the date set forth in the row above until the following date:	child support for Child 5 and all other younger child(ren) should be paid in the following monthly amount:

\* The Obligor shall pay child support until all the minor or dependent child(ren): reach the age of 18; become emancipated, marry, join the armed services, die, or become self-supporting; or until further order of the Court or agreement of the parties. The child support obligation shall continue beyond the age of 18 and until high school graduation for any child who is dependent in fact, between the ages of 18 and 19, and is still in high school, performing in good faith with a reasonable expectation of graduation before the age of 19. **The date in this column should be the date of emancipation of the child. If the parties agree or know that child support should continue beyond the date of emancipation, the alternative date of termination should be used with an explanation of why it is being used.**

Child support shall be payable ( ) at least once a month and in accordance with the parent(s)'s employer(s)'s payroll cycle, or ( ) other{explain}\_\_\_\_\_.

If the child support amount above deviates from the guidelines by 5% or more, explain the reason(s) here:

---



---



---



---

- Retroactive Child Support or Arrearages.** There is currently retroactive child support in the amount of \$\_\_\_\_\_. There is an arrearage in the amount of \$\_\_\_\_\_ for previously ordered unpaid child support. The total of \$\_\_\_\_\_ in retroactive and unpaid child support arrearage shall be repaid at the rate of \$\_\_\_\_\_ every ( ) week ( ) other week ( ) month, beginning {date}\_\_\_\_\_ until paid in full including statutory interest.
- Health Insurance.**  
(Choose only one)



- a. ☐ ( ) Petitioner ( ) Respondent will maintain health insurance for the parties' minor child(ren). The party providing coverage will provide insurance cards to the other party showing coverage.

OR

☐ The child(ren) is (are) covered by Medicaid or other state funded insurance. The ( ) Petitioner ( ) Respondent shall maintain the insurance as long as the child(ren) is (are) eligible.

OR

☐ ( ) Health insurance is either not reasonable in cost or accessible to the child(ren) at this time.

- b. Any reasonable and necessary uninsured/unreimbursed medical costs for the minor child(ren) shall be assessed as follows: (Choose one only)

☐ Shared equally by both parents. or

☐ Prorated according to the child support guideline percentages. or

☐ Other {explain}: \_\_\_\_\_

As to these uninsured/unreimbursed medical expenses, the party who incurs the expense shall submit a request for reimbursement to the other party within 30 days, and the other party, within 30 days of receipt, shall submit the applicable reimbursement for that expense, according to the schedule of reimbursement set out in this paragraph.

**4. Dental Insurance.**

(Choose only one)

- a. ☐ ( ) Petitioner ( ) Respondent will maintain dental insurance for the parties' minor child(ren). The party providing coverage will provide insurance cards to the other party showing coverage.

OR

☐ The child(ren) is (are) covered by Medicaid or other state funded insurance. The ( ) Petitioner ( ) Respondent shall maintain the insurance as long as the child(ren) is (are) eligible.

OR

☐ ( ) Dental insurance is either not reasonable in cost or accessible to the child(ren) at this time.

- b. Any reasonable and necessary uninsured/unreimbursed dental costs for the minor child(ren) shall be assessed as follows: (Choose one only)

☐ Shared equally by both parents. or

☐ Prorated according to the child support guideline percentages. or

☐ Other {explain}: \_\_\_\_\_

As to these uninsured/unreimbursed medical expenses, the party who incurs the expense shall submit a request for reimbursement to the other party within 30 days, and the other party, within 30 days of receipt, shall submit the applicable reimbursement for that expense, according to the schedule of reimbursement set out in this paragraph.

- 5. Life Insurance.** ( ) Petitioner ( ) Respondent shall be required to maintain life insurance coverage for the benefit of the parties' minor child(ren) in the amount of \$\_\_\_\_\_ until the youngest child turns 18, becomes emancipated, marries, joins the armed services, dies or otherwise becomes self-supporting.

6. **IRS Income Tax Deduction(s).** The assignment of any tax deductions for the child(ren) shall be as follows: *{explain}* \_\_\_\_\_

\_\_\_\_\_  
The other parent will convey any applicable IRS form regarding the income tax deduction.

