



# PACKET 14

Forms for an

Action to Establish Paternity, Visitation, Child  
Custody and Child Support,



EIGHTH JUDICIAL CIRCUIT

Revised January 25, 2015

For forms see packet 15

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## **HELPFUL HINTS TO FILE A FAMILY LAW CASE**

Filing Fee: **\$300.00**

Sheriff's Fee (No personal checks): \$40.00 PER PERSON  
Issuance Summons: \$10.00 PER PERSON

1. **You must choose the packet the clerk cannot tell you what packet you need.**
2. All documents must be completed and notarized, if the Clerk notarizes there is a fee for each document that is notarized. (\$3.50 per document)
3. When you file, you must provide the clerk with a copies of all documents that are being filed or the clerk will charge you to make copies. (.15 that day of filing)
4. You must also provide 6 self-address stamped envelopes (3 **for each party.**)
5. It is suggested that you meet with the Pro Se Coordinator for help with procedural questions **352-374-3665**, leave message and she will return your call to set up an appointment.
6. If the person you are serving does **NOT** live in Levy County it is your responsibility to take the documents to be served to the County, State where they live.
7. Please notify the Clerk **in writing** if your case has settled before your scheduled court date so we may cancel you hearing and have the case dismissed.
8. Payment plans are available upon request, additional \$25.00 fee.
9. We cannot advise you who needs served or what has to be filed, you may wish to contact an Attorney for legal advice.

## **WARNING**

IF THERE IS ANY QUESTION in your mind concerning these forms, the use of these forms, or your legal rights, it is strongly recommended that you obtain the services of an attorney. If you do not know an attorney, you may contact the Florida Lawyer Referral Service at 1-800-342-8011. If you are filing for divorce in a case involving domestic violence and are financially unable to afford the services of an attorney, you may contact Three Rivers Legal Services at (352) 372-0519 or 1-800-372-0936 to see if you are eligible for their services.

DUE TO THE CHANGING NATURE OF THE LAW, the forms and information contained in this packet may become outdated. Therefore, you should review and research statutes and rules of procedure referenced in the instructions to ensure that the forms are accurate and current.

IN NO EVENT will the Florida Supreme Court, the Florida Bar, the Eighth Judicial Circuit Office of the Court Administrator, the Clerk of the Court or anyone contributing to the production of these forms, commentary, instructions, and appendices be liable for any indirect or consequential damages resulting from the use of the packet.

Use these forms at your own risk. These forms may or may not be appropriate in your particular case. Any desired outcome from the use of these forms cannot be predicted or guaranteed. **It is strongly recommended that you seek legal advice.**

When the forms refer to: "General Information for Self-Represented Litigants," the information is found at <http://www.flcourts.org> (select Family Forms located under the heading Self Help in the General Public Tab).



## EIGHTH JUDICIAL CIRCUIT

### **Resources for Litigants Filing a Family Law Action Without Legal Counsel**

**Internet Access-** information on how to file family law cases without an attorney in the State of Florida can be found at:

<http://www.circuit8.org/prose/index.html> or <http://www.flcourts.org>  
(select Family Forms located under the heading Self Help in the  
General Public Tab)

Internet access is available from the LEVY County Public Library.

Three Rivers is available to assist pro se litigants in dissolution of marriage and paternity actions who qualify. Three Rivers can be reached at (352) 372-0519.

Legal information for litigants is available at the Alachua County Library Headquarters in Downtown Gainesville, which houses the J. H. Murphree Law Library Collection. Consult with a librarian for additional information. The web address for the library is <http://www.aclib.us/>.

## **PETITION TO DETERMINE PATERNITY AND RELATED RELIEF**

This packet is divided into two sections. Use section A when the parties are in agreement on all issues. The petitioner and respondent fill out and file the appropriate forms in section A. If the parties are not in agreement, the petitioner can use section B to serve the other party through the Sheriff's office and will need the forms in sections A and B.

### **SECTION A**

#### **PETITIONER'S FORMS**

- Notice of Limited Service
- Civil Cover Sheet
- Petition to Determine Paternity and for Related Relief
- Notice in Paternity Action
- Financial Affidavit
- Notice of Social Security Number
- Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) Affidavit
- Parenting Plan with attached time sharing schedule
- Notice of Filing the Child Support Guidelines Worksheet and the Guidelines Worksheet (this should be filed no later than 45 days after filing the initial petition)
- Certificate of Compliance with Mandatory Disclosure
- Notice of Related Cases
- Certificate of attendance of an approved "Parenting Stabilization Course" (by provider)

After filling out the forms, have them notarized and make two copies, one for yourself and one for the other party. File the originals with the Clerk's office and provide a copy to the other party. Include the filing fee and mail or deliver to the Clerk of Court,

If the parties cannot reach agreement on all issues, the court will require mediation. Parties can make the arrangements by contacting the program mediation office at (352) 491-4417.

The other party (the respondent), will have to file the following forms:

#### **RESPONDENT'S FORMS**

- Financial Affidavit
- Answer and Waiver
- Certificate of attendance of an approved "Parenting Stabilization Course" (by provider)

#### **AFTER PETITIONER'S AND RESPONDENT'S FORMS ARE FILED**

Once both parties have filed their required forms you can proceed to schedule a hearing. To do so fill in the "Notice That Action is at Issue and Motion for Hearing / Non-Jury Trial" at the end of the packet and follow the instructions provided. **Do not file the request for a hearing until all the above has been completed.**



**EIGHTH JUDICIAL CIRCUIT  
FAMILY COURT CASE MANAGEMENT PROGRAM**

**NOTICE OF LIMITATION OF SERVICES PROVIDED/DISCLAIMER**

The personnel in the office of the Clerk of the Court are not acting as your lawyer or providing legal advice to you.

Clerk of Court personnel are not acting on behalf of the court or any judge. The presiding judge in your case may require amendment of a form or substitution of a different form. The judge is not required to grant the relief requested in a form.

The personnel in the office of the Clerk of the Court cannot tell you what your legal rights or remedies are, represent you in court, give legal advice or instructions on completing forms or tell you how to testify in court.

In all cases, it is best to consult with your own attorney, especially if your case presents significant issues regarding children, child support, alimony, retirement or pension benefits, assets, or liabilities.

\_\_\_\_\_ I can read English. - (Go to signature line)

\_\_\_\_\_ I cannot read English, but this notice was read to me by

\_\_\_\_\_ in \_\_\_\_\_  
(Name) (Language)

\_\_\_\_\_  
YOUR SIGNATURE

**CHECKLIST PATERNITY**

- CIVIL COVER SHEET
- NOTICE OF LIMITED SERVICE / DISCLAIMER
- PETITION / SUPPLEMENTAL PETITION
- UCCJEA
- FAMILY LAW AFFIDAVIT AND NOTICE OF SOCIAL SECURITY NUMBER
- RESPONSE (OTHER PARTY)

OR ( IF NO RESPONSE)

- PROOF OF SERVICE (PERSONAL)
- AFFIDAVIT OF PERSONAL SERVICE OUT OF STATE
- PROOF OF SERVICE (CONSTRUCTIVE)
  - AFFIDAVIT OF DILIGENT SEARCH
  - PROOF OF PUBLICATION
  - PROOF OF POSTING
- MOTION FOR DEFAULT

IF NEEDED (ESTABLISH PATERNITY)

- FINANCIAL AFFIDAVIT (PETITIONER)
- FINANCIAL AFFIDAVIT (RESPONDENT)
- CERTIFICATE OF ATTENDANCE OF PARENTING STABILIZATION COURSE
- PARENTING PLAN W/ TIME SHARE
- NOTICE OF FILING CHILD SUPPORT GUIDELINES WORKSHEET

\*\*\* This checklist is not intended as legal advice, it is a list of what the court still needs in order to go forward with your case. You must provide the information that is listed above before your next court hearing.

IN THE CIRCUIT COURT OF THE EIGHTH JUDICIAL CIRCUIT  
IN AND FOR LEVY COUNTY, FLORIDA

CASE NO: \_\_\_\_\_

DIVISION: \_\_\_\_\_

\_\_\_\_\_  
Plaintiff/ Petitioner/State

v.

\_\_\_\_\_  
Defendant/ Respondent

**PERMISSION TO USE E-MAIL**

**Provide your email address below to receive a copy of your Orders, Judgments Notice of Hearings or other written communications from the court or clerk of court and by electronic mail.\***

By completing this form I am authorizing the Court and the Clerk, of Circuit Court to send copies of orders/judgments, notices or other written communications to me by e-mail.

I will ensure the software filters have been removed from my computer, so it does not interfere with my ability to receive any of the above documents.

I will file a written notice with the Clerk, if my current email address changes.

\_\_\_\_\_  
Plaintiff/ Petitioner Name (print)

\_\_\_\_\_  
Plaintiff/ Petitioner Name (signature)

\_\_\_\_\_  
\* email address (print *clearly*)

\_\_\_\_\_  
Date

**\*You will not need to provide a stamped self-envelope, if you provide your email address.**



**Cover Sheet for Family Court Cases**

**I. Case Style**

IN THE CIRCUIT COURT OF THE EIGHTH JUDICIAL CIRCUIT  
IN AND FOR LEVY COUNTY, FLORIDA

---

Petitioner

and

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

---

Respondent

**II. Type of Action/Proceeding.** Place a check beside the proceeding you are initiating. If you are simultaneously filing more than one type of proceeding against the same opposing party, such as a modification and an enforcement proceeding, complete a separate cover sheet for each action being filed. If you are reopening a case, choose one of the three options below it.

- (A)  Initial Action/Petition
- (B)  Reopening Case
  - 1.  Modification/Supplemental Petition
  - 2.  Motion for Civil Contempt/Enforcement
  - 3.  Other

**III. Type of Case.** If the case fits more than one type of case, select the most definitive.

- |  |  |
|--|--|
| (A) <input type="checkbox"/> Simplified Dissolution of Marriage                                      | (K) <input type="checkbox"/> UIFSA Non-IV-D (not Department of Revenue, Child Support Enforcement) |
| (B) <input type="checkbox"/> Dissolution of Marriage   | (L) <input type="checkbox"/> Other Family Court  |
| (C) <input type="checkbox"/> Domestic Violence   | (M) <input type="checkbox"/> Adoption Arising Out of Chapter 63                                    |
| (D) <input type="checkbox"/> Dating Violence   | (N) <input type="checkbox"/> Name Change   |
| (E) <input type="checkbox"/> Repeat Violence   | (O) <input checked="" type="checkbox"/> Paternity/Disestablishment of Paternity                    |
| (F) <input type="checkbox"/> Sexual Violence   | (P) <input type="checkbox"/> Juvenile Delinquency  |
| (G) <input type="checkbox"/> Stalking  | (Q) <input type="checkbox"/> Petition for Dependency   |
| (H) <input type="checkbox"/> Support IV-D (Department of Revenue, Child Support Enforcement)         | (R) <input type="checkbox"/> Shelter Petition  |
| (I) <input type="checkbox"/> Support Non-IV-D (not Department of Revenue, Child Support Enforcement) | (S) <input type="checkbox"/> Termination of Parental Rights Arising Out of Chapter 39              |
| (J) <input type="checkbox"/> UIFSA IV-D (Department of Revenue, Child Support Enforcement)           | (T) <input type="checkbox"/> Adoption Arising Out of Chapter 39                                    |
|  | (U) <input type="checkbox"/> CINS/FINS   |

**IV. Rule of Judicial Administration 2.545(d)** requires that a Notice of Related Cases Form, Family Law Form 12.900(h), be filed with the initial pleading/petition by the filing attorney or self-represented litigant in order to notify the court of related cases. Is Form 12.900(h) being filed with this Cover Sheet for Family Court Cases and initial pleading/petition?

- No, to the best of my knowledge, no related cases exist.
- Yes, all related cases are listed on Family Law Form 12.900(h).

**ATTORNEY OR PARTY SIGNATURE**

I CERTIFY that the information I have provided in this cover sheet is accurate to the best of my knowledge and belief.

Signature \_\_\_\_\_ FL Bar No.: \_\_\_\_\_  
Attorney or party (Bar number, if attorney)

\_\_\_\_\_  
(Type or print name) Date

**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} \_\_\_\_\_

**INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW  
FORM 12.983(a),  
PETITION TO DETERMINE PATERNITY AND FOR RELATED RELIEF  
(11/15)**

**When should this form be used?**

This form should be used by a birth mother or father to ask the court to establish paternity, a time-sharing schedule, and/or child support of a minor child or children. This means that you are trying to legally establish who is the father of the child(ren).

This form should be typed or printed in black ink. After completing this form, you should sign the form before a notary public or deputy clerk. You should file the original with the clerk of the circuit court in the county where you live and keep a copy for your records.

**IMPORTANT INFORMATION REGARDING E-FILING**

The Florida Rules of Judicial Administration now require that all petitions, pleadings, and documents be filed electronically except in certain circumstances. **Self-represented litigants may file petitions or other pleadings or documents electronically; however, they are not required to do so.** If you choose to file your pleadings or other documents electronically, you must do so in accordance with Florida Rule of Judicial Administration 2.525, and you must follow the procedures of the judicial circuit in which you file. **The rules and procedures should be carefully read and followed.**

**IMPORTANT INFORMATION REGARDING E-SERVICE ELECTION**

After the initial service of process of the petition or supplemental petition by the Sheriff or certified process server, the Florida Rules of Judicial Administration now require that all documents required or permitted to be served on the other party must be served by electronic mail (e-mail) except in certain circumstances. **You must strictly comply with the format requirements set forth in the Rules of Judicial Administration.** If you elect to participate in electronic service, which means serving or receiving pleadings by electronic mail (e-mail), or through the Florida Courts E-Filing Portal, you must review Florida Rule of Judicial Administration 2.516. You may find this rule at [www.flcourts.org](http://www.flcourts.org) through the link to the Rules of Judicial Administration provided under either Family Law Forms: Getting Started, or Rules of Court in the A-Z Topical Index.

**SELF-REPRESENTED LITIGANTS MAY SERVE DOCUMENTS BY E-MAIL; HOWEVER, THEY ARE NOT REQUIRED TO DO SO.** If a self-represented litigant elects to serve and receive documents by e-mail, the procedures must always be followed once the initial election is made.

To serve and receive documents by e-mail, you must designate your e-mail addresses by using the **Designation of Current Mailing and E-mail Address**, Florida Supreme Court Approved Family Law Form 12.915, and you must provide your e-mail address on each form on which your signature appears. Please **CAREFULLY** read the rules and instructions for: **Certificate of Service (General)**, Florida Supreme Court Approved Family Law Form 12.914; **Designation of Current Mailing and E-mail Address**, Florida Supreme Court Approved Family Law Form 12.915; and Florida Rule of Judicial Administration 2.516.

## What should I do next?

For your case to proceed, you must properly notify the respondent 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. However, if constructive service is used, the court may only grant limited relief. You should seek legal advice on constructive service in a paternity case. For more information see chapter 49, Florida Statutes, or you may contact Child Support Enforcement at the Florida Department of Revenue if you need assistance with your case.

If personal service is used, the respondent 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. Then, if you have filed all of the required papers, you may call the clerk, family law intake staff, or judicial assistant to set a final hearing. You must notify the other party of the hearing by using a **Notice of Hearing (General)**, Florida Supreme Court Approved Family Law Form 12.923, or other appropriate notice of hearing form.

**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, you may call the clerk, family law intake staff, or judicial assistant to set a final hearing. You must notify the other party of the hearing by using a **Notice of Hearing (General)**, Florida Supreme Court Approved Family Law Form 12.923, or other appropriate notice of hearing form.

**CONTESTED...** If the respondent files an answer or an answer and counterpetition, which disagrees with or denies anything in your petition, and you are unable to settle the disputed issues, you should file a **Notice for Trial**, Florida Supreme Court Approved Family Law Form 12.924, after you have complied with mandatory disclosure, completed the scientific paternity testing, if necessary, and filed all of the required papers. Then you should contact the clerk, family law intake staff, or judicial assistant for instructions on how to set your case for trial (final hearing). If the respondent files an answer and counterpetition, you should answer the counterpetition within 20 days using an **Answer to Counterpetition**, Florida Supreme Court Approved Family Law Form 12.983(d).

## 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 742, Florida Statutes.

## Special notes...

If you do not have the money to pay the filing fee, you may obtain an Application for Determination of Civil Indigent Status, fill it out, and the clerk will determine whether you are eligible to have filing fees deferred.

More than one child of the same alleged father may be listed on a single petition. However, if you are filing a paternity action involving more than one possible father, a separate petition must be filed for each

alleged father.

