

JOINT STIPULATION TO MODIFY PARENTAL RESPONSIBILITY, PARENTING PLAN/TIME-SHARING, AND SUPPORT

This checklist is designed to help persons seeking to represent themselves in court without the assistance of an attorney. It is meant to serve as a guide only. It is not guaranteed that either the instructions or the forms will achieve the result desired by the parties. It is not ensured that any individual judge will follow the procedures exactly or accept each form drafted. Any person using these instructions and forms does so at their own risk.

Please note, the Family Court Case Management Self-Help Office provides procedural information and cannot give legal advice.

All forms listed below can be found at WWW.FLCOURTS.GOV under Self Help, Family Law Forms, unless otherwise noted.

- **Joint Stipulation to Modify Parental Responsibility, Parenting Plan/Time-Sharing, and Support** – This form is to be used when BOTH parties are in agreement to changes in parental responsibility, parenting plan/time-sharing, and/or child support. All three matters may be addressed in this Joint Stipulation.
- **Designation of Current Mailing and E-Mail Address** - Form 12.915 – One for each party
- **Notice of Related Cases** - Form 12.900(h)
- **Parenting Plan** - Form 12.995(a) OR Form 12.995(b) OR Form 12.995(c)
The document must be completely filled out, signed by BOTH parties and notarized and attached to the Joint Stipulation.

*Parties **cannot** change **any** support that is owed to Department of Revenue (DOR) Child Support Enforcement*

If child support is dispersed by the State of Florida Disbursement Unit, you can obtain specific information regarding child support balances and arrears, interest amounts, judgment and delinquency fees, and clerk fees, by contacting the Clerk of Court's Child Support Department at 352-742-4140.

Allow five (5) days after filing the above forms before contacting Family Court Case Management at 352-742-4301. The Joint Stipulation will not be enforceable without a court order and may require a hearing to be scheduled.

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

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

Signature of Petitioner

Signature of Respondent

Printed Name

Printed Name

Date

Date

Petitioner's Mailing Address and E-mail:

Respondent's Mailing Address and E-mail:

STATE OF FLORIDA
COUNTY OF _____

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

NOTARY PUBLIC or DEPUTY CLERK

Print, type, or stamp commissioned name of
notary or deputy clerk

_____ Personally Known
_____ Produced identification
_____ Type of identification produced _____

STATE OF FLORIDA
COUNTY OF _____

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

NOTARY PUBLIC or DEPUTY CLERK

Print, type, or stamp commissioned name of
notary or deputy clerk

_____ Personally Known
_____ Produced identification
_____ Type of identification produced _____