7. Other provisions relating to child support (e.g., uninsured medical/dental expenses, health or dental insurance, life insurance to secure child support, orthodontic payments, college fund, etc.): \_\_\_\_\_

**SECTION IV. OTHER**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION V. We have not agreed on the following issues:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I certify that I have been open and honest in entering into this settlement agreement. I am satisfied with this agreement and intend to be bound by it.**

Dated: \_\_\_\_\_

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

**Printed Name:** \_\_\_\_\_

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

**City, State, Zip:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

**Designated e-mail address:** \_\_\_\_\_

**STATE OF FLORIDA**

**COUNTY OF** \_\_\_\_\_

Sworn to or affirmed and signed before me on \_\_\_\_\_ by \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC or DEPUTY CLERK

\_\_\_\_ Personally known

\_\_\_\_ Produced identification

Type of identification produced

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

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:**

[fill in all blanks] This form was prepared for the: Petitioner.

This form was completed with the assistance of:

{name of individual} \_\_\_\_\_;

{name of business} \_\_\_\_\_;

{address} \_\_\_\_\_

{city} \_\_\_\_\_, {state} \_\_\_\_\_, {zip code} \_\_\_\_\_, {telephone number} \_\_\_\_\_.

I certify that I have been open and honest in entering into this settlement agreement. I am satisfied with this agreement and intend to be bound by it.

Dated: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Designated E-Mail Address \_\_\_\_\_

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Sworn to or affirmed and signed before me on \_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC or DEPUTY CLERK

\_\_\_\_ Personally known

\_\_\_\_ Produced identification

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

Type of identification produced \_\_\_\_\_

Settlement Agreement for Parties Who Were Never Married with Dependent or Minor Child(ren) (0/18)

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:**

[fill in all blanks] This form was prepared for the Respondent.

This form was completed with the assistance of:

*{name of individual}* \_\_\_\_\_

*{name of business}* \_\_\_\_\_

*{address}* \_\_\_\_\_

*{city}* \_\_\_\_\_, *{state}* \_\_\_\_\_, *{zip code}* \_\_\_\_\_, *{telephone number}* \_\_\_\_\_.

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT  
IN AND \_\_\_\_\_ COUNTY, FLORIDA

Case No.: \_\_\_\_\_

State of Florida, Department of Revenue,  
Child Support Enforcement:

\_\_\_\_\_  
Petitioner,

and

\_\_\_\_\_  
Respondent.

**ANSWER TO PETITION**

I, \_\_\_\_\_, Respondent, being sworn, certify that the following information is true:

1. I agree with the allegations raised in the following numbered paragraphs in the Petition and, therefore, admit those allegations: *{indicate section and paragraph number}*  
\_\_\_\_\_
2. I disagree with the allegations raised in the following numbered paragraphs in the Petition and, therefore, deny those allegations: *{indicate section and paragraph number}*  
\_\_\_\_\_
3. I am currently unable to admit or deny the following paragraphs due to lack of information: *{indicate section and paragraph number}*  
\_\_\_\_\_  
\_\_\_\_\_

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

Dated: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to or affirmed and signed before me on \_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC or DEPUTY CLERK

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

\_\_\_\_ Personally known  
\_\_\_\_ Produced identification  
\_\_\_\_ Type of identification produced \_\_\_\_\_

**Certificate of Service**

I HEREBY CERTIFY that a copy has been furnished by mail/hand delivery to the person listed below this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, to \_\_\_\_\_  
(address) \_\_\_\_\_.

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

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:**

[fill in all blanks] This form was prepared for the: {choose only one} ( ) Petitioner ( ) Respondent

This form was completed with the assistance of:

{name of individual} \_\_\_\_\_;

{name of business} \_\_\_\_\_;

{address} \_\_\_\_\_;

{city} \_\_\_\_\_, {state} \_\_\_\_\_ {telephone number} \_\_\_\_\_.

