

## **JOINT STIPULATION TO MODIFY CHILD SUPPORT**

If you have questions or concerns about these forms, instructions, commentary, the use of the forms, or your legal rights, it is strongly recommended that you talk to an attorney. Because the law does change, the forms and information about them may have become outdated. You should be aware that changes may have taken place in the law or court rules that would affect the accuracy of the forms or instructions.

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](http://WWW.FLCOURTS.GOV) under Self Help, Family Law Forms, unless otherwise noted.

- **Joint Stipulation to Modify Child Support** – This form is to be used when BOTH parties are in agreement to any changes in child support.
- **Designation of Current Mailing and E-Mail Address** - Form 12.915 – One for each party
- **Notice of Related Cases** - Form 12.900(h)

\*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 to contact 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.

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

CASE NO:

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**Petitioner,**

and

## Respondent.

## JOINT STIPULATION TO MODIFY CHILD SUPPORT

**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**

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Signature of Petitioner

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Printed Name

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Date

Petitioner's Mailing Address and E-mail:

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Signature of Respondent

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Printed Name

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Date

Respondent's Mailing Address and E-mail:

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

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

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NOTARY PUBLIC or DEPUTY CLERK

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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 \_\_\_\_\_.

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NOTARY PUBLIC or DEPUTY CLERK

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

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