If the respondent files an answer denying that the person named in the petition is the child(ren)'s father, one of you should file a Motion for Scientific Paternity Testing, Florida Supreme Court Approved Family Law Form 12.983(e). This is used to ask the court to order a scientific test to determine who is the child(ren)'s father.

If the father signed papers at the hospital acknowledging that he was the father, paternity was established as a matter of law. This should be indicated on page 2, section 9a on this form.

If the paternity of a child who was conceived or born during a marriage is at issue, the court may appoint a guardian ad litem to assist the court in this matter and to protect the rights of child.

With this petition, you must file the following and provide a copy to the other party:

- **Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) Affidavit**, Florida Supreme Court Approved Family Law Form 12.902(d).
- **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).
- **Certificate of Compliance with Mandatory Disclosure**, Florida Family Law Rules of Procedure Form 12.932. (This must be filed within 45 days, if not filed with the petition, unless 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 do not know the other party's income, you may file this worksheet after his or her financial affidavit has been filed.)
- **Parenting Plan**, Florida Supreme Court Approved Family Law Form, 12.995(a), 12.995(b), or 12.995(c). 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.

**Parenting Plan and Time-Sharing.** If the parties are unable to agree on parenting arrangements and a time-sharing schedule, a judge will decide 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 between the parties, the court reserves jurisdiction to modify issues relating to minor or dependent 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) are being served. For more information, you may consult sections 61.401–61.405, Florida Statutes.

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
- Supervised Time-Sharing

- No contact
- Parenting Plan
- Parenting Plan Recommendation
- Time-Sharing Schedule

Many circuits require that parents of a minor or dependent child(ren) who are involved in dissolution or paternity actions attend mediation before being allowed to schedule a final hearing. A parenting course must be completed prior to entry of the final judgment. You should check with your local clerk of court's office, family law intake staff, or judicial assistant for more information on the parenting course and mediation requirements in your area.

**Child Support.** The court may order one parent to pay child support to assist the other parent in meeting the child(ren)'s material needs. Both parents are required to provide financial support, but one parent may be ordered to pay a portion of his or her support for the child(ren) 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. You should file a financial affidavit, 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. 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.

**Final Judgments.** These family law forms contain a Final Judgment of Paternity, Florida Supreme Court Approved Family Law Form 12.983(g), which the judge may use. You should check with the clerk, family law intake staff, or judicial assistant to see if you need to bring it with you to the hearing. If so, you should type or print the heading, including the circuit, county, case number, division, and the parties' names, and leave the rest blank for the judge to complete at your hearing or trial.

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,

### PETITION TO DETERMINE PATERNITY AND FOR RELATED RELIEF

Petitioner, {full legal name} \_\_\_\_\_  
being sworn, certifies that the following information is true:

This is an action for paternity and to determine parental responsibility, time-sharing, and child support under chapter 742, Florida Statutes.

#### SECTION I.

1. Petitioner is the  Mother  Father of the following minor child(ren):

	Name	Birth Date
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

2. Petitioner's current address is: {street address, city, state} \_\_\_\_\_

3. Respondent's current address is: {street address, city, state} \_\_\_\_\_

4. Both parties are over the age of 18.

5. Petitioner {Choose only one}  is  is not a member of the military service.

Respondent {Choose only one}  is  is not a member of the military service.

6. Neither Petitioner nor Respondent is mentally incapacitated.

7. A completed Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) Affidavit, Florida Supreme Court Approved Family Law Form 12.902(d), is filed with this petition.

8. A completed Notice of Social Security Number, Florida Supreme Court Approved Family Law Form 12.902(j), is filed with this petition.

9. A completed Family Law Financial Affidavit, Florida Family Law Rules of Procedure Form 12.902(b) or (c), is, or will be, filed.

10. **Paternity Facts.**

{Choose only one}

a.  Paternity has previously been established as a matter of law.

b.  The parties engaged in sexual intercourse with each other in the month(s) of {list month(s) and year(s)} \_\_\_\_\_ in {city and state} \_\_\_\_\_. As a result of the sexual intercourse,  Petitioner  Respondent conceived and gave birth to the minor child(ren) named in paragraph 1.  Petitioner  Respondent is the natural father of the minor child(ren). The mother  was  was not married at the time of the conception and/or birth of the minor child(ren) named in paragraph 1. If the mother was married, the name and address of her husband at the time of conception and/or birth is: \_\_\_\_\_

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

1. The minor child(ren) currently reside(s) with  Mother  Father  other: {explain} \_\_\_\_\_

2. **Parental Responsibility.** It is in the child(ren)'s best interests that parental responsibility be: {Choose only one}

a.  shared by both Father and Mother.

b.  awarded solely to  Father  Mother. Shared parental responsibility would be detrimental to the child(ren) because: \_\_\_\_\_

3. **Parenting Plan and Time-Sharing.** It is in the best interests of the child(ren) that the family be ordered to comply with a Parenting Plan that  Includes  does not include parental time-sharing



with the child(ren). The Petitioner states that It is in the best interests of the child(ren) that:

{Choose only one}

a.  The attached proposed Parenting Plan 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:

- 1.  No time-sharing for the  Father  Mother
- 2.  Limited time-sharing with the  Father  Mother
- 3.  Supervised time-sharing for the  Father  Mother.
- 4.  Supervised or third-party exchange of the child(ren).
- 5.  Time-sharing schedule as follows:

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

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

4. The minor child(ren) should

{Choose only one}

a.  retain his/her (their) present name(s).

b.  receive a change of name as follows:

present name(s)

be changed to

- (1). \_\_\_\_\_
- (2). \_\_\_\_\_
- (3). \_\_\_\_\_
- (4). \_\_\_\_\_
- (5). \_\_\_\_\_
- (6). \_\_\_\_\_

- (1). \_\_\_\_\_
- (2). \_\_\_\_\_
- (3). \_\_\_\_\_
- (4). \_\_\_\_\_
- (5). \_\_\_\_\_
- (6). \_\_\_\_\_

c. The name change would be in the best interest of the child(ren) because: \_\_\_\_\_  
\_\_\_\_\_

**SECTION III. CHILD SUPPORT**

{Indicate 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. A completed **Child Support Guidelines Worksheet**, Florida Family Law Rules of Procedure Form 12.902(e), is, or will be, filed. Such support should be ordered retroactive to:

{Choose only one}

- a.  the date when the parents did not reside together in the same household with the child, not to exceed a period of 24 months before the date of filing of this petition.
- b.  the date of the filing of this petition.

c.  other: {date} \_\_\_\_\_ {Explain} \_\_\_\_\_

2.  Petitioner requests that the Court award a child support amount that is more than or less than Florida's child support guidelines. Petitioner understands that a **Motion to Deviate from Child Support Guidelines**, Florida Supreme Court Approved Family Law Form 12.943, **must** be completed before the Court will consider this request.

3.  Petitioner requests that medical/dental insurance for the minor child(ren) be provided by:  
{Choose only one}

a.  Father.

b.  Mother.

4.  Petitioner requests that uninsured medical/dental expenses for the child(ren) be paid by:

{Choose only one}

a.  Father.

b.  Mother.

c.  Father and Mother each pay one-half.

d.  Father and Mother each pay according to the percentages in the **Child Support Guidelines Worksheet**, Florida Family Law Rules of Procedure Form 12.902(e).

e.  Other {explain}: \_\_\_\_\_

5.  Petitioner requests that life insurance to secure child support be provided by:

{Choose only one}

a.  Father.

b.  Mother.

c.  Both

6.  Petitioner  Respondent  Both has (have) incurred medical expenses in the amount of \$ \_\_\_\_\_ on behalf of the minor child(ren), including hospital and other expenses incidental to the birth of the minor child(ren). There should be an appropriate allocation or apportionment of these expenses.

7.  Petitioner  Respondent  Both has (have) received past public assistance for this (these) minor child(ren).

#### PETITIONER'S REQUEST

1. Petitioner requests a hearing on this petition and understands that he or she must attend the hearing.

2. Petitioner requests that the Court enter an order that:

[Indicate all that apply]

- a.  establishes paternity of the minor child(ren), ordering proper scientific testing, if necessary;
- b.  adopts or establishes a Parenting Plan containing provisions for parental responsibility and time-sharing for the minor or dependent child(ren);
- c.  awards child support, including medical/dental insurance coverage for the minor child(ren);
- d.  determines the appropriate allocation or apportionment of all expenses incidental to the birth of the child(ren), including hospital and medical expenses;
- e.  determines the appropriate allocation or apportionment of all other past, present, and future medical and dental expenses incurred or to be incurred on behalf of the minor child(ren);
- f.  changes the child(ren)'s name(s);
- g.  other relief as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

and grants such other relief as may be appropriate and in the best interests of the minor child(ren).

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 Party  
Printed Name: \_\_\_\_\_  
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 or DEPUTY CLERK

\_\_\_\_\_  
{Print, type, or stamp commissioned name of notary or clerk.}

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

**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} \_\_\_\_\_

IN THE CIRCUIT COURT OF THE EIGHTH JUDICIAL CIRCUIT  
IN AND FOR LEVY COUNTY, FLORIDA

CASE NO. \_\_\_\_\_  
DIVISION \_\_\_\_\_

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

and

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

**NOTICE IN PATERNITY ACTION**  
(As required under section 742.021(2), Florida Statutes)

TO PETITIONER AND RESPONDENT:

In order to preserve the right to notice and consent to the adoption of the child, an unmarried biological father must, as the "registrant," file a notarized claim of paternity form with the Florida Putative Father Registry maintained by the Office of Vital Statistics of the Department of Health which includes confirmation of his willingness and intent to support the child for whom paternity is claimed in accordance with state law. The claim of paternity may be filed at any time before the child's birth, but a claim of paternity may not be filed after the date a petition is filed for termination of parental rights.

I certify that a true copy of the forgoing was furnished on \_\_\_\_\_, to the Petitioner by  hand-delivery or  mail and a copy was included with the papers to be served on the Respondent.

**MATT BROOKS, CLERK OF THE CIRCUIT COURT**

(SEAL)

By: \_\_\_\_\_  
Deputy Clerk

IN THE CIRCUIT COURT OF THE EIGHTH JUDICIAL CIRCUIT,  
IN AND FOR LEVY COUNTY, FLORIDA

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

\_\_\_\_\_  
Petitioner,  
and  
\_\_\_\_\_  
Respondent.

**FAMILY LAW FINANCIAL AFFIDAVIT (SHORT FORM)**  
(Under \$50,000 Individual Gross Annual Income)

I, {full legal name} \_\_\_\_\_, being sworn, certify that the following information is true:

My Occupation: \_\_\_\_\_ Employed by: \_\_\_\_\_

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

Pay rate: \$ \_\_\_\_\_ ( ) every week ( ) every other week ( ) twice a month ( ) monthly ( ) other: \_\_\_\_\_

\_\_\_ Check here if unemployed and explain on a separate sheet your efforts to find employment.

**SECTION I. PRESENT MONTHLY GROSS INCOME:**

All amounts must be MONTHLY. See the instructions with this form to figure out money amounts for anything that is NOT paid monthly. Attach more paper, if needed. Items included under "other" should be listed separately with separate dollar amounts.

1. \$ \_\_\_\_\_ Monthly gross salary or wages
2. \_\_\_\_\_ Monthly bonuses, commissions, allowances, overtime, tips, and similar payments
3. \_\_\_\_\_ Monthly business income from sources such as self-employment, partnerships, close corporations, and/or independent contracts (gross receipts minus ordinary and necessary expenses required to produce income) (Attach sheet itemizing such income and expenses.)
4. \_\_\_\_\_ Monthly disability benefits/SSI
5. \_\_\_\_\_ Monthly Workers' Compensation
6. \_\_\_\_\_ Monthly Unemployment Compensation
7. \_\_\_\_\_ Monthly pension, retirement, or annuity payments
8. \_\_\_\_\_ Monthly Social Security benefits
9. \_\_\_\_\_ Monthly alimony actually received (Add 9a and 9b)
  - 9a. From this case: \$ \_\_\_\_\_
  - 9b. From other case(s): \_\_\_\_\_
10. \_\_\_\_\_ Monthly interest and dividends
11. \_\_\_\_\_ Monthly rental income (gross receipts minus ordinary and necessary expenses required to

produce income) (Attach sheet itemizing such income and expense items.)

- 12. \_\_\_\_\_ Monthly income from royalties, trusts, or estates
- 13. \_\_\_\_\_ Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses
- 14. \_\_\_\_\_ Monthly gains derived from dealing in property (not including nonrecurring gains)
- 15. \_\_\_\_\_ Any other income of a recurring nature (list source) \_\_\_\_\_
- 16. \_\_\_\_\_
- 17. \$ \_\_\_\_\_ **TOTAL PRESENT MONTHLY GROSS INCOME** (Add lines 1-16)

**PRESENT MONTHLY DEDUCTIONS:**

- 18. \$ \_\_\_\_\_ Monthly federal, state, and local income tax (corrected for filing status and allowable dependents and income tax liabilities)
  - a. Filing Status \_\_\_\_\_
  - b. Number of dependents claimed \_\_\_\_\_
- 19. \_\_\_\_\_ Monthly FICA or self-employment taxes
- 20. \_\_\_\_\_ Monthly Medicare payments
- 21. \_\_\_\_\_ Monthly mandatory union dues
- 22. \_\_\_\_\_ Monthly mandatory retirement payments
- 23. \_\_\_\_\_ Monthly health insurance payments (including dental insurance), excluding portion paid for any minor children of this relationship
- 24. \_\_\_\_\_ Monthly court-ordered child support actually paid for children from another relationship
- 25. \_\_\_\_\_ Monthly court-ordered alimony actually paid (Add 25a and 25b)
  - 25a. from this case: \$ \_\_\_\_\_
  - 25b. from other case(s): \$ \_\_\_\_\_
- 26. \$ \_\_\_\_\_ **TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30, FLORIDA STATUTES**  
(Add lines 18 through 25).
- 27. \$ \_\_\_\_\_ **PRESENT NET MONTHLY INCOME** (Subtract line 26 from line 17)

**SECTION II. AVERAGE MONTHLY EXPENSES**

**Proposed/Estimated Expenses.** If this is a dissolution of marriage case and your expenses as listed below do not reflect what you actually pay currently, you should write "estimate" next to each amount that is estimated.

**A. HOUSEHOLD:**

- Mortgage or rent \$ \_\_\_\_\_
- Property taxes \$ \_\_\_\_\_
- Utilities \$ \_\_\_\_\_
- Telephone \$ \_\_\_\_\_
- Food \$ \_\_\_\_\_
- Meals outside home \$ \_\_\_\_\_
- Maintenance/Repairs \$ \_\_\_\_\_
- Other: \_\_\_\_\_ \$ \_\_\_\_\_

**B. AUTOMOBILE**

- Gasoline \$ \_\_\_\_\_
- Repairs \$ \_\_\_\_\_
- Insurance \$ \_\_\_\_\_

**C. CHILD(REN)'S EXPENSES**

- Day care \$ \_\_\_\_\_
- Lunch money \$ \_\_\_\_\_
- Clothing \$ \_\_\_\_\_
- Grooming \$ \_\_\_\_\_
- Gifts for holidays \$ \_\_\_\_\_
- Medical/Dental (uninsured) \$ \_\_\_\_\_
- Other: \_\_\_\_\_ \$ \_\_\_\_\_

**D. INSURANCE**

- Medical/Dental \$ \_\_\_\_\_
- Child(ren)'s medical/dental \$ \_\_\_\_\_
- Life \$ \_\_\_\_\_
- Other: \_\_\_\_\_ \$ \_\_\_\_\_

**E. OTHER EXPENSES NOT LISTED ABOVE**

Clothing	\$ _____
Medical/Dental (uninsured)	\$ _____
Grooming	\$ _____
Entertainment	\$ _____
Gifts	\$ _____
Religious organizations	\$ _____
Miscellaneous	\$ _____
Other: _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**F. PAYMENTS TO CREDITORS**

CREDITOR:	MONTHLY PAYMENT
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

28. \$ \_\_\_\_\_ TOTAL MONTHLY EXPENSES (add ALL monthly amounts in A through F above)

**SUMMARY**

- 29. \$ \_\_\_\_\_ TOTAL PRESENT MONTHLY NET INCOME (from line 27 of SECTION I. INCOME)
- 30. \$ \_\_\_\_\_ TOTAL MONTHLY EXPENSES (from line 28 above)
- 31. \$ \_\_\_\_\_ SURPLUS (If line 29 is more than line 30, subtract line 30 from line 29. This is the amount of your surplus. Enter that amount here.)
- 32. (\$ \_\_\_\_\_) (DEFICIT) (If line 30 is more than line 29, subtract line 29 from line 30. This is the amount of your deficit. Enter that amount here.)

