

PACKET 5

Forms Associated with

Modification of Parenting Plan/Time Sharing



EIGHTH JUDICIAL CIRCUIT

Revised ~~January 13, 2015~~
For forms revised 01-2015

*****FEES MAY APPLY*****

HELPFUL HINTS TO FILE A FAMILY LAW CASE

Filing Fee: ~~\$200.00~~ ^{50.00}

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DUE TO THE CHANGING NATURE OF THