

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

Case No.: _____
Division: _____

Petitioner,

and

Respondent.

PETITION TO SUPERSEDE AND OR MODIFY
ADMINISTRATIVE CHILD SUPPORT ORDER

Petitioner, _____, being sworn, certifies that the following statements are true:

This is an action to supersede and or modify an administrative child support order that was established pursuant to Florida Statute 409.2563(10)(c) and chapter 61.

SECTION I.

1. Petitioner is the _____ mother _____ father of the following minor child(ren):

	Name	Place of Birth	Birth Date	Sex
Child:	_____	_____	_____	_____
Child:	_____	_____	_____	_____
Child:	_____	_____	_____	_____
Child:	_____	_____	_____	_____
Child:	_____	_____	_____	_____

2. Florida is the Home State of the Minor Child(ren) involved in this case.

3. Venue is proper in LEVY County, Florida.

4. Petitioner's current address is: *{street address, city, state}*

5. Respondent's current address is: *{street address, city, state}*

6. _____ Petitioner _____ Respondent has been ordered to pay child support in a **DEPARTMENT OF REVENUE ADMINISTRATIVE PROCEEDING** for the above named child(ren) in _____ County, State of _____, case Number _____.

A copy of the administrative child support order is attached.

7. Both parties are over the age of 18, and neither is, nor has been within a 30-day period immediately prior to this date, a person in the military service of the United States as defined by Section 521 of the Service members Civil Relief Act.
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. 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.
11. A Completed **Child Support Guidelines Worksheet**, Florida Family Law Rules of Procedure Form 12.902(e), is, or will be filed.

SECTION II. REQUEST [check **all** that apply]

1. Petitioner requests that the Court enter and Order to supersede an administrative child support order without any changes.
2. Petitioner requests that the Court enter and Order to supersede and modify an administrative child support order to cease all child support and close out Child support ledger for the following reasons:
 - Parties do not want child support established through the court.
 - The child(ren) needs are being provided for.
 - The parties are residing together as intact family.
 - Other

3. Petitioner requests that the Court enter an Order to Supersede and award child support as determined by Florida's child support guidelines, section 61.30, Florida Statutes retroactive to: [check **one** only]
 - a. the date of the filing of this petition.
 - b. other: *{date}*_____. *{Explain}* _____
4. Petitioner requests that the Court enter an Order to Supersede and 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.
5. Petitioner requests that medical/dental insurance coverage for minor child(ren) be provided by: [check **one** only]
 - a. Father.
 - b. Mother.

6. _____ Petitioner requests that uninsured medical/dental expenses for the child(ren) be paid by:
 [check **one** only]
- 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).
7. Other Relief:
- _____

SECTION III. CERTIFICATE OF COMPLIANCE WITH FLORIDA STATUTE 409.2563 (14)

Petitioner certifies that a copy of the foregoing petition will be served upon the Respondent and the **Department of Revenue (DOR)**, at the appropriate address by **personal service**.

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

STATE OF FLORIDA
 COUNTY OF LEVY

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 _____