**SECTION III. ASSETS AND LIABILITIES**

Use the nonmarital column only if this is a petition for dissolution of marriage and you believe an item is "nonmarital," meaning it belongs to only one of you and should not be divided. You should indicate to whom you believe the item(s) or debt belongs. (Typically, you will only use this column if property/debt was owned/owed by one spouse before the marriage. See the "General Information for Self-Represented Litigants" found at the beginning of these forms and section 61.075(1), Florida Statutes, for definitions of "marital" and "nonmarital" assets and liabilities.)

**A. ASSETS:**

DESCRIPTION OF ITEM(S). List a description of each separate item owned by you (and/or your spouse, if this is a petition for dissolution of marriage). LIST ONLY LAST 4 DIGITS OF ACCOUNT NUMBERS. Check the line next to any asset(s) which you are requesting the judge award to you.	Current Fair Market Value	Nonmarital (check correct column)	
		husband	wife
Cash (on hand)	\$ _____		
Cash (in banks or credit unions)			
Stocks, Bonds, Notes			
Real estate: (Home)			
(Other)			
Automobiles			
Other personal property			
Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)			
Other			
<input type="checkbox"/> Check here if additional pages are attached.			
<b>Total Assets</b> (add next column)	\$ _____		



**B. LIABILITIES:**

DESCRIPTION OF ITEM(S). List a description of each separate debt owed by you (and/or your spouse, if this is a petition for dissolution of marriage). LIST ONLY LAST 4 DIGITS OF ACCOUNT NUMBERS. Check the line next to any debt(s) for which you believe you should be responsible.	Current Amount Owed	Nonmarital (check correct column)	
		husband	wife
Mortgages on real estate: First mortgage on home	\$		
Second mortgage on home			
Other mortgages			
Auto loans			
Charge/credit card accounts			
Other			
Check here if additional pages are attached.			
<b>Total Debts.</b> (add next column)	\$		

**C. CONTINGENT ASSETS AND LIABILITIES:**

INSTRUCTIONS: If you have any POSSIBLE assets (income potential, accrued vacation or sick leave, bonus, inheritance, etc.) or POSSIBLE liabilities (possible lawsuits, future unpaid taxes, contingent tax liabilities, debts assumed by another), you must list them here.

Contingent Assets Check the line next to any contingent asset(s) which you are requesting the Judge award to you.	Possible Value	Nonmarital (check correct column)	
		husband	wife
	\$		
<b>Total Contingent Assets</b>	\$		

Contingent Liabilities Check the line next to any contingent debt(s) for which you believe you should be responsible.	Possible Amount Owed	Nonmarital (check correct column)	
		husband	wife
	\$		
<b>Total Contingent Liabilities</b>	\$		

**SECTION IV. CHILD SUPPORT GUIDELINES WORKSHEET**

(Florida Family Law Rules of Procedure Form 12.902(e), Child Support Guidelines Worksheet, MUST be filed with the court at or prior to a hearing to establish or modify child support. This requirement cannot be waived by the parties.)

[Check one only]

A Child Support Guidelines Worksheet IS or WILL BE filed in this case. This case involves the establishment or modification of child support.

A Child Support Guidelines Worksheet IS NOT being filed in this case. The establishment or modification of child support is not an issue in this case.

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

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

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

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

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

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

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

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this affidavit 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: \_\_\_\_\_

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

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

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 \_\_\_\_\_

**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 \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

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

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

and

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

**NOTICE OF SOCIAL SECURITY NUMBER**

I, *{full legal name}* \_\_\_\_\_, certify that my social security number is \_\_\_\_\_, as required by the applicable section of the Florida Statutes. My date of birth is \_\_\_\_\_.

*{Choose one only}*

- \_\_\_\_\_ 1. This notice is being filed in a dissolution of marriage case in which the parties have no minor or dependent child(ren) in common.
- \_\_\_\_\_ 2. This notice is being filed in a paternity or child support case, or in a dissolution of marriage in which the parties have minor or dependent children in common. The minor or dependent child(ren)'s name(s), date(s) of birth, and social security number(s) is/are:

Name	Birth date	Social Security Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*{Attach additional pages if necessary.}*

Disclosure of social security numbers shall be limited to the purpose of administration of the Title IV-D program for child support enforcement.

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this notice 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: \_\_\_\_\_  
Designated E-mail Address(es): \_\_\_\_\_  
\_\_\_\_\_

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

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

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

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

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

Personally known  
 Produced Identification  
Type of identification produced

**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 \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

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

Division: \_\_\_\_\_

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

and

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

**UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT  
(UCCJEA) AFFIDAVIT**

I, *{full legal name}* \_\_\_\_\_, being sworn, certify that the following statements are true:

1. The number of minor child(ren) subject to this proceeding is \_\_\_\_\_. The name, place of birth, birth date, and sex of each child; the present address, periods of residence, and places where each child has lived within the past five (5) years; and the name, present address, and relationship to the child of each person with whom the child has lived during that time are:

THE FOLLOWING INFORMATION IS TRUE ABOUT CHILD #  1 :

Child's Full Legal Name: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Child's Residence for the past 5 years:

Dates (From/To)	Address (including city and state) where child lived	Name and present address of person child lived with	Relationship to child
_____/present*			
____/____			
____/____			
____/____			

___/___			
___/___			

\* If you are the petitioner in an injunction for protection against domestic violence case and you have filed a Request for Confidential Filing of Address, Florida Supreme Court Approved Family Law Form 12.980(h), you should write confidential in any space on this form that would require you to enter the address where you are currently living.

**THE FOLLOWING INFORMATION IS TRUE ABOUT CHILD # \_\_\_:**

Child's Full Legal Name: \_\_\_\_\_  
 Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

**Child's Residence for the past 5 years:**

Dates (From/To)	Address (including city and state) where child lived	Name and present address of person child lived with	Relationship to child
___/present			
___/___			
___/___			
___/___			
___/___			
___/___			

**THE FOLLOWING INFORMATION IS TRUE ABOUT CHILD # \_\_\_:**

Child's Full Legal Name: \_\_\_\_\_  
 Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

**Child's Residence for the past 5 years:**

Dates (From/To)	Address (including city and state) where child lived	Name and present address of person child lived with	Relationship to child
___/present			

___/___			
___/___			
___/___			
___/___			
___/___			

**2. Participation in custody or time-sharing proceeding(s):**

*[Choose only one]*

I HAVE NOT participated as a party, witness, or in any capacity in any other litigation or custody proceeding in this or any other state, jurisdiction, or country, concerning parental responsibility for, custody of, or time-sharing or visitation with a child subject to this proceeding.

I HAVE participated as a party, witness, or in any capacity in any other litigation or custody proceeding in this or another state, jurisdiction, or country, concerning parental responsibility for, custody of, or time-sharing or visitation with a child subject to this proceeding.

*Explain:*

- a. Name of each child: \_\_\_\_\_
- b. Type of proceeding: \_\_\_\_\_
- c. Court and state: \_\_\_\_\_
- d. Date of court order or judgment (if any): \_\_\_\_\_

**3. Information about custody or time-sharing proceeding(s):**

*[Choose only one]*

I HAVE NO INFORMATION of any parental responsibility, custody, time-sharing, or visitation proceeding pending in a court of this or any other state, jurisdiction, or country concerning a child subject to this proceeding.

I HAVE THE FOLLOWING INFORMATION concerning a parental responsibility, custody, time-sharing, or visitation proceeding pending in a court of this or another state concerning a child subject to this proceeding, other than set out in item 2. *Explain:*

- a. Name of each child involved in said litigation: \_\_\_\_\_
- b. Type of proceeding: \_\_\_\_\_
- c. Court and state: \_\_\_\_\_
- d. Date of court order or judgment (if any): \_\_\_\_\_
- e. Case Number: \_\_\_\_\_

4. Persons not a party to this proceeding:

[Choose only one]

I DO NOT KNOW OF ANY PERSON in this or any other state, jurisdiction, or country, who is not a party to this proceeding and who has physical custody or claims to have parental responsibility for, custody of, or time-sharing or visitation with respect to any child subject to this proceeding.

I KNOW THAT THE FOLLOWING NAMED PERSON(S), not a party to this proceeding, has (have) physical custody or claim(s) to have parental responsibility for, custody of, or time-sharing or visitation with respect to any child subject to this proceeding:

a. Name and address of person: \_\_\_\_\_

- has physical custody  
 claims parental responsibility or custody rights  
 claims time-sharing or visitation

Name of each child: \_\_\_\_\_

Relationship to child, if any: \_\_\_\_\_

b. Name and address of person: \_\_\_\_\_

- has physical custody  
 claims parental responsibility or custody rights  
 claims time-sharing or visitation

Name of each child: \_\_\_\_\_

Relationship to child, if any: \_\_\_\_\_

c. Name and address of person: \_\_\_\_\_

- has physical custody  
 claims parental responsibility or custody rights  
 claims time-sharing or visitation

Name of each child: \_\_\_\_\_

Relationship to child, if any: \_\_\_\_\_

5. Knowledge of prior child support proceedings:

[Choose only one]

The child(ren) described in this affidavit are NOT subject to existing child support order(s) in this or any other state, jurisdiction, or country..

The child(ren) described in this affidavit are subject to the following existing child support order(s):

a. Name of each child: \_\_\_\_\_

b. Type of proceeding: \_\_\_\_\_

c. Court and address: \_\_\_\_\_

d. Date of court order/judgment (if any): \_\_\_\_\_



e. Amount of child support ordered to be paid and by whom: \_\_\_\_\_

6. I acknowledge that I have a continuing duty to advise this Court of any parental responsibility, custody, time-sharing or visitation, child support, or guardianship proceeding (including dissolution of marriage, separate maintenance, child neglect, or dependency) concerning the child(ren) in this state or any other state about which information is obtained during this proceeding.

7. A completed Notice of Confidential Information within Court Filing, Florida Rules of Judicial Administration Appendix to Rule 2.420 Form, is filed with this Affidavit.

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

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

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

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

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

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 affidavit 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: \_\_\_\_\_

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

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

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

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

**INSTRUCTIONS FOR FLORIDA FAMILY LAW RULES OF PROCEDURE FORM 12.902(e), CHILD SUPPORT GUIDELINES WORKSHEET (09/12)**

**When should this form be used?**

You should complete this worksheet if **child support** is being requested in your case. If you know the income of the other **party**, this worksheet should accompany your **financial affidavit**. If you do not know the other party's income, this form must be completed after the other party files his or her financial affidavit, and **serves** a copy on you.

This form should be typed or printed in black ink. You should file the original with the **clerk of the circuit court** in the county where your case is filed and keep a copy for your records.

**What should I do next?**

A copy of this form must be served on the other party in your case. Service must be in accordance with Florida Rule of Judicial Administration 2.516.

**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 section 61.30, Florida Statutes.

**Special notes...**

If you want to keep your address confidential because you are the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence, do not enter the address, telephone, and fax information at the bottom of this form. Instead, file **Request for Confidential Filing of Address**, Florida Supreme Court Approved Family Law Form 12.980(h).

The chart below contains the guideline amounts that you should use when calculating child support. This amount is based on the number of children and the combined income of the parents, and it is divided between the parents in direct proportion to their income or earning capacity. From time to time, some of the amounts in the child support guidelines chart will change. Be sure you have the most recent version of the chart before using it.

Because the guidelines are based on monthly amounts, it may be necessary to convert some income and expense figures from other frequencies to monthly. You should do this as follows:

<b>If payment is twice per month</b>	Payment amount	x 2	=	<b>Monthly amount</b>
<b>If payment is every two weeks</b>	Payment amount	x 26	=	<b>Yearly amount due</b>
	Yearly amount	÷ 12	=	<b>Monthly amount</b>
<b>If payment is weekly</b>	Weekly amount	x 52	=	<b>Yearly amount due</b>
	Yearly amount	÷ 12	=	<b>Monthly amount</b>

If you or the other parent request that the court award an amount that is different than the guideline amount, you must also complete and attach a **Motion to Deviate from Child Support Guidelines**, Florida Supreme Court Approved Family Law Form 12.943.

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.

## CHILD SUPPORT GUIDELINES CHART

Combined Monthly Available Income	One Child	Two Children	Three Children	Four Children	Five Children	Six Children
800.00	190	211	213	216	218	220
850.00	202	257	259	262	265	268
900.00	213	302	305	309	312	315
950.00	224	347	351	355	359	363
1000.00	235	365	397	402	406	410
1050.00	246	382	443	448	453	458
1100.00	258	400	489	495	500	505
1150.00	269	417	522	541	547	553
1200.00	280	435	544	588	594	600
1250.00	290	451	565	634	641	648
1300.00	300	467	584	659	688	695
1350.00	310	482	603	681	735	743
1400.00	320	498	623	702	765	790
1450.00	330	513	642	724	789	838
1500.00	340	529	662	746	813	869
1550.00	350	544	681	768	836	895
1600.00	360	560	701	790	860	920
1650.00	370	575	720	812	884	945
1700.00	380	591	740	833	907	971
1750.00	390	606	759	855	931	996
1800.00	400	622	779	877	955	1022
1850.00	410	638	798	900	979	1048
1900.00	421	654	818	923	1004	1074
1950.00	431	670	839	946	1029	1101
2000.00	442	686	859	968	1054	1128
2050.00	452	702	879	991	1079	1154
2100.00	463	718	899	1014	1104	1181
2150.00	473	734	919	1037	1129	1207
2200.00	484	751	940	1060	1154	1234
2250.00	494	767	960	1082	1179	1261
2300.00	505	783	980	1105	1204	1287
2350.00	515	799	1000	1128	1229	1314
2400.00	526	815	1020	1151	1254	1340
2450.00	536	831	1041	1174	1279	1367
2500.00	547	847	1061	1196	1304	1394
2550.00	557	864	1081	1219	1329	1420
2600.00	568	880	1101	1242	1354	1447
2650.00	578	896	1121	1265	1379	1473
2700.00	588	912	1141	1287	1403	1500
2750.00	597	927	1160	1308	1426	1524
2800.00	607	941	1178	1328	1448	1549
2850.00	616	956	1197	1349	1471	1573

Combined Monthly Available Income	One Child	Two Children	Three Children	Four Children	Five Children	Six Children
2900.00	626	971	1215	1370	1494	1598
2950.00	635	986	1234	1391	1517	1622
3000.00	644	1001	1252	1412	1540	1647
3050.00	654	1016	1271	1433	1563	1671
3100.00	663	1031	1289	1453	1586	1695
3150.00	673	1045	1308	1474	1608	1720
3200.00	682	1060	1327	1495	1631	1744
3250.00	691	1075	1345	1516	1654	1769
3300.00	701	1090	1364	1537	1677	1793
3350.00	710	1105	1382	1558	1700	1818
3400.00	720	1120	1401	1579	1723	1842
3450.00	729	1135	1419	1599	1745	1867
3500.00	738	1149	1438	1620	1768	1891
3550.00	748	1164	1456	1641	1791	1915
3600.00	757	1179	1475	1662	1814	1940
3650.00	767	1194	1493	1683	1837	1964
3700.00	776	1208	1503	1702	1857	1987
3750.00	784	1221	1520	1721	1878	2009
3800.00	793	1234	1536	1740	1899	2031
3850.00	802	1248	1553	1759	1920	2053
3900.00	811	1261	1570	1778	1940	2075
3950.00	819	1275	1587	1797	1961	2097
4000.00	828	1288	1603	1816	1982	2119
4050.00	837	1302	1620	1835	2002	2141
4100.00	846	1315	1637	1854	2023	2163
4150.00	854	1329	1654	1873	2044	2185
4200.00	863	1342	1670	1892	2064	2207
4250.00	872	1355	1687	1911	2085	2229
4300.00	881	1369	1704	1930	2106	2251
4350.00	889	1382	1721	1949	2127	2273
4400.00	898	1396	1737	1968	2147	2295
4450.00	907	1409	1754	1987	2168	2317
4500.00	916	1423	1771	2006	2189	2339
4550.00	924	1436	1788	2024	2209	2361
4600.00	933	1450	1804	2043	2230	2384
4650.00	942	1463	1821	2062	2251	2406
4700.00	951	1477	1838	2081	2271	2428
4750.00	959	1490	1855	2100	2292	2450
4800.00	968	1503	1871	2119	2313	2472
4850.00	977	1517	1888	2138	2334	2494
4900.00	986	1530	1905	2157	2354	2516
4950.00	993	1542	1927	2174	2372	2535
5000.00	1000	1551	1939	2188	2387	2551