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT  
IN AND \_\_\_\_\_ COUNTY, FLORIDA

Case No.: \_\_\_\_\_

State of Florida, Department of Revenue,  
Child Support Enforcement:

\_\_\_\_\_  
Petitioner,

and

\_\_\_\_\_  
Respondent.

**ANSWER TO SUPPLEMENTAL PETITION**

I, \_\_\_\_\_, being sworn, certify that the following  
information is true:

1. I agree with the allegations raised in the following numbered paragraphs in the Supplemental  
Petition and, therefore, **admit** those allegations: *{indicate section and paragraph number}*  
\_\_\_\_\_
2. I **disagree** with the allegations raised in the following numbered paragraphs in the Supplemental  
Petition and, therefore, **deny** those allegations: *{indicate section and paragraph number}*  
\_\_\_\_\_
3. I am currently unable to admit or deny the following paragraphs due to lack of information:  
*{indicate section and paragraph number}*  
\_\_\_\_\_  
\_\_\_\_\_

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

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Party

Printed Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

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

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Sworn to or affirmed and signed before me on \_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC or DEPUTY CLERK

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

\_\_\_\_\_ Personally known

\_\_\_\_\_ Produced identification

\_\_\_\_\_ Type of identification produced \_\_\_\_\_

**Certificate of Service**

I HEREBY CERTIFY that a copy has been furnished by mail/hand delivery to the person listed below this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, to \_\_\_\_\_  
(address)\_\_\_\_\_.

\_\_\_\_\_  
Signature of Party

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:**

[fill in all blanks] This form was prepared for the: {choose only one} ( ) Petitioner ( ) Respondent

This form was completed with the assistance of:

{name of individual} \_\_\_\_\_

{name of business} \_\_\_\_\_

{address} \_\_\_\_\_

{city} \_\_\_\_\_, {state} \_\_\_\_\_ {telephone number} \_\_\_\_\_.



IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

Case No.: \_\_\_\_\_

STATE OF FLORIDA, Department of  
Revenue/Child Support Enforcement:

\_\_\_\_\_,  
Petitioner,  
vs.

\_\_\_\_\_,  
Respondent.  
/

**ACCEPTANCE OF SERVICE OF SUPPLEMENTAL PETITION AND ANSWER**

1. I, \_\_\_\_\_, hereby acknowledge receipt of a copy of the Supplemental Petition to Modify Child Support and hereby WAIVE formal service of process and accept service of process to the same degree as if said process and a summons had been served by Sheriff or other certified process server duly authorized by law.
2. The Responding party \_\_\_ admits/ \_\_\_ denies the allegations in the Supplemental Petition to Modify Child Support and consents to the jurisdiction of the Court.
3. **I UNDERSTAND THAT I AM SWEARING OR AFFIRMING UNDER OATH TO THE TRUTHFULNESS OF THE CLAIMS IN THIS ANSWER AND WAIVER AND THAT PUNISHMENT FOR KNOWINGLY MAKING A FALSE STATEMENT INCLUDES FINES AND/OR IMPRISONMENT.**
4. I request that all notices and orders be sent to me at the address below.

\_\_\_\_\_  
Signature of Party  
Printed name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

State of Florida  
County of \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me on this (date) \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary or Deputy Clerk

\_\_\_\_\_  
Print name or stamp commissions name of notary

Check one: \_\_\_\_\_ Personally known  
\_\_\_\_\_ Produced identification: Type of identification: \_\_\_\_\_

I HEREBY CERTIFY that a copy has been furnished by mail/hand delivery to the person listed below this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ to \_\_\_\_\_,  
(address) \_\_\_\_\_.

\_\_\_\_\_  
Signature of Party filing answer

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

Case No.: \_\_\_\_\_

STATE OF FLORIDA, Department of  
Revenue/Child Support on behalf of:

\_\_\_\_\_,  
Petitioner,  
vs.

\_\_\_\_\_,  
Respondent.  
\_\_\_\_\_ /

**MOTION TO APPEAR BY TELEPHONE**

\_\_\_\_\_, a party in this matter, respectfully requests this  
Honorable Court to allow me to appear by telephone for the hearing referenced below.