Combined Monthly Available Income	One Child	Two Children	Three Children	Four Children	Five Children	Six Children
5050.00	1006	1561	1952	2202	2402	2567
5100.00	1013	1571	1964	2215	2417	2583
5150.00	1019	1580	1976	2229	2432	2599
5200.00	1025	1590	1988	2243	2447	2615
5250.00	1032	1599	2000	2256	2462	2631
5300.00	1038	1609	2012	2270	2477	2647
5350.00	1045	1619	2024	2283	2492	2663
5400.00	1051	1628	2037	2297	2507	2679
5450.00	1057	1638	2049	2311	2522	2695
5500.00	1064	1647	2061	2324	2537	2711
5550.00	1070	1657	2073	2338	2552	2727
5600.00	1077	1667	2085	2352	2567	2743
5650.00	1083	1676	2097	2365	2582	2759
5700.00	1089	1686	2109	2379	2597	2775
5750.00	1096	1695	2122	2393	2612	2791
5800.00	1102	1705	2134	2406	2627	2807
5850.00	1107	1713	2144	2418	2639	2820
5900.00	1111	1721	2155	2429	2651	2833
5950.00	1116	1729	2165	2440	2663	2847
6000.00	1121	1737	2175	2451	2676	2860
6050.00	1126	1746	2185	2462	2688	2874
6100.00	1131	1754	2196	2473	2700	2887
6150.00	1136	1762	2206	2484	2712	2900
6200.00	1141	1770	2216	2495	2724	2914
6250.00	1145	1778	2227	2506	2737	2927
6300.00	1150	1786	2237	2517	2749	2941
6350.00	1155	1795	2247	2529	2761	2954
6400.00	1160	1803	2258	2540	2773	2967
6450.00	1165	1811	2268	2551	2785	2981
6500.00	1170	1819	2278	2562	2798	2994
6550.00	1175	1827	2288	2573	2810	3008
6600.00	1179	1835	2299	2584	2822	3021
6650.00	1184	1843	2309	2595	2834	3034
6700.00	1189	1850	2317	2604	2845	3045
6750.00	1193	1856	2325	2613	2854	3055
6800.00	1196	1862	2332	2621	2863	3064
6850.00	1200	1868	2340	2630	2872	3074
6900.00	1204	1873	2347	2639	2882	3084
6950.00	1208	1879	2355	2647	2891	3094
7000.00	1212	1885	2362	2656	2900	3103
7050.00	1216	1891	2370	2664	2909	3113
7100.00	1220	1897	2378	2673	2919	3123
7150.00	1224	1903	2385	2681	2928	3133

Combined Monthly Available Income	One Child	Two Children	Three Children	Four Children	Five Children	Six Children
7200.00	1228	1909	2393	2690	2937	3142
7250.00	1232	1915	2400	2698	2946	3152
7300.00	1235	1921	2408	2707	2956	3162
7350.00	1239	1927	2415	2716	2965	3172
7400.00	1243	1933	2423	2724	2974	3181
7450.00	1247	1939	2430	2733	2983	3191
7500.00	1251	1945	2438	2741	2993	3201
7550.00	1255	1951	2446	2750	3002	3211
7600.00	1259	1957	2453	2758	3011	3220
7650.00	1263	1963	2461	2767	3020	3230
7700.00	1267	1969	2468	2775	3030	3240
7750.00	1271	1975	2476	2784	3039	3250
7800.00	1274	1981	2483	2792	3048	3259
7850.00	1278	1987	2491	2801	3057	3269
7900.00	1282	1992	2498	2810	3067	3279
7950.00	1286	1998	2506	2818	3076	3289
8000.00	1290	2004	2513	2827	3085	3298
8050.00	1294	2010	2521	2835	3094	3308
8100.00	1298	2016	2529	2844	3104	3318
8150.00	1302	2022	2536	2852	3113	3328
8200.00	1306	2028	2544	2861	3122	3337
8250.00	1310	2034	2551	2869	3131	3347
8300.00	1313	2040	2559	2878	3141	3357
8350.00	1317	2046	2566	2887	3150	3367
8400.00	1321	2052	2574	2895	3159	3376
8450.00	1325	2058	2581	2904	3168	3386
8500.00	1329	2064	2589	2912	3178	3396
8550.00	1333	2070	2597	2921	3187	3406
8600.00	1337	2076	2604	2929	3196	3415
8650.00	1341	2082	2612	2938	3205	3425
8700.00	1345	2088	2619	2946	3215	3435
8750.00	1349	2094	2627	2955	3224	3445
8800.00	1352	2100	2634	2963	3233	3454
8850.00	1356	2106	2642	2972	3242	3464
8900.00	1360	2111	2649	2981	3252	3474
8950.00	1364	2117	2657	2989	3261	3484
9000.00	1368	2123	2664	2998	3270	3493
9050.00	1372	2129	2672	3006	3279	3503
9100.00	1376	2135	2680	3015	3289	3513
9150.00	1380	2141	2687	3023	3298	3523
9200.00	1384	2147	2695	3032	3307	3532
9250.00	1388	2153	2702	3040	3316	3542
9300.00	1391	2159	2710	3049	3326	3552

Combined Monthly Available Income	One Child	Two Children	Three Children	Four Children	Five Children	Six Children
9350.00	1395	2165	2717	3058	3335	3562
9400.00	1399	2171	2725	3066	3344	3571
9450.00	1403	2177	2732	3075	3353	3581
9500.00	1407	2183	2740	3083	3363	3591
9550.00	1411	2189	2748	3092	3372	3601
9600.00	1415	2195	2755	3100	3381	3610
9650.00	1419	2201	2763	3109	3390	3620
9700.00	1422	2206	2767	3115	3396	3628
9750.00	1425	2210	2772	3121	3402	3634
9800.00	1427	2213	2776	3126	3408	3641
9850.00	1430	2217	2781	3132	3414	3647
9900.00	1432	2221	2786	3137	3420	3653
9950.00	1435	2225	2791	3143	3426	3659
10000.00	1437	2228	2795	3148	3432	3666

IN THE CIRCUIT COURT OF THE EIGHTH JUDICIAL CIRCUIT,  
IN AND FOR LEVY COUNTY, FLORIDA

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

Division: \_\_\_\_\_

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

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

**NOTICE OF FILING CHILD SUPPORT GUIDELINES WORKSHEET**

PLEASE TAKE NOTICE, that {name} \_\_\_\_\_, is filing his/her

Child Support Guidelines Worksheet attached and labeled Exhibit 1.

**CERTIFICATE OF SERVICE**

I certify that a copy of this Notice of Filing with the Child Support Guidelines Worksheet was  
[check all used]: ( ) e-mailed ( ) mailed ( ) faxed ( ) hand delivered to the person(s) listed  
below on {date} \_\_\_\_\_.

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

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

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

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

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

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

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

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

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

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

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

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

Florida Bar Number: \_\_\_\_\_



<b>CHILD SUPPORT GUIDELINES WORKSHEET</b>			
	A. FATHER	B. MOTHER	TOTAL
<b>1. Present Net Monthly Income</b> Enter the amount from line 27, Section I of Florida Family Law Rules of Procedure Form 12.902(b) or (c), Financial Affidavit.			
<b>2. Basic Monthly Obligation</b> There is (are) {number} _____ minor child(ren) common to the parties. Using the total amount from line 1, enter the appropriate amount from the child support guidelines chart.			
<b>3. Percent of Financial Responsibility</b> Divide the amount on line 1A by the total amount on line 1 to get Father's percentage of financial responsibility. Enter answer on line 3A. Divide the amount on line 1B by the total amount on line 1 to get Mother's percentage of financial responsibility. Enter answer on line 3B.	%	%	
<b>4. Share of Basic Monthly Obligation</b> Multiply the number on line 2 by the percentage on line 3A to get Father's share of basic obligation. Enter answer on line 4A. Multiply the number on line 2 by the percentage on line 3B to get Mother's share of basic obligation. Enter answer on line 4B.			
<b>Additional Support — Health Insurance, Child Care &amp; Other</b>			
<b>5. a. 100% of Monthly Child Care Costs</b> [Child care costs should not exceed the level required to provide quality care from a licensed source. See section 61.30(7), Florida]			
<b>b. Total Monthly Child(ren)'s Health Insurance Cost</b> [This is only amounts actually paid for health insurance on the child(ren).]			
<b>c. Total Monthly Child(ren)'s Noncovered Medical, Dental and Prescription Medication Costs</b>			

<b>CHILD SUPPORT GUIDELINES WORKSHEET</b>			
	A. FATHER	B. MOTHER	TOTAL
<b>d. Total Monthly Child Care &amp; Health Costs</b> [Add lines 5a + 5b +5c].			
<b>6. Additional Support Payments</b> Multiply the number on line 5d by the percentage on line 3A to determine the Father's share. Enter answer on line 6A. Multiply the number on line 5d by the percentage on line 3B to determine the Mother's share. Enter answer on line 6B.			
<b>Statutory Adjustments/Credits</b>			
<b>7. a. Monthly child care payments actually made</b>			
<b>b. Monthly health insurance payments actually made</b>			
<b>c. Other payments/credits actually made for any noncovered medical, dental and prescription medication expenses of the child(ren) not ordered to be separately paid on a percentage basis.</b> (See section 61.30 (8), Florida Statutes)			
<b>8. Total Support Payments actually made</b> (Add 7a through 7c)			
<b>9. MINIMUM CHILD SUPPORT OBLIGATION FOR EACH PARENT</b> [Line 4 plus line 6; minus line 8]			
<b>Substantial Time-Sharing (GROSS UP METHOD): If each parent exercises time-sharing at least 20 percent of the overnights in the year (73 overnights in the year), complete Nos. 10 through 21</b>			
	A. FATHER	B. MOTHER	TOTAL
<b>10. Basic Monthly Obligation x 150%</b> [Multiply line 2 by 1.5]			
<b>11. Increased Basic Obligation for each parent.</b> Multiply the number on line 10 by the percentage on line 3A to determine the Father's share. Enter answer on line 11A. Multiply the number on line 10 by the percentage on line 3B to determine the Mother's share. Enter answer on line 11B.			

<b>CHILD SUPPORT GUIDELINES WORKSHEET</b>			
	<b>A. FATHER</b>	<b>B. MOTHER</b>	<b>TOTAL</b>
<p><b>12.</b> Percentage of overnight stays with each parent. The child(ren) spend(s) _____ overnight stays with the Father each year. Using the number on the above line, multiply it by 100 and divide by 365. Enter this number on line 12A. The child(ren) spend(s) _____ overnight stays with the Mother each year. Using the number on the above line, multiply it by 100 and divide by 365. Enter this number on line 12B.</p>	%	%	
<p><b>13.</b> Parent's support multiplied by other Parent's percentage of overnights. [Multiply line 11A by line 12B. Enter this number in 13A. Multiply line 11B by line 12A. Enter this number in 13B.]</p>			
<b>Additional Support — Health Insurance, Child Care &amp; Other</b>			
<p><b>14. a.</b> Total Monthly Child Care Costs [Child care costs should not exceed the level required to provide quality care from a licensed source. See section 61.30(7), Florida Statutes, for more information.]</p>			
<p><b>b.</b> Total Monthly Child(ren)'s Health Insurance Cost [This is only amounts actually paid for health insurance on the child(ren).]</p>			
<p><b>c.</b> Total Monthly Child(ren)'s Noncovered Medical, Dental and Prescription Medication Costs.</p>			
<p><b>d.</b> Total Monthly Child Care &amp; Health Costs [Add lines 14a + 14b + 14c.]</p>			
<p><b>15.</b> Additional Support Payments. Multiply the number on line 14d by the percentage on line 3A to determine the Father's share. Enter answer on line 15A. Multiply the number on line 14d by the percentage on line 3B to determine the Mother's share. Enter answer on line 15B.</p>			
<b>Statutory Adjustments/Credits</b>			
<p><b>16. a.</b> Monthly child care payments actually made</p>			
<p><b>b.</b> Monthly health insurance payments actually made</p>			

CHILD SUPPORT GUIDELINES WORKSHEET			
	A. FATHER	B. MOTHER	TOTAL
c. Other payments/credits actually made for any noncovered medical, dental and prescription medication expenses of the child(ren) not ordered to be separately paid on a percentage basis. [See section 61.30(8), Florida Statutes]			
17. Total Support Payments actually made [Add 16a through 16c]			
18. Total Additional Support Transfer Amount [Line 15 minus line 17; enter any negative number as zero]			
19. Total Child Support Owed from Father to Mother [Add line 13A plus line 18A]			
20. Total Child Support Owed from Mother to Father [Add line 13B plus line 18B]			
21. Actual Child Support to Be Paid. [Comparing lines 19 and 20, Subtract the smaller amount owed from the larger amount owed and enter the result in the column for the parent that owes the larger amount of support]	\$		

**ADJUSTMENTS TO GUIDELINES AMOUNT.** If you or the other parent is requesting the Court to award a child support amount that is more or less than the child support guidelines, you must complete and file Motion to Deviate from Child Support Guidelines, Florida Supreme Court Approved Family Law Form 12.943.

[check one only]

- a.  Deviation from the guidelines amount is requested. The Motion to Deviate from Child Support Guidelines, Florida Supreme Court Approved Family Law Form 12.943, is attached.
- b.  Deviation from the guidelines amount is NOT requested. The Motion to Deviate from Child Support Guidelines, Florida Supreme Court Approved Family Law Form 12.943, is not attached.

**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} \_\_\_\_\_..

**INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW  
FORM 12.995(a),  
PARENTING PLAN (02/18)**

**When should this form be used?**

A **Parenting Plan** is required in all cases involving time-sharing with minor child(ren), even when time-sharing is not in dispute. The Parenting Plan must be developed and agreed to by the parents and approved by the court. If the parties cannot agree to a Parenting Plan or if the parents agreed to a plan that is not approved by the court, a Parenting Plan will be established by the court with or without the use of parenting plan recommendations. This form or a similar form should be used in the development of a Parenting Plan. If the case involves supervised time-sharing, the **Supervised/Safety Focused Parenting Plan**, Florida Supreme Court Approved Family Law Form 12.995(b) or a similar form should be used. If the case involves relocation, pursuant to Section 61.13001, Florida Statutes, then a **Relocation/Long Distance Parenting Plan**, Florida Supreme Court Approved Family Law Form 12.995(c) or a similar form should be used. The parents must identify a name or designation to be used throughout this Parenting Plan.

This form should be typed or printed in black ink. Please either delete or strike-through terms or paragraphs that are inappropriate or inapplicable to your agreement. If an agreement has been reached, **both parties must sign the Parenting Plan 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)**. If the parents have not reached an agreement, a proposed Parenting Plan may be filed by either parent at the time of or any time prior to the final hearing. If an agreed Parenting Plan is not filed by the parties, the court shall establish a Plan.

**IMPORTANT INFORMATION REGARDING E-FILING**

The Florida Rules of Judicial Administration now require that all petitions, pleadings, and documents be filed electronically except in certain circumstances. **Self-represented litigants may file petitions or other pleadings or documents electronically; however, they are not required to do so.** If you choose to file your pleadings or other documents electronically, you must do so in accordance with Florida rule of Judicial Administration 2.525, and you must follow the procedures of the judicial circuit in which you file. **The rules and procedures should be carefully read and followed.**

**IMPORTANT INFORMATION REGARDING E-SERVICE ELECTION**

After the initial service of process of the petition or supplemental petition by the Sheriff or certified process server, the Florida Rules of Judicial Administration now require that all documents required or permitted to be served on the other party must be served by electronic mail (e-mail) except in certain

circumstances. You must strictly comply with the format requirements set forth in the Rules of Judicial Administration. If you elect to participate in electronic service, which means serving or receiving pleadings by electronic mail (e-mail), or through the Florida Courts E-Filing Portal, you must review Florida Rule of Judicial Administration 2.516. You may find this rule at [www.flcourts.org](http://www.flcourts.org) through the link to the Rules of Judicial Administration provided under either Family Law Forms: Getting Started, or Rules of Court in the A-Z Topical Index.

**SELF-REPRESENTED LITIGANTS MAY SERVE DOCUMENTS BY E-MAIL; HOWEVER, THEY ARE NOT REQUIRED TO DO SO.** If a self-represented litigant elects to serve and receive documents by e-mail, the procedures must always be followed once the initial election is made.

To serve and receive documents by e-mail, you must designate your e-mail addresses by using the **Designation of Current Mailing and E-mail Address**, Florida Supreme Court Approved Family Law Form 12.915, and you must provide your e-mail address on each form on which your signature appears. Please **CAREFULLY** read the rules and instructions for: **Certificate of Service (General)**, Florida Supreme Court Approved Family Law Form 12.914; **Designation of Current Mailing and E-mail Address**, Florida Supreme Court Approved Family Law Form 12.915; and Florida Rule of Judicial Administration 2.516.

### 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...

At a minimum, the Parenting Plan must describe in adequate detail:

- How the parties will share and be responsible for the daily tasks associated with the upbringing of the child(ren),
- The time-sharing schedule arrangements that specify the time that the minor child(ren) will spend with each parent,
- A designation of who will be responsible for any and all forms of health care, school-related matters, including the address to be used for school-boundary determination and registration, other activities, and
- The methods and technologies that the parents will use to communicate with the child(ren).

The best interests of the child(ren) is the primary consideration in the Parenting Plan. In creating the Parenting Plan, all circumstances between the parents, including their historic relationship, domestic violence, and other factors must be taken into consideration. Determination of the best interests of the child(ren) shall be made by evaluating all of the factors affecting the welfare and interest of the particular minor child(ren) and the circumstances of that family, as listed in section 61.13(3), Florida Statutes, including, but not limited to:

Instructions for Florida Supreme Court Approved Family Law Form 12.995(a), Parenting Plan (02/18)

- The demonstrated capacity and disposition of each parent to facilitate and encourage a close and continuing parent-child relationship, to honor the time-sharing schedule, and to be reasonable when changes are required;
- The anticipated division of parental responsibilities after the litigation, including the extent to which parental responsibilities will be delegated to third parties;
- The demonstrated capacity and disposition of each parent to determine, consider, and act upon the needs of the child(ren) as opposed to the needs or desires of the parent;
- The length of time the child(ren) has lived in a stable, satisfactory environment and the desirability of maintaining continuity;
- The geographic viability of the parenting plan, with special attention paid to the needs of school-age children and the amount of time to be spent traveling to effectuate the parenting plan. This factor does not create a presumption for or against relocation of either parent with a child(ren);
- The moral fitness of the parents;
- The mental and physical health of the parents;
- The home, school, and community record of the child(ren);
- The reasonable preference of the child(ren), if the court deems the child(ren) to be of sufficient intelligence, understanding, and experience to express a preference;
- The demonstrated knowledge, capacity, and disposition of each parent to be informed of the circumstances of the minor child(ren), including, but not limited to, the child(ren)'s friends, teachers, medical care providers, daily activities, and favorite things;
- The demonstrated capacity and disposition of each parent to provide a consistent routine for the child(ren), such as discipline, and daily schedules for homework, meals, and bedtime;
- The demonstrated capacity of each parent to communicate with and keep the other parent informed of issues and activities regarding the minor child(ren), and the willingness of each parent to adopt a unified front on all major issues when dealing with the child(ren);
- Evidence of domestic violence, sexual violence, child abuse, child abandonment, or child neglect, regardless of whether a prior or pending action relating to those issues has been brought. If the court accepts evidence of prior or pending actions regarding domestic violence, sexual violence, child abuse, child abandonment, or child neglect, the court must specifically acknowledge in writing that such evidence was considered when evaluating the best interests of the child(ren);
- Evidence that either parent has knowingly provided false information to the court regarding any prior or pending action regarding domestic violence, sexual violence, child abuse, child abandonment, or child neglect;
- The particular parenting tasks customarily performed by each parent and the division or parental responsibilities before the institution of litigation and during the pending litigation, including the extent to which parenting responsibilities were undertaken by third parties;
- The demonstrated capacity and disposition of each parent to participate and be involved in the child(ren)'s school and extracurricular activities;
- The demonstrated capacity and disposition of each parent to maintain an environment for the child(ren) which is free from substance abuse;
- The capacity and disposition of each parent to protect the child(ren) from the ongoing litigation as demonstrated by not discussing the litigation with the child(ren), not sharing documents or

electronic media related to the litigation with the child(ren), and refraining from disparaging comments about the other parent to the child(ren); and

- The developmental stages and needs of the child(ren) and the demonstrated capacity and disposition of each parent to meet the child(ren)'s developmental needs.

This standard form does not include every possible issue that may be relevant to the facts of your case. The Parenting Plan should be as detailed as possible to address the time-sharing schedule. Additional provisions should be added to address all of the relevant factors. The parties should give special consideration to the age and needs of each child.

In developing the Parenting Plan, you may wish to consult or review other materials which are available at your local library, law library or through national and state family organizations.

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.

### PARENTING PLAN

This parenting plan is: *{Choose only one}*

A Parenting Plan submitted to the court with the agreement of the parties.

A proposed Parenting Plan submitted by or on behalf of:  
*{Parent's Name}* \_\_\_\_\_

A Parenting Plan established by the court.

This parenting plan is: *{Choose only one}*

A final Parenting Plan established by the court.

A temporary Parenting Plan established by the court.

A modification of a prior final Parenting Plan or prior final order.

#### I. PARENTS

**Petitioner, hereinafter referred to in this Parenting Plan as Parent**

***{name or designation}*** \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address Unknown: *{Please indicate here if Petitioner's address is unknown}*

Address Confidential: *{Please indicate here if Petitioner's address and phone numbers are confidential pursuant to either a  Final Judgment for Protection Against Domestic Violence, or  other court order \_\_\_\_\_}*

**Respondent, hereinafter referred to in this Parenting Plan as Parent**

***{name or designation}*** \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address Unknown: *{Please Indicate here if Respondent's address is unknown}*

Address Confidential: *{Please Indicate here if Respondent's address and phone numbers are confidential pursuant to either a  Final Judgment for Protection Against Domestic Violence or  other court order.}*

**II. CHILDREN:** This parenting plan is for the following child(ren) born to, or adopted by the parties: *(add additional lines as needed)*

Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

**III. JURISDICTION**

The United States is the country of habitual residence of the child(ren).

The State of Florida is the child(ren)'s home state for the purposes of the Uniform Child Custody Jurisdiction and Enforcement Act.

This Parenting Plan is a child custody determination for the purposes of the Uniform Child Custody Jurisdiction and Enforcement Act, the International Child Abduction Remedies Act, 42 U.S.C. Sections 11601 et seq., the Parental Kidnapping Prevention Act, and the Convention on the Civil Aspects of International Child Abduction enacted at the Hague on October 25, 1980, and for all other state and federal laws.

Other: \_\_\_\_\_

**IV. PARENTAL RESPONSIBILITY AND DECISION MAKING**

*{Insert the name or designation of the appropriate parent in the space provided.}*

**1. Parental Responsibility {Choose only one}**

a.  **Shared Parental Responsibility.**

It is in the best interests of the child(ren) that the parents confer and jointly make all major decisions affecting the welfare of the child(ren). Major decisions include, but are not limited to, decisions about the child(ren)'s education, healthcare, and other responsibilities unique to this family. Either parent may consent to mental health treatment for the child(ren).

OR

b.  **Shared Parental Responsibility with Decision Making Authority**

It is in the best interests of the child(ren) that the parents confer and attempt to agree on the major decisions involving the child(ren). If the parents are unable to agree, the authority for making major decisions regarding the child(ren) shall be as follows:

Education/Academic decisions	Parent _____
Non-emergency health care	Parent _____
Other: <i>{Specify}</i> _____	Parent _____
_____	Parent _____
_____	Parent _____

OR

c.  **Sole Parental Responsibility:**

It is in the best interests of the child(ren) that Parent *{name or designation}* \_\_\_\_\_ shall have sole authority to make major decisions for the child(ren.) It is detrimental to the child(ren) to have shared parental responsibility.

2. **Day-to-Day Decisions**

Unless otherwise specified in this plan, each parent shall make decisions regarding day-to-day care and control of each child while the child is with that parent. Regardless of the allocation of decision making in the parenting plan, either parent may make emergency decisions affecting the health or safety of the child(ren) when the child is residing with that parent. A parent who makes an emergency decision shall share the decision with the other parent as soon as reasonably possible.

3. **Extra-curricular Activities** *{Indicate all that apply}*

*{Insert the name or designation of the appropriate parent in the space provided.}*

a.  Either parent may register the child(ren) and allow them to participate in the activity of the child(ren)'s choice.

b.  The parents must mutually agree to all extra-curricular activities.

c.  The parent with the minor child(ren) shall transport the minor child(ren) to and/or from all mutually agreed upon extra-curricular activities, providing all necessary uniforms and equipment within the parent's possession.

d.  The costs of the extra-curricular activities shall be paid by:

Parent \_\_\_\_\_ %  
Parent \_\_\_\_\_ %

e.  The uniforms and equipment required for the extra-curricular activities shall be paid by:

Parent \_\_\_\_\_ %  
Parent \_\_\_\_\_ %

f.  Other: {Specify} \_\_\_\_\_

**V. INFORMATION SHARING.** Unless otherwise indicated or ordered by the Court:

Unless otherwise prohibited by law, each parent shall have access to medical and school records and information pertaining to the child(ren) and shall be permitted to independently consult with any and all professionals involved with the child(ren). The parents shall cooperate with each other in sharing information related to the health, education, and welfare of the child(ren) and they shall sign any necessary documentation ensuring that both parents have access to said records.

Each parent shall be responsible for obtaining records and reports directly from the school and health care providers.

Both parents have equal rights to inspect and receive governmental agency and law enforcement records concerning the child(ren).

Both parents shall have equal and independent authority to confer with the child(ren)'s school, day care, health care providers, and other programs with regard to the child(ren)'s educational, emotional, and social progress.

Both parents shall be listed as "emergency contacts" for the child(ren).

Each parent has a continuing responsibility to provide a residential, mailing, and contact address and contact telephone number to the other parent. Each parent shall notify the other parent in writing within 24 hours of any changes. Each parent shall notify the court in writing within seven (7) days of any changes.

Other: \_\_\_\_\_

**VI. SCHEDULING**

**1. School Calendar**

If necessary, on or before \_\_\_\_\_ of each year, both parents should obtain a copy of the school calendar for the next school year. The parents shall discuss the calendars and the time-sharing schedule so that any differences or questions can be resolved.

The parents shall follow the school calendar of: {Indicate all that apply}

a.  the oldest child

b.  the youngest child

c. \_\_\_\_\_ County

d. \_\_\_\_\_ School

**2. Academic Break Definition**

When defining academic break periods, the period shall begin at the end of the last scheduled day of classes before the holiday or break and shall end on the first day of regularly scheduled classes after the holiday or break.

**3. Schedule Changes *(Indicate all that apply)***

a.  A parent making a request for a schedule change will make the request as soon as possible, but in any event, except in cases of emergency, no less than \_\_\_\_\_ before the change is to occur.

b.  A parent requesting a change of schedule shall be responsible for any additional child care, or transportation costs caused by the change.

c.  Other *(Specify)* \_\_\_\_\_

**VII. TIME-SHARING SCHEDULE**

*(Insert the name or designation of the appropriate parent in the space provided.)  
{A time-sharing schedule must be provided for both parents.}*

**1. Weekday and Weekend Schedule**

The following schedule shall apply beginning on \_\_\_\_\_ with Parent *(name or designation)* \_\_\_\_\_ and continue as follows:

The child(ren) shall spend time with Parent \_\_\_\_\_ on the following dates and times:

WEEKENDS:  Every  Every Other  Other *(specify)* \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

WEEKDAYS: *(Specify days)* \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

OTHER: *(Specify)* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The child(ren) shall spend time with the Parent \_\_\_\_\_ on the following dates and times:

WEEKENDS:  Every  Every Other  Other *(specify)* \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

WEEKDAYS: *(Specify days)* \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

OTHER: *(Specify)* \_\_\_\_\_

\_\_\_\_\_

Please Indicate If there is a different time sharing schedule for any child. Complete a separate Attachment for each child for whom there is a different time sharing schedule.

There is a different time-sharing schedule for the following child(ren) in Attachment \_\_\_\_\_.

\_\_\_\_\_, and \_\_\_\_\_  
 (Name of Child) (Name of Child)

2. **Holiday Schedule** *{Choose only one}*.

a.  No holiday time sharing shall apply. The regular time-sharing schedule set forth above shall apply.

b.  Holiday time-sharing shall be as the parties agree.

c.  Holiday time-sharing shall be in accordance with the following schedule. The Holiday schedule will take priority over the regular weekday, weekend, and summer schedules. Fill in the blanks with the name or designation of the appropriate parent to indicate where the child(ren) will be for the holidays. Provide the beginning and ending times. If a holiday is not specified as even, odd, or every year with one parent, then the child(ren) will remain with the parent in accordance with the regular schedule

<u>Holidays</u>	<u>Even Years</u>	<u>Odd Years</u>	<u>Every Year</u>	<u>Begin/End Time</u>
Mother's Day	_____	_____	_____	_____
Father's Day	_____	_____	_____	_____
President's Day	_____	_____	_____	_____
M. L. King Day	_____	_____	_____	_____
Easter	_____	_____	_____	_____
Passover	_____	_____	_____	_____
Memorial Day Wkd	_____	_____	_____	_____
4 <sup>th</sup> of July	_____	_____	_____	_____
Labor Day Wkd	_____	_____	_____	_____
Columbus Day Wkd	_____	_____	_____	_____
Halloween	_____	_____	_____	_____
Thanksgiving	_____	_____	_____	_____
Veteran's Day	_____	_____	_____	_____
Hanukkah	_____	_____	_____	_____
Yom Kippur	_____	_____	_____	_____
Rosh Hashanah	_____	_____	_____	_____
Child(ren)'s Birthdays:	_____	_____	_____	_____

\_\_\_\_\_

\_\_\_\_\_

This holiday schedule may affect the regular Time-Sharing Schedule. Parents may wish to specify either or both of the following options:

d.  When the parents are using an alternating weekend plan and the holiday schedule would result in one parent having the child(ren) for three weekends in a row, the parents will exchange the following weekend, so that each has two weekends in a row before the regular alternating weekend pattern resumes.

e.  If a parent has the child(ren) on a weekend immediately before or after an unspecified holiday or non-school day, they shall have the child(ren) for the holiday or non-school day.

**3. Winter Break {Choose only one}**

*{Insert the name or designation of the appropriate parent in the space provided.}*

a.  Parent \_\_\_\_\_ shall have the child(ren) from the day and time school is dismissed until December \_\_\_\_\_ at \_\_\_\_\_ a.m./p. m in  odd-numbered years  even-numbered years  every year. The other parent will have the children for the second portion of the Winter Break. The parties shall alternate the arrangement each year.

b.  Parent \_\_\_\_\_ shall have the child(ren) for the entire Winter Break during  odd-numbered years  even-numbered years  every year.

c.  Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d.  **Specific Winter Holidays**

If not addressed above, the specific Winter Holidays such as Christmas, New Year's Eve, Hanukkah, Kwanzaa, etc. shall be shared as follows:

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

**4. Spring Break {Choose only one}**

*{Insert the name or designation of the appropriate parent in the space provided.}*

a.  The parents shall follow the regular schedule.

b.  The parents shall alternate the entire Spring Break with Parent \_\_\_\_\_ having the child(ren) during the  odd-numbered years and Parent \_\_\_\_\_ during the  even numbered years.

c.  Parent \_\_\_\_\_ Parent \_\_\_\_\_ shall have the child(ren) for the entire Spring Break every year.

d.  The Spring Break will be evenly divided. The first half of the Spring Break will go to the parent whose regularly scheduled weekend falls on the first half and the second half going to the parent whose weekend falls during the second half.

e.  Other: *(Specify)* \_\_\_\_\_

**5. Summer Break {Choose only one}**

*{Insert the name or designation of the appropriate parent in the space provided.}*

a.  The parents shall follow the regular schedule through the summer.

b.  Parent \_\_\_\_\_ shall have the entire Summer Break from \_\_\_\_\_ after school is out until \_\_\_\_\_ before school starts.

c.  The parents shall equally divide the Summer Break as follows: During  odd-numbered years  even numbered years,  Parent \_\_\_\_\_ Parent \_\_\_\_\_ shall have the children from \_\_\_\_\_ after school is out until \_\_\_\_\_. The other parent shall have the child(ren) for the second one-half of the Summer Break. The parents shall alternate the first and second one-halves each year unless otherwise agreed. During the extended periods of time-sharing, the other parent shall have the child(ren) \_\_\_\_\_

d.  Other: *(Specify)* \_\_\_\_\_

**6. Number of Overnights:**

*{Insert the name or designation of the appropriate parent in the space provided.}*

Based upon the time-sharing schedule, Parent \_\_\_\_\_ has a total of \_\_\_\_\_ overnights per year and Parent \_\_\_\_\_ has a total of \_\_\_\_\_ overnights per year.

**Note: The two numbers must equal 365.**

7.  If not set forth above, the parties shall have time-sharing in accordance with the schedule which is attached and incorporated herein.