DATE of Hearing: \_\_\_\_\_ Time: \_\_\_\_\_

Type of Hearing: \_\_\_\_\_  
\_\_\_\_\_ Petition to Establish Child Support  
\_\_\_\_\_ Modification of Child Support  
\_\_\_\_\_ Contempt  
\_\_\_\_\_ Other: \_\_\_\_\_

Reason(s) I cannot appear in person:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Party  
Printed name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

I HEREBY CERTIFY that a copy has been furnished by mail/hand delivery to the person listed  
below this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Other Party(s) or their Attorney:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

Case No.: \_\_\_\_\_

STATE OF FLORIDA, Department of  
Revenue/Child Support Enforcement:

\_\_\_\_\_  
Petitioner,

vs.

\_\_\_\_\_  
Respondent.

\_\_\_\_\_/

**MOTION TO CORRECT CHILD SUPPORT ACCOUNT:**

1. I, \_\_\_\_\_, a party in this matter, respectfully  
requests this Honorable Court to correct the child support account as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. The child support records reflect a balance of \$ \_\_\_\_\_ as of \_\_\_\_\_, 20\_\_\_\_.  
3. The child support balance SHOULD be \$ \_\_\_\_\_ as of \_\_\_\_\_, 20\_\_\_\_.  
4. \_\_\_\_\_ BOTH parties agree to this amount and have signed this motion before a notary.  
\_\_\_\_\_ A written consent signed by the other party before a notary is attached.  
\_\_\_\_\_ The moving party requests a hearing on this motion.

\_\_\_\_\_  
Signature of Party

Printed name: \_\_\_\_\_

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

\_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Email: \_\_\_\_\_

State of Florida  
County of \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Party filing motion

Printed name: \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me on this (date) \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary or Deputy Clerk

\_\_\_\_\_  
Print name or stamp commissions name of notary

Check one: \_\_\_\_\_ Personally known  
\_\_\_\_\_ Produced identification: Type of identification: \_\_\_\_\_

OTHER PARTY:

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Other Party

Printed name: \_\_\_\_\_

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

City/State/Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me on this day \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary or Deputy Clerk

\_\_\_\_\_  
Print name or stamp commissions name of notary

Check one: \_\_\_\_\_ Personally known  
\_\_\_\_\_ Produced identification: Type of identification: \_\_\_\_\_

**Certificate of Service**

I HEREBY CERTIFY that a copy has been furnished by mail/hand delivery to the person listed below this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, to \_\_\_\_\_  
(address) \_\_\_\_\_.

\_\_\_\_\_  
Signature of Party Filing Motion

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

Case No.: \_\_\_\_\_

STATE OF FLORIDA, Department of  
Revenue/Child Support Enforcement;

\_\_\_\_\_,  
Petitioner,

vs.

\_\_\_\_\_,  
Respondent.

\_\_\_\_\_/

**MOTION TO CONTEST DRIVERS LICENSE SUSPENSION/REVOCAION**

1. On or about \_\_\_\_\_, I received a letter from the \_\_\_\_ Department of Revenue (DOR)/ \_\_\_\_ Clerk of Court stating that my license and registration would be/has been suspended or revoked.
2. I do not want my license and registration suspended or revoked because:  
(State why you could not pay support, why you need your license, and any other reason your license should not be suspended or revoked).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHEREFORE, I request an order preventing the suspension of my license and registration or reinstating my license and registration.

\_\_\_\_\_  
Signature of Party  
Printed name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

I HEREBY CERTIFY that a copy has been furnished by mail/hand delivery to the person listed below this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Other Party(s) or their Attorney and DOR:

Name: \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Department of Revenue  
595 N. Lecanto Hwy.  
Lecanto, FL 34461

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

Case No.: \_\_\_\_\_

STATE OF FLORIDA, Department of  
Revenue/Child Support on behalf of:

\_\_\_\_\_  
Petitioner,

vs.

\_\_\_\_\_  
Respondent.

\_\_\_\_\_/

**MOTION TO SUSPEND/TERMINATE CHILD SUPPORT**

1. I am the \_\_\_ Petitioner, \_\_\_ Respondent, \_\_\_ Former Wife, \_\_\_ Former Husband, and I respectfully request that this Court suspend/terminate child support in this case.
2. Child support should be SUSPENDED because:  
\_\_\_ The child is no longer in the household of the Petitioner.  
\_\_\_ Respondent is completely unable to work  
\_\_\_ A doctor's note showing complete inability to pay is attached.  
\_\_\_ Other reason to suspend: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Child support should be TERMINATED because:  
\_\_\_ The child has reached the age of 18 and is no longer in high school or has graduated.  
\_\_\_ the child is no longer subject to support because (give specific reason)  
\_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_ Parties have AGREED to this request.  
Both parties must sign and notarize this motion.  
\_\_\_ Parties have NOT agreed. A hearing is requested.

WHEREFORE, I request an order suspending/terminating child support.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Party

Printed name: \_\_\_\_\_

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

City/State/Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

State of Florida  
County of \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Party filing motion

Printed name: \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me on this (date) \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary or Deputy Clerk

\_\_\_\_\_  
Print name or stamp commissions name of notary

Check one: ☐ Personally known  
☐ Produced identification: Type of identification: \_\_\_\_\_

**OTHER PARTY:**

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Other Party

Printed name: \_\_\_\_\_

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

City/State/Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me on this day \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary or Deputy Clerk

\_\_\_\_\_  
Print name or stamp commissions name of notary

Check one: ☐ Personally known  
☐ Produced identification: Type of identification: \_\_\_\_\_

**Certificate of Service**

I HEREBY CERTIFY that a copy has been furnished by mail/hand delivery to the person listed below this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, to \_\_\_\_\_  
(address) \_\_\_\_\_.

\_\_\_\_\_  
Signature of Party Filing Motion

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

Case No.: \_\_\_\_\_

STATE OF FLORIDA, Department of  
Revenue/Child Support Enforcement:

\_\_\_\_\_,  
Petitioner,

vs.

\_\_\_\_\_,  
Respondent.

\_\_\_\_\_/

**MOTION TO/FOR** \_\_\_\_\_

1. I, \_\_\_\_\_, a party in this matter, respectfully  
requests this Honorable Court for the following relief:

\_\_\_\_\_  
\_\_\_\_\_

2. The reason such relief is requested is because:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Party

Printed name: \_\_\_\_\_

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

\_\_\_\_\_  
City/State/Zip

Email: \_\_\_\_\_

**Certificate of Service**

I HEREBY CERTIFY that a copy has been furnished by mail/hand delivery to the person listed  
below this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, to (other party's name) \_\_\_\_\_  
\_\_\_\_\_. (address) \_\_\_\_\_

\_\_\_\_\_  
Signature of Party Filing Motion



IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

Case No.: \_\_\_\_\_

STATE OF FLORIDA, Department of  
Revenue/Child Support on behalf of:

\_\_\_\_\_,  
Petitioner,  
vs.

\_\_\_\_\_,  
Respondent.  
\_\_\_\_\_ /

**AFFIDAVIT OF NON-COMPLIANCE**

On \_\_\_\_\_ (date) , the Court found Respondent in contempt and ordered  
him/her to pay

\$ \_\_\_\_\_ (amount) no later than \_\_\_\_\_ (date)

\$ \_\_\_\_\_ (amount) no later than \_\_\_\_\_ (date)

The Respondent has failed to pay the deferred purge(s) as ordered by this Court. Therefore, I  
respectfully request this Honorable Court to issue a Writ of Bodily Attachment.

State of Florida

County of \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
Printed name:

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

\_\_\_\_\_  
City/State/Zip

Sworn to (or affirmed) and subscribed before me on this (date) \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary or Deputy Clerk

\_\_\_\_\_  
Print name or stamp commissions name of notary

Check one: \_\_\_\_\_ Personally known  
\_\_\_\_\_ Produced identification: Type of identification: \_\_\_\_\_

I HEREBY CERTIFY that a copy has been furnished by mail/hand delivery to the person listed  
below this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Other Party(s) or their Attorney:

Name: \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_