**VIII. TRANSPORTATION AND EXCHANGE OF CHILD(REN)**



{Insert the name or designation of the appropriate parent in the space provided.}

1. **Transportation** {Choose only one}

- a.  Parent \_\_\_\_\_ shall provide all transportation.
- b.  The parent beginning their time-sharing shall provide transportation for the child(ren).
- c.  The parent ending their time-sharing shall provide transportation for the child(ren).
- d.  Other: {Specify} \_\_\_\_\_  
\_\_\_\_\_

2. **Exchange**

Both parents shall have the child(ren) ready on time with sufficient clothing packed and ready at the agreed upon time of exchange. If a parent is more than \_\_\_\_\_ minutes late without contacting the other parent to make other arrangements, the parent with the child(ren) may proceed with other plans and activities.

{Choose only one}:

- a.  Exchanges shall be at the parents' homes unless both parents agree to a different meeting place.
- b.  Exchanges shall occur at \_\_\_\_\_ unless both parties agree in advance to a different meeting place.
- c.  Other: \_\_\_\_\_

3. **Transportation Costs** {Choose only one}

{Insert the name or designation of the appropriate parent in the space provided.}

- a.  Transportation costs are included in the Child Support Worksheets and/or the Order for Child Support and should not be included here.
- b.  Parent \_\_\_\_\_ shall pay \_\_\_\_\_ % and Parent \_\_\_\_\_ shall pay \_\_\_\_\_ % of the transportation costs.
- c.  Other: \_\_\_\_\_

4. **Foreign and Out-Of-State Travel** *{indicate all that apply}*

a.  Either parent may travel within the United States with the child(ren) during his/her time-sharing. The parent travelling with the child(ren) shall give the other parent at least \_\_\_ days written notice before traveling out of state unless there is an emergency, and shall provide the other parent with a detailed itinerary, including locations and telephone numbers where the child(ren) and parent can be reached at least \_\_\_ days before traveling.

b.  Either parent may travel out of the country with the child(ren) during his/her time-sharing. At least \_\_\_ days prior to traveling, the parent shall provide a detailed itinerary, including locations, and telephone numbers where the child(ren) and parent may be reached during the trip. Each parent agrees to provide whatever documentation is necessary for the other parent to take the child(ren) out of the country.

c.  If a parent wishes to travel out of the country with the child(ren), he/she shall provide the following security for the return of the child

\_\_\_\_\_

d.  Other \_\_\_\_\_

**IX. EDUCATION**

1. **School designation.**

For purposes of school boundary determination and registration, the address of Parent *{name or designation}* \_\_\_\_\_ shall be used .

2.  *{If Applicable}* The following provisions are made regarding private or home schooling: \_\_\_\_\_

\_\_\_\_\_

3. **Other.** \_\_\_\_\_

**X. DESIGNATION FOR OTHER LEGAL PURPOSES**

*{Insert the name or designation of the appropriate parent in the space provided.}*

The child(ren) named in this Parenting Plan are scheduled to reside the majority of the time with Parent \_\_\_\_\_. This majority designation is **SOLELY** for purposes of all other state and federal laws which require such a designation. **This designation does not affect either parent's rights and responsibilities under this Parenting Plan.**

**XI. COMMUNICATION**

**1. Between Parents**

All communications regarding the child(ren) shall be between the parents. The parents shall not use the child(ren) as messengers to convey information, ask questions, or set up schedule changes.

The parents shall communicate with each other: *{Indicate all that apply}*

- In person
- by telephone
- by letter
- by e-mail
- Other: *{Specify}* \_\_\_\_\_

**2. Between Parent and Child(ren)**

Both parents shall keep contact information current. Telephone or other electronic communication between the child(ren) and the other parent shall not be monitored by or interrupted by the other parent. "Electronic communication" includes telephones, electronic mail or e-mail, webcams, video-conferencing equipment and software or other wired or wireless technologies or other means of communication to supplement face to face contact.

The child(ren) may have  telephone  e-mail  other electronic communication in the form of \_\_\_\_\_ with the other parent:

*{Choose only one}*

- a.  Anytime
- b.  Every day during the hours of \_\_\_\_\_ to \_\_\_\_\_.
- c.  On the following days \_\_\_\_\_  
during the hours of \_\_\_\_\_ to \_\_\_\_\_.
- d.  Other: \_\_\_\_\_

**3. Costs of Electronic Communication shall be addressed as follows:**

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

**XII. CHILD CARE *{Choose only one}***

1.  Each parent may select appropriate child care providers

2.  All child care providers must be agreed upon by both parents.
3.  Each parent must offer the other parent the opportunity to care for the child(ren) before using a child care provider for any period exceeding \_\_\_\_\_ hours.
4.  Other: *{Specify}* \_\_\_\_\_.

**XIII. CHANGES OR MODIFICATIONS OF THE PARENTING PLAN**

Temporary changes to this Parenting Plan may be made informally without a written document; however, if the parties dispute the change, the Parenting Plan shall remain in effect until further order of the court.

Any substantial changes to the Parenting Plan must be sought through the filing of a supplemental petition for modification.

**XIV. RELOCATION**

Any relocation of the child(ren) is subject to and must be sought in compliance with section 61.13001, Florida Statutes.

**XV. DISPUTES OR CONFLICT RESOLUTION**

Parents shall attempt to cooperatively resolve any disputes which may arise over the terms of the Parenting Plan. The parents may wish to use mediation or other dispute resolution methods and assistance, such as Parenting Coordinators and Parenting Counselors, before filing a court action.

**XVI. OTHER PROVISIONS**

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**SIGNATURES OF PARENTS**

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

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

\_\_\_\_\_  
Signature of Petitioner/Parent \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
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 or DEPUTY CLERK

\_\_\_\_\_  
{Print, type, or stamp commissioned name of  
notary or clerk.}

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

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

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

Signature of Respondent/Parent: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
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 or DEPUTY CLERK

\_\_\_\_\_  
{Print, type, or stamp commissioned name of notary or clerk.}

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

**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} \_\_\_\_\_

**INSTRUCTIONS FOR FLORIDA FAMILY LAW RULES OF PROCEDURE FORM  
12.932, CERTIFICATE OF COMPLIANCE WITH MANDATORY DISCLOSURE  
(09/12)**

**When should this form be used?**

**Mandatory disclosure** requires each **party** in a **dissolution of marriage** case to provide the other party with certain financial information and documents. These documents must be served on the other party within 45 days of **service** of the petition for **dissolution of marriage** or supplemental petition for modification on the **respondent**. The mandatory disclosure rule applies to all original and **supplemental** dissolution of marriage cases, except simplified dissolution of marriage cases and cases where the respondent is served by **constructive service** and does not answer. You should use this form to notify the court and the other party that you have complied with the mandatory disclosure rule.

Each party must provide the other party with the documents listed in section 2 of this form if the relief being sought is permanent regardless of whether it is an initial or supplemental proceeding. **ONLY THE ORIGINAL OF THE COMPLETED FORM IS FILED WITH THE COURT. EXCEPT FOR THE FINANCIAL AFFIDAVIT AND CHILD SUPPORT GUIDELINES WORKSHEET, NO DOCUMENTS SHALL BE FILED IN THE COURT FILE WITHOUT A PRIOR COURT ORDER.** THE DOCUMENTS LISTED ON THE FORM ARE TO BE GIVEN TO THE OTHER PARTY. If your individual gross annual income is under \$50,000, you should complete the Family Law Financial Affidavit (Short Form), Florida Family Law Rules of Procedure Form 12.902(b). If your individual gross annual income is \$50,000 or more, you should complete the Family Law Financial Affidavit (Long Form), Florida Family Law Rules of Procedure Form 12.902(c).

In addition, there are separate mandatory disclosure requirements that apply to **temporary financial hearings**, which are listed in section 1 of this form. The party seeking temporary financial relief must serve these documents on the other party with the notice of temporary financial hearing. The responding party must serve the required documents on the party seeking temporary relief. Service by e-mail or mail shall be at least 7 days before the temporary financial relief hearing. Service by delivery shall be no later than 5:00 p.m., 2 business days before the hearing. Any documents that have already been served under the requirements for temporary or initial proceedings do not need to be reserved again in the same proceeding. If a supplemental petition is filed, seeking modification, then the mandatory disclosure requirements begin again.

This form should be typed or printed in black ink. After completing this form, you should **file** the original with the **clerk of the circuit court** in the county where your case is filed and keep a copy for your records. A copy of this form must be served on any other party in your case. **Service** must be in accordance with Florida Rule of Judicial Administration 2.516.

### What should I do next?

After you have provided the other party all of the financial information and documents and have filed this form certifying that you have complied with this rule, you are under a continuing duty to promptly give the other party any information or documents that change your financial status or that make the information already provided inaccurate. You should not file with the clerk any of the documents listed in the certificate of compliance other than the financial affidavit and the child support guidelines worksheet. Refer to the instructions regarding the petition in your case to determine how you should proceed after filing this form.

### 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 Florida Family Law Rule of Procedure 12.285.

### Special notes...

You may provide copies of required documents; however, the originals must be produced for inspection if the other party requests to see them.

Although the financial affidavits are based on individual gross income, either party may ask the other party to complete the **Family Law Financial Affidavit (Long Form)**, Florida Family Law Rules of Procedure Form 12.902(c), by serving the appropriate Interrogatory form. (See **Standard Family Law Interrogatories**, Florida Family Law Rules of Procedure Form 12.930(b) (original proceedings) or (c) (modification proceedings)).

Any portion of the mandatory disclosure rule may be modified by order of the judge or agreement of the parties. Therefore, you and your spouse may agree that you will not require each other to produce the documents required under the mandatory disclosure rule. This exception does not apply to the **Financial Affidavit**, Family Law Rules of Procedure Form 12.902(b) or (c), which is required in all cases and cannot be waived.

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 EIGHTH JUDICIAL CIRCUIT,  
IN AND FOR LEVY COUNTY, FLORIDA

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

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

and

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

**CERTIFICATE OF COMPLIANCE WITH MANDATORY DISCLOSURE**

**ONLY THE ORIGINAL OF THIS COMPLETED FORM IS FILED WITH THE COURT.  
EXCEPT FOR THE FINANCIAL AFFIDAVIT AND CHILD SUPPORT GUIDELINES  
WORKSHEET. NO DOCUMENTS SHALL BE FILED IN THE COURT FILE WITHOUT A  
PRIOR COURT ORDER. THE DOCUMENTS LISTED BELOW ARE TO BE GIVEN TO THE  
OTHER PARTY.**

I, {full legal name} \_\_\_\_\_, certify that I have complied with the mandatory disclosure required by Florida Family Law Rule 12.285 as follows:

**1. FOR TEMPORARY FINANCIAL RELIEF, ONLY:**

The date the following documents were served: \_\_\_\_\_

[Check all that apply]

- a. \_\_\_\_\_ Financial Affidavit
  - ( ) Florida Family Law Rules of Procedure Form 12.902(b) (short form)
  - ( ) Florida Family Law Rules of Procedure Form 12.902(c) (long form)
- b. \_\_\_\_\_ All personal (1040) federal tax, gift tax, and intangible personal property tax returns for the preceding year; or
  - ( ) Transcript of tax return as provided by IRS form 4506-T; or
  - ( ) IRS forms W-2, 1099, and K-1 for the past year because the income tax return for the past year has not been prepared.
- c. \_\_\_\_\_ Pay stubs or other evidence of earned income for the 3 months before the service of the financial affidavit.

**2. FOR INITIAL, SUPPLEMENTAL, AND PERMANENT FINANCIAL RELIEF:**

The date the following documents were served: \_\_\_\_\_

[Check all that apply]

- a. \_\_\_\_\_ Financial Affidavit
  - ( ) Florida Family Law Rules of Procedure Form 12.902(b) (short form)
  - ( ) Florida Family Law Rules of Procedure Form 12.902(c) (long form)
- b. \_\_\_\_\_ All personal (1040) federal and state income tax returns, gift tax returns, and intangible personal property tax returns for the preceding 3 years;

- ( ) IRS forms W-2, 1099, and K-1 for the past year because the income tax return for the past year has not been prepared.
- c. \_\_\_ Pay stubs or other evidence of earned income for the 3 months before the service of the financial affidavit.
  - d. \_\_\_ A statement identifying the source and amount of all income for the 3 months before the service of the financial affidavit, if not reflected on the pay stubs produced.
  - e. \_\_\_ All loan applications and financial statements prepared for any purpose or used for any purpose within the 12 months preceding the service of the financial affidavit.
  - f. \_\_\_ All deeds to real estate in which I presently own or owned an interest within the past 3 years. All promissory notes in which I presently own or owned an interest within the last 12 months. All present leases in which I own an interest.
  - g. \_\_\_ All periodic statements for the last 3 months for all checking accounts and for the last year for all savings accounts, money market funds, certificates of deposit, etc.
  - h. \_\_\_ All brokerage account statements for the last 12 months.
  - i. \_\_\_ Most recent statement for any pension, profit sharing, deferred compensation, or retirement plan (for example, IRA, 401(k), 403(b), SEP, KEOGH, etc.) and summary plan description for any such plan in which I am a participant or alternate payee.
  - j. \_\_\_ The declaration page, the last periodic statement, and the certificate for any group insurance for all life insurance policies insuring my life or the life of me or my spouse.
  - k. \_\_\_ All health and dental insurance cards covering either me or my spouse and/or our dependent child(ren).
  - l. \_\_\_ Corporate, partnership, and trust tax returns for the last 3 tax years, in which I have an ownership or interest greater than or equal to 30%.
  - m. \_\_\_ All credit card and charge account statements and other records showing my (our) indebtedness as of the date of the filing of this action and for the prior 3 months. All promissory notes on which I presently owe or owned within the past year. All lease agreements I presently owe.
  - n. \_\_\_ All premarital and marital agreements between the parties to this case.
  - o. \_\_\_ If a modification proceeding, all written agreements entered into between the parties at any time since the order to be modified was entered.
  - p. \_\_\_ All documents and tangible evidence relating to claims for an unequal distribution of marital property, enhancement or appreciation in nonmarital property, or nonmarital status of an asset or debt.
  - q. \_\_\_ Any court order directing that I pay or receive spousal support (alimony) or child support.

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

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

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

I understand that I am swearing or affirming under oath to the accuracy of my compliance with the mandatory disclosure requirements of Florida Family Law Rule of Procedure 12.285 and that, unless otherwise indicated with specificity, this disclosure is complete. I further understand that the punishment for knowingly making a false statement or incomplete disclosure includes fines and/or imprisonment.

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

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

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 \_\_\_\_\_

**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} \_\_\_\_\_

**INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW RULES OF  
PROCEDURE FORM 12.900(h), NOTICE OF RELATED CASES (11/13)**

**When should this form be used?**

Florida Rule of Judicial Administration 2.545(d) requires the petitioner in a family law case to file with the court a notice of related cases, if any. Your circuit may also require this form to be filed even if there are no related cases. A case is considered related if:

- It involves the same parties, children, or issues and is pending when the family law case is filed; or
- it affects the court's jurisdiction to proceed; or
- an order in the related case may conflict with an order on the same issues in the new case; or
- an order in the new case may conflict with an order in the earlier case.

This form is used to provide the required notice to the court.

This form should be typed or printed in black ink. It must be filed with the clerk of the circuit court with the initial pleading in the family law case.

**What should I do next?**

A copy of the form must be served on the presiding judges, either the chief judge or the family law administrative judge, and all parties in the related cases. You should also keep a copy for your records. Service must be in accordance with Florida Rule of Judicial Administration 2.516.

**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 Florida Rule of Judicial Administration 2.545(d).

**Special notes . . .**

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 must also 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 EIGHTH JUDICIAL CIRCUIT,  
IN AND FOR LEVY COUNTY, FLORIDA

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

\_\_\_\_\_  
Petitioner,  
and  
\_\_\_\_\_  
Respondent.

**NOTICE OF RELATED CASES**

1. Petitioner submits this Notice of Related Cases as required by Florida Rule of Judicial Administration 2.545(d). A related case may be an open or closed civil, criminal, guardianship, domestic violence, juvenile delinquency, juvenile dependency, or domestic relations case. A case is "related" to this family law case if it involves any of the same parties, children, or issues and it is pending at the time the party files a family case; if it affects the court's jurisdiction to proceed; if an order in the related case may conflict with an order on the same issues in the new case; or if an order in the new case may conflict with an order in the earlier litigation.

[check one only]

There are no related cases.

The following are the related cases (add additional pages if necessary):

**Related Case No. 1**

Case Name(s): \_\_\_\_\_

Petitioner: \_\_\_\_\_

Respondent: \_\_\_\_\_

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

Type of Proceeding: [check all that apply]

- |  |  |
|--|--|
| <input type="checkbox"/> Dissolution of Marriage   | <input type="checkbox"/> Paternity                                     |
| <input type="checkbox"/> Custody   | <input type="checkbox"/> Adoption                                      |
| <input type="checkbox"/> Child Support   | <input type="checkbox"/> Modification/Enforcement/Contempt Proceedings |
| <input type="checkbox"/> Juvenile Dependency   | <input type="checkbox"/> Juvenile Delinquency                          |
| <input type="checkbox"/> Termination of Parental Rights                                    | <input type="checkbox"/> Criminal                                      |
| <input type="checkbox"/> Domestic/Sexual/Dating/Repeat<br>Violence or Stalking Injunctions | <input type="checkbox"/> Mental Health                                 |
|  | <input type="checkbox"/> Other {specify} _____                         |

State where case was decided or is pending:  Florida  Other: {specify} \_\_\_\_\_

Name of Court where case was decided or is pending (for example, Fifth Circuit Court, Marion County, Florida): \_\_\_\_\_

Title of last Court Order/Judgment (if any): \_\_\_\_\_

Date of Court Order/Judgment (if any): \_\_\_\_\_

Relationship of cases [check all that apply]:

- pending case involves same parties, children, or issues;  
 may affect court's jurisdiction;

order in related case may conflict with an order in this case;  
 order in this case may conflict with previous order in related case.

Statement as to the relationship of the cases: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Related Case No. 2**

Case Name(s): \_\_\_\_\_

Petitioner: \_\_\_\_\_

Respondent: \_\_\_\_\_

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

Type of Proceeding: [check all that apply]

- |  |  |
|--|--|
| <input type="checkbox"/> Dissolution of Marriage   | <input type="checkbox"/> Paternity                                     |
| <input type="checkbox"/> Custody   | <input type="checkbox"/> Adoption                                      |
| <input type="checkbox"/> Child Support   | <input type="checkbox"/> Modification/Enforcement/Contempt Proceedings |
| <input type="checkbox"/> Juvenile Dependency   | <input type="checkbox"/> Juvenile Delinquency                          |
| <input type="checkbox"/> Termination of Parental Rights                                    | <input type="checkbox"/> Criminal                                      |
| <input type="checkbox"/> Domestic/Sexual/Dating/Repeat<br>Violence or Stalking Injunctions | <input type="checkbox"/> Mental Health                                 |
|  | <input type="checkbox"/> Other {specify} _____                         |

State where case was decided or is pending:  Florida  Other: {specify} \_\_\_\_\_

Name of Court where case was decided or is pending (for example, Fifth Circuit Court, Marion County, Florida): \_\_\_\_\_

Title of last Court Order/Judgment (if any): \_\_\_\_\_

Date of Court Order/Judgment (if any): \_\_\_\_\_

Relationship of cases [check all that apply]:

- pending case involves same parties, children, or issues;
- may affect court's jurisdiction;
- order in related case may conflict with an order in this case;
- order in this case may conflict with previous order in related case.

Statement as to the relationship of the cases: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Related Case No. 3**

Case Name(s): \_\_\_\_\_

Petitioner: \_\_\_\_\_

Respondent: \_\_\_\_\_

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

Type of Proceeding: [check all that apply]

- |   |  |
|---|--|
| <input type="checkbox"/> Dissolution of Marriage        | <input type="checkbox"/> Paternity                                     |
| <input type="checkbox"/> Custody                        | <input type="checkbox"/> Adoption                                      |
| <input type="checkbox"/> Child Support                  | <input type="checkbox"/> Modification/Enforcement/Contempt Proceedings |
| <input type="checkbox"/> Juvenile Dependency            | <input type="checkbox"/> Juvenile Delinquency                          |
| <input type="checkbox"/> Termination of Parental Rights | <input type="checkbox"/> Criminal                                      |

Domestic/Sexual/Dating/Repeat Violence or Stalking Injunctions       Mental Health  
 Other {specify} \_\_\_\_\_

State where case was decided or is pending:  Florida  Other: {specify} \_\_\_\_\_

Name of Court where case was decided or is pending (for example, Fifth Circuit Court, Marion County, Florida): \_\_\_\_\_

Title of last Court Order/Judgment (if any): \_\_\_\_\_

Date of Court Order/Judgment (if any): \_\_\_\_\_

Relationship of cases [check all that apply]:

- pending case involves same parties, children, or issues;
- may affect court's jurisdiction;
- order in related case may conflict with an order in this case;
- order in this case may conflict with previous order in related case.

Statement as to the relationship of the cases: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. [check one only]

- I do not request coordination of litigation in any of the cases listed above.
- I do request coordination of the following cases:

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

3. [check all that apply]

- Assignment to one judge
- Coordination of existing cases will conserve judicial resources and promote an efficient determination of these cases because: \_\_\_\_\_

4. The Petitioner acknowledges a continuing duty to inform the court of any cases in this or any other state that could affect the current proceeding.

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

\_\_\_\_\_  
 Petitioner's Signature  
 Printed Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_  
 E-mail Address(es): \_\_\_\_\_

**CERTIFICATE OF SERVICE**

I CERTIFY that I delivered a copy of this Notice of Related Cases to the \_\_\_\_\_ County Sheriff's Department or a certified process server for service on the Respondent, and [check all used] ( ) e-mailed, ( ) mailed, ( ) hand delivered, a copy to {name} \_\_\_\_\_ who is the [check all that apply] ( ) judge assigned to new case, ( ) chief judge or family law administrative judge, ( ) {name} \_\_\_\_\_, a party to the related case, ( ) {name} \_\_\_\_\_, a party to the related case on {date} \_\_\_\_\_.

\_\_\_\_\_  
Signature of Petitioner/Attorney for Petitioner  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
E-mail Address(es): \_\_\_\_\_  
Florida Bar Number: \_\_\_\_\_

**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} \_\_\_\_\_



**SUMMARY OF ADMINISTRATIVE ORDER NO. 5.1120(e)**  
**ORDER AND NOTICE FOR PARENT EDUCATION**  
**AND FAMILY STABILIZATION COURSE**

This summary has been prepared to help the parties in certain types of family division cases involving children understand what is required of them by the administrative order. A copy of the complete administrative order can be obtained from the civil clerk's office or online at [www.circuit8.org](http://www.circuit8.org) , under Circuit Information, then Administrative Orders, then Family.

1. Both parties must attend a parent education and family stabilization course in the following types of cases:
  - a. Dissolution of marriage (divorce) where minor children are involved
  - b. Paternity actions involving issues of parental responsibility
  - c. Actions to modify (change) visitation
  - d. Actions to modify (change) primary parental responsibility
2. For dissolution actions, all petitioners are required to complete the parenting course within 45 days after filing the petition and all others must complete the course within 45 days after service of the petition.
3. For paternity actions, petitioners must complete the course within 45 days after filing the petition and all others must complete the course within 45 days after acknowledgment of paternity by that party, an adjudication of paternity of that party, or an order granting visitation to, or support from, that party.
4. The parties may attend separate courses.
5. The fee for the course is \$40.00 for each person. Either party may request that the Court reduce the fee to \$5.00, based on the party's financial affidavit.
6. All parties must file a certificate of completion with the court before the entry of the final judgment.

**APPROVED PARENTING EDUCATION COURSES  
IN THE EIGHTH JUDICIAL CIRCUIT**

The following are approved courses in the Eighth Judicial Circuit that meet the requirements of section 61.21, Florida Statutes, and Administrative Order No. 5.1120 (D). **PLEASE CALL EACH PROVIDER FOR ADDITIONAL INFORMATION.**

**A Positive Divorce Resolution**

Classes are held weekly in Gainesville, Monthly in Starke and Macclenny. Call (352) 375-4399 in Gainesville or toll free (888) 747-5362 ( 24 hour/day 7 days/week).  
Class schedules and online registration are available at [www.divorce-resolution.com](http://www.divorce-resolution.com).

**In The Best Interest Of Children And Family**

When Parents are No Longer a Couple

Courses are offered twice monthly: Tuesdays 6:00PM to 10:00PM & Saturdays 9:00AM to 1:00PM.  
Gainesville Family Institute, 1031 NW 6<sup>th</sup> Street, Bldg. C, Gainesville, FL 32601  
Phone: (352) 376-5543 Fax: (352) 376-2042

**Parents, Children And Divorce**

Offering classes throughout the Eighth Judicial Circuit as well as most counties in the State of Florida. Classes are offered evenings and Saturday mornings. Web Site: [www.educationprograms.com](http://www.educationprograms.com)  
E-mail: [pcd@educationprograms.com](mailto:pcd@educationprograms.com) Phone: (800) 767-8193

**Parent Education And Family Stabilization Course**

Alliance for Better Co-Parenting, Inc.

Alachua County, 2nd and 4th Thursday (6:00 pm) and 2nd and 4th Saturday (1:00 pm) of each month.  
Satellite Offices: (Bradford, Levy and Union Counties): call (866) 632-7296 for location and schedule.  
Main Office - 4432 NW 23<sup>rd</sup> Ave., Suite 4, Gainesville, FL 32606  
Phone: (352) 379-4665 Fax: (352) 377-0002  
email contact: (for Info/Class Schedule) [mentalhealth@prodigy.net](mailto:mentalhealth@prodigy.net)

**List of Approved Web-Based Courses**

- [www.parentingchoice.com](http://www.parentingchoice.com)
- [www.onlinedivorceprogram.com](http://www.onlinedivorceprogram.com)
- [www.divorce-resolution.com](http://www.divorce-resolution.com)
- [www.floridaparentingcourse.com](http://www.floridaparentingcourse.com)
- [www.floridaparenting.com](http://www.floridaparenting.com)
- [www.floridadivorceeducation.com](http://www.floridadivorceeducation.com)

**NOTE:** Online courses will be accepted upon showing a special need, such as disability, military service, or residence in a State where such a course is not available.

## DIRECTIONS FOR SERVICE OF PROCESS MEMORANDUM TO SHERIFF

This form should be sent to the sheriff's department in the county of the state where you wish to have the Respondent served.

With this form you can inform the sheriff's department of the best times to find the Respondent at work and/or home. (You may also include a map to the Respondent's home or work place to help the sheriff find the Respondent and deliver the summons.)

IT IS SUGGESTED THAT YOU:

1. Contact the Sheriff of that county and get the following information:
  - Their address
  - Cost of service
  - Whether they will take a check or money order.
  - Anything else they may require for service of process.
  
2. Mail or Deliver to the Sheriff:
  - a) Memorandum to Sheriff
  - b) Original Summons
  - c) Set of photocopies of all the papers that you filed
  - d) Self-addressed, stamped envelope.  
The self-addressed, stamped envelope is for the Sheriff to mail you the original Return of Service. \*\*

**\*\*UPON RECEIVING THE RETURN OF SERVICE, DELIVER IT OR MAIL IT TO  
THE CLERK OF COURT IN THE COUNTY WHERE YOU FILED!**

Pay attention to the date the Return of Service says the respondent was served with the summons. Remember, the Respondent is required to file a written response to your petition within 20 days from the day after being served.

# SERVICE OF PROCESS MEMORANDUM TO SHERIFF

TO: Sheriff of \_\_\_\_\_ County, \_\_\_\_\_, Civil Division  
State of \_\_\_\_\_

RE: \_\_\_\_\_, Petitioner vs.  
\_\_\_\_\_, Respondent.

In the Circuit Court, County of \_\_\_\_\_, Florida  
Case Number: \_\_\_\_\_

DATE: \_\_\_\_\_

Enclosed you will find a check or money order for the fee for service of process along with the summons and petition to be served on the respondent.

Respondent: \_\_\_\_\_

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

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

SPECIAL INSTRUCTIONS for locating the Respondent:

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

Please use the enclosed self-addressed stamped envelope to send the Affidavit for Return of Service. Thank you for you time.

\_\_\_\_\_  
Petitioner's Signature

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

Petitioner's Address: \_\_\_\_\_

\_\_\_\_\_  
Telephone No.: (     ) \_\_\_\_\_

**AFFIDAVIT FOR PERSONAL SERVICE OUTSIDE  
THE STATE OF FLORIDA**  
*Sections 48.193 and 48.194, Fla. Stat.*

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

BEFORE ME, this day personally appeared \_\_\_\_\_, who being duly sworn, deposes and says that the following information is true and correct according to his/her best knowledge and belief:

Respondent \_\_\_\_\_ is subject to the jurisdiction of the Courts of Florida, and to personal service of process outside the state of Florida, for a cause of action arising out of the following: (check one or more)

\_\_\_\_\_ With respect to a proceeding for alimony, child support, and/or property division in connection with a dissolution of marriage while maintaining a marital domicile in Florida or if the defendant resided in Florida before the commencement of the action, whether cohabitating during that time or not.

\_\_\_\_\_ With respect to a proceeding for support for dependant(s) in an independent action while maintaining a marital domicile in Florida or if the defendant resided in Florida before commencement of the action, whether cohabitating during that time or not.

\_\_\_\_\_ With respect to paternity actions when the father had sexual intercourse in Florida from which the child could have been conceived.

\_\_\_\_\_  
Petitioner's Signature

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

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Telephone (area code and number)

Sworn to and subscribed before me on \_\_\_\_\_, 20\_\_\_\_  
by {name} \_\_\_\_\_ who is \_\_\_\_\_ Personally known OR  
\_\_\_\_\_ Produced identification. Type of identification produced \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC—STATE OF FLORIDA

**NOTE: Service of process on persons outside Florida must be made in the same manner as service in Florida by any officer authorized to serve process in the state where the person is served. AN AFFIDAVIT OF THE OFFICER SHALL BE FILED STATING THE TIME, MANNER, AND PLACE OF THE SERVICE.**

**INSTRUCTIONS FOR FLORIDA FAMILY LAW RULES OF PROCEDURE FORM  
12.910(a), SUMMONS: PERSONAL SERVICE ON AN INDIVIDUAL(09/12)**

**When should this form be used?**

This form should be used to obtain personal service on the other party when you begin your lawsuit. Service is required for all documents filed in your case. Service means giving a copy of the required papers to the other party using the procedure that the law requires. Generally, there are two ways to make service: (1) personal service, or (2) service by e-mail, mail, or hand delivery. A third method for service is called constructive service; however, the relief a court may grant may be limited in a case where constructive service has been used.

The law requires that certain documents be served by personal service if personal service is possible. Personal service means that a summons (this form) and a copy of the forms you are filing with the court that must be personally served are delivered by a deputy sheriff or private process server

- directly to the other party, or
- to someone over the age of fifteen with whom the other party lives.

Personal service is required for all petitions, including petitions for modification. You cannot serve these papers on the other party yourself or by mail or hand delivery. Personal service must be made by the sheriff's department in the county where the other party lives or works or by a private process server certified in the county where the other party lives or works.

In many counties, there are private process servers who, for a fee, will personally serve the summons and other documents that require personal service. You should look under process servers in the yellow pages of the telephone book for a list of private process servers in your area. You may use a private process server to serve any paper required to be personally served in a family law case except a petition for injunction for protection against domestic or repeat violence.

**How do I start?**

When you begin your lawsuit, you need to complete this form (summons) and a Process Service Memorandum, Florida Supreme Court Approved Family Law Form 12.910(b). The forms should be typed or printed legibly in black ink. Next, you will need to take these forms and, if you have not already done so, file your petition with the clerk of the circuit court in the county where you live. You should keep a copy of the forms for your records. The clerk will sign the summons, and then the summons, a copy of the papers to be served, and the process service memorandum must be delivered to the appropriate sheriff's office or to a private process server for service on the other party.

**IF THE OTHER PARTY LIVES IN THE COUNTY WHERE SUIT IS FILED:** Ask the clerk in your county about any local procedures regarding service. Generally, if the other party lives in the county in which you are filing suit and you want the sheriff's department to serve the papers, you will file the summons along with a Process Service Memorandum, Florida Supreme Court Approved Family Law Form 12.910(b), with the clerk and the clerk will forward those papers to the sheriff for service. Make sure that you attach a copy of the papers you want personally served to the summons. You may also need to provide the sheriff with a stamped envelope addressed to you. This will allow the sheriff to send the proof of service to you, after the sheriff serves your papers on the other party. However, in some counties the sheriff may send the proof of service directly to the clerk. If you are instructed to supply a self-addressed, stamped envelope and you receive the proof of service, you should file the proof of service with the clerk after you receive it from the sheriff. Also, you will need to find out how much the sheriff charges to serve the papers. Personal checks are not accepted. You should attach to the summons a

cashier's check or money order made payable to the sheriff, and either give it to the clerk for delivery to the sheriff or send all of the paperwork and the fee to the sheriff yourself. The clerk will tell you which procedure to use. The costs for service may be waived if you are indigent.

If you want a private process server to serve the other party, you should still bring the summons to the clerk's office and have the clerk sign it for you. You should deliver the summons, along with the copy of your initial petition and any other papers to be served, and a **Process Service Memorandum**, Florida Supreme Court Approved Family Law Form 12.910(b), to the private process server. The private process server will charge you a fee for serving the papers. After service is complete, proof of service by the private process server must be filed with the clerk. You should discuss how this will occur with the private process server.

**IF THE OTHER PARTY LIVES IN ANOTHER COUNTY:** If the other party lives in another county, service needs to be made by a sheriff in the county where the other party lives or by a private process server certified in the county where the other party lives. Make sure that you attach a copy of the papers you want personally served to the summons as well as the **Process Service Memorandum**, Florida Supreme Court Approved Family Law Form 12.910(b). If you want the sheriff to serve the papers, the clerk may send your papers to that sheriff's office for you, or you may have to send the papers yourself. The clerk will tell you which procedure to use. Either way, you will need to provide the sheriff with a stamped envelope addressed to you. This will allow the sheriff to send the proof of service to you, after the sheriff serves your papers on the other party. You should file the proof of service with the clerk after you receive it from the sheriff. Also, you will need to find out how much the sheriff charges to serve the papers. Personal checks are not accepted. You should attach to the summons a cashier's check or money order made payable to the sheriff, and either give it to the clerk for delivery to the sheriff or send all of the paperwork and the fee to the sheriff yourself. The clerk will tell you which procedure to use. The costs for service may be waived if you are indigent.

If you want a private process server to serve the other party, you should still bring the summons to the clerk's office where the clerk will sign it for you. You should deliver the summons, along with the copy of your initial petition and any other papers to be served, and a **Process Service Memorandum**, Florida Supreme Court Approved Family Law Form 12.910(b), to the private process server. The private process server will charge you a fee for serving the papers. After service is complete, proof of service by the private process server must be filed with the clerk. You should discuss how this will occur with the private process server.

**IF THE OTHER PARTY CANNOT BE LOCATED OR DOES NOT LIVE IN FLORIDA:** If, after you have made a diligent effort to locate the other party, you absolutely cannot locate the other party, you may serve the other party by publication. Service by publication is also known as constructive service. You may also be able to use constructive service if the other party does not live in Florida. However, Florida courts have only limited jurisdiction over a party who is served by constructive service and may have only limited jurisdiction over a party living outside of Florida regardless of whether that party is served by constructive or personal service; that is, the judge's power to order the other party to do certain things may be limited. For example, the judge may be able to grant your request for a divorce, but the judge may not be able to address issues such as child support, spousal support (alimony), or division of property or debts.

Regardless of the type of service used, if the other party once lived in Florida but is living outside of Florida now, you should include in your petition a statement regarding the length of time the party lived

In Florida, if any, and when. For example: Respondent last lived in Florida from {date} \_\_\_\_\_ to {date} \_\_\_\_\_.

**This area of the law is very complex and you may need to consult with an attorney regarding the proper type of service to be used in your case if the other party does not live in Florida or cannot be located.**

#### **What happens when the papers are served on the other party?**

The date and hour of service are written on the original summons and on all copies of it by the person making the service. The person who delivers the summons and copies of the petition must file a proof of service with the clerk or provide a proof of service to you for filing with the court. **It is your responsibility to make sure the proof of service has been returned to the clerk and placed in your case file.**

#### **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. For further information regarding service of process, see chapters 48 and 49, Florida Statutes, and rule 1.070, Florida Rules of Civil Procedure, as well as the instructions for Notice of Action for Dissolution of Marriage (No Child or Financial Support), Florida Supreme Court Approved Family Law Form 12.913(a)(1), Notice of Action for Family Cases with Minor Child(ren), Florida Supreme Court Approved Family Law Form 12.913(a)(2), Affidavit of Diligent Service and Inquiry, Florida Family Law Rules of Procedure Form 12.913(b), and Affidavit of Diligent Search, Florida Family Law Rules of Procedure Form 12.913(c).**

#### **Special notes...**

If you have been unable to obtain proper service on the other party within **120 days** after filing your lawsuit, the court will dismiss your lawsuit against the other party unless you can show the court a good reason why service was not made within **120 days**. For this reason, if you had the local sheriff serve the papers, you should check with the clerk every couple of weeks after completing the service papers to see if service has been completed. You may need to supply the sheriff with a new or better address. If you had a private process server or a sheriff in another county serve the papers, you should be in contact with that person or sheriff until you receive proof of service from that person or sheriff. You should then file the proof of service with the clerk immediately.

If the other party fails to respond, i.e., fails to file a written response with the court, within **20 days** after the service of the summons, you are entitled to request a **default**. See the instructions to **Motion for Default**, Florida Supreme Court Approved Family Law Form 12.922 (a), and **Default**, Florida Supreme Court Approved Family Law Form 12.922(b), for further information. You will need to file an **Affidavit of Military Service**, Florida Supreme Court Approved Family Law Form 12.912(b), before a default may be granted.

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 **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 EIGHTH JUDICIAL CIRCUIT,  
IN AND FOR LEVY COUNTY, FLORIDA

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

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

and

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

**SUMMONS: PERSONAL SERVICE ON AN INDIVIDUAL  
ORDEN DE COMPARECENCIA: SERVICIO PERSONAL EN UN INDIVIDUO  
CITATION: L'ASSIGNATION PERSONAL SUR UN INDIVIDUEL**

TO/PARA/A: {enter other party's full legal name} \_\_\_\_\_  
{address (including city and state)/location for service} \_\_\_\_\_

**IMPORTANT**

A lawsuit has been filed against you. You have **20 calendar days** after this summons is served on you to file a written response to the attached complaint/petition with the clerk of this circuit court, located at: {street address} 355 S. Court St. Bronson, Fl. 32621

A phone call will not protect you. Your written response, including the case number given above and the names of the parties, must be filed if you want the Court to hear your side of the case.

**If you do not file your written response on time, you may lose the case, and your wages, money, and property may be taken thereafter without further warning from the Court.** There are other legal requirements. You may want to call an attorney right away. If you do not know an attorney, you may call an attorney referral service or a legal aid office (listed in the phone book).

If you choose to file a written response yourself, at the same time you file your written response to the Court, you must also serve a copy of your written response on the party serving this summons at:

{Name and address of party serving summons} \_\_\_\_\_  
\_\_\_\_\_

**If the party serving summons has designated e-mail address(es) for service or is represented by an attorney, you may designate e-mail address(es) for service by or on you. Service must be in accordance with Florida Rule of Judicial Administration 2.516.**

**Copies of all court documents in this case, including orders, are available at the Clerk of the Circuit Court's office. You may review these documents, upon request.**

You must keep the Clerk of the Circuit Court's office notified of your current address. (You may file Designation of Current Mailing and E-mail Address, Florida Supreme Court Approved Family Law Form 12.915.) Future papers in this lawsuit will be served at the address on record at the clerk's office.

**WARNING:** Rule 12.285, Florida Family Law Rules of Procedure, requires certain automatic disclosure of documents and information. Failure to comply can result in sanctions, including dismissal or striking of pleadings.

### IMPORTANTE

Usted ha sido demandado legalmente. Tiene veinte (20) días, contados a partir del recibo de esta notificación, para contestar la demanda adjunta, por escrito, y presentarla ante este tribunal. Localizado en: \_\_\_\_\_ . Una llamada telefónica no lo protegerá. Si usted desea que el tribunal considere su defensa, debe presentar su respuesta por escrito, incluyendo el número del caso y los nombres de las partes interesadas. Si usted no contesta la demanda a tiempo, pudiese perder el caso y podría ser despojado de sus ingresos y propiedades, o privado de sus derechos, sin previo aviso del tribunal. Existen otros requisitos legales. Si lo desea, usted puede consultar a un abogado inmediatamente. Si no conoce a un abogado, puede llamar a una de las oficinas de asistencia legal que aparecen en la guía telefónica.

Si desea responder a la demanda por su cuenta, al mismo tiempo en que presente su respuesta ante el tribunal, usted debe enviar por correo o entregar una copia de su respuesta a la persona denominada abajo.

Si usted elige presentar personalmente una respuesta por escrito, en el mismo momento que usted presente su respuesta por escrito al Tribunal, usted debe enviar por correo o llevar una copia de su respuesta por escrito a la parte entregando esta orden de comparecencia a:

Nombre y dirección de la parte que entrega la orden de comparecencia: \_\_\_\_\_

Copias de todos los documentos judiciales de este caso, incluyendo las ordenes, están disponibles en la oficina del Secretario de Juzgado del Circuito [Clerk of the Circuit Court's office]. Estos documentos pueden ser revisados a su solicitud.

Usted debe de mantener informada a la oficina del Secretario de Juzgado del Circuito de su dirección actual. (Usted puede presentar \_\_\_\_\_ el Formulario: Ley de Familia de la Florida 12.915, Florida Supreme Court Approved Family Law Form 12.915, Designation of Current Mailing and E-mail Address.) Los papeles que se presenten en el futuro en esta demanda judicial serán en vados por correo a la dirección que este registrada en la oficina del Secretario.

**ADVERTENCIA:** Regla 12.285 (Rule 12.285), de las Reglas de Procedimiento de Ley de Familia de la Florida [Florida Family Law Rules of Procedure], requiere cierta revelación automática de documentos e información. El incumplimiento, puede resultar en sanciones, incluyendo la desestimación o anulación de los alegatos.

### IMPORTANT

Des poursuites judiciaires ont été entreprises contre vous. Vous avez 20 jours consécutifs a partir de la date de l'assignation de cette citation pour déposer une réponse écrite a la plainte ci-jointe auprès de ce tribunal. Qui se trouve a: {L'Adresse} \_\_\_\_\_. Un simple coup de téléphone est insuffisant pour vous protéger; vous êtes obligés de déposer votre réponse écrite, avec

mention du numéro de dossier ci-dessus et du nom des parties nommées ici, si vous souhaitez que le tribunal entende votre cause. Si vous ne déposez pas votre réponse écrite dans le délai requis, vous risquez de perdre la cause ainsi que votre salaire, votre argent, et vos biens peuvent être saisis par la suite, sans aucun préavis ultérieur du tribunal. Il y a d'autres obligations juridiques et vous pouvez requérir les services immédiats d'un avocat. Si vous ne connaissez pas d'avocat, vous pourriez téléphoner à un service de référence d'avocats ou à un bureau d'assistance juridique (figurant à l'annuaire de téléphones).

Si vous choisissez de déposer vous-même une réponse écrite, il vous faudra également, en même temps que cette formalité, faire parvenir ou expédier une copie au carbone ou une photocopie de votre réponse écrite à la partie qui vous dépose cette citation.

Nom et adresse de la partie qui dépose cette citation:

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Les photocopies de tous les documents tribunaux de cette cause, y compris des arrêts, sont disponibles au bureau du greffier. Vous pouvez consulter ces documents, sur demande.

Il faut aviser le greffier de votre adresse actuelle. (Vous pouvez déposer Florida Supreme Court Approved Family Law Form 12.915, Designation of Current Mailing and E-mail Address.) Les documents de l'avenir de ce procès seront envoyés à l'adresse que vous donnez au bureau du greffier.

**ATTENTION:** La règle 12.285 des règles de procédure du droit de la famille de la Floride exige que l'on remette certains renseignements et certains documents à la partie adverse. Tout refus de les fournir pourra donner lieu à des sanctions, y compris le rejet ou la suppression d'un ou de plusieurs actes de procédure.

THE STATE OF FLORIDA

TO EACH SHERIFF OF THE STATE: You are commanded to serve this summons and a copy of the complaint in this lawsuit on the above-named person.

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

**MATT BROOKS, CLERK OF THE CIRCUIT COURT**

(SEAL)

By: \_\_\_\_\_  
Deputy Clerk

**INSTRUCTIONS FOR FLORIDA FAMILY LAW FORM**  
**REQUEST TO ENTER DEFAULT/DEFAULT**  
**(COMBINED FORM)**

If the other party has failed to file or serve any documents on you in response to your lawsuit as required, and the other party was properly served (i.e., by process, or by publication, etc.), you may ask the Clerk of the Court to enter a default against that person by completing this form and filing it with the clerk.

**STEP 1:**

First you must determine how the other party was served:

- The other party was **served by Process (summons)**: Generally, the other party has 20 days to respond to your petition.
- The other party was **served by Publication or Posting**: The Notice of Action that was posted or published contains the date by which the other party must respond to your petition (between 30 - 90 days).

**STEP 2:**

You must provide to the Clerk one of the following documents to prove that the other party has defaulted (failed to respond to your petition within the prescribed time period):

- the original Sheriff's Affidavit for Return of Service—if served by process  
or
- the Editor's Certificate of Publication—if served by publication  
or
- the Clerk's Certificate of Posting—if served by posting

**STEP 3:**

Once the default is entered against the other party by the Clerk of Court, you may request that your case be set for trial.

- You will need to fill out the **top portion** of the **NOTICE THAT ACTION IS AT ISSUE** and your **address on the second page**
- Make **three copies** of the request.
- File the **original** Notice with the Clerk of the Circuit Court.
- A copy of the form must be sent by mail to the opposing party.
- Bring a copy of the **NOTICE THAT ACTION IS AT ISSUE** and two stamped business size #10 envelopes to room 400 to be placed in the Case Manager's "In" box. Have one of the envelopes addressed to yourself and the other addressed to the opposing party.

IN THE CIRCUIT COURT OF THE EIGHTH JUDICIAL CIRCUIT  
IN AND FOR LEVY COUNTY, FLORIDA

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

CASE NO: \_\_\_\_\_  
DIVISION: \_\_\_\_\_

vs.

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

**MOTION/REQUEST TO ENTER DEFAULT**

TO THE CLERK OF COURT: Please enter a default against the Respondent who has failed to respond to the petition.

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

\_\_\_\_\_  
Signature

Name \_\_\_\_\_

Address \_\_\_\_\_

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

**DEFAULT**

A default is entered in this action against the Respondent for failure to serve or file a response or any paper as is required by law.

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

MATT BROOKS, CLERK OF THE CIRCUIT COURT

By: \_\_\_\_\_  
Deputy Clerk

**Requesting a Hearing/Non-Jury Trial  
in a Family Court Case in Levy County, Florida**

**DO NOT SUBMIT THE NOTICE THAT ACTION IS AT ISSUE**

**Until:**

1. *All the appropriate forms or documents have been filed to include financial affidavits, child support worksheet, parenting stabilization course, etc.*
2. *You have filed Proof of Service of Process Or Proof of Publication AND the Clerk has entered a default.*
3. *Or the Respondent has filed a response or an Answer and Waiver.*
4. *AND Mediation (352) 491-4417 has been completed if necessary.*

You will use the combined form titled "Notice that Action is at Issue and Request for a Hearing/Non-Jury Trial" to request a Hearing/Non-Jury Trial on your motion or petition. If you do so before the above has taken place a Hearing/Non-Jury Trial will **not** be scheduled.

**Fill in the following information:**

- Parties' names (Petitioner and Respondent)
- Case number and Division
- Your name (Comes Now \_\_\_\_\_)
- Amount of time you think necessary for the judge to hear all the issues in your case. If your case has no disputed issues, it may take only ten minutes.
- Today's date
- Your signature (no Notary needed)
- The Respondent's name and address

**Make 2 copies of the original:**

- File the original with the clerk's office.
- Mail or hand-deliver one copy to the Respondent.

**Each party must bring a self-addressed, stamped/metered envelope to the hearing or provided a valid e-mail address for mailing/e-mailing the final judgment or other court orders. A party that fails to provide the necessary envelopes with postage or an e-mail address may retrieve a copy of the results of the hearing from the Clerk of the Court at the cost of \$1 per page.**

IN THE CIRCUIT COURT, EIGHTH JUDICIAL CIRCUIT,  
IN AND FOR LEVY COUNTY, FLORIDA

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

CASE NO.: \_\_\_\_\_

and

DIVISION: \_\_\_\_\_

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

**NOTICE THAT ACTION IS AT ISSUE AND REQUEST FOR HEARING/NON-JURY TRIAL**

**COMES NOW** \_\_\_\_\_, and shows that this action is at issue and ready for a hearing/non-jury trial. The hearing/trial is on the original action. It is estimated that the trial will require \_\_\_\_\_ minutes. Therefore, the undersigned requests the court schedule a hearing/non-jury trial in this action.

Dated: \_\_\_\_\_ (today's date)

\_\_\_\_\_  
YOUR SIGNATURE

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true and correct copy of the foregoing Notice of Action has been furnished by U.S. Mail or hand delivery on \_\_\_\_\_, 20\_\_\_\_, to:  
(Print the respondent's name and address below)

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

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

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

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

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

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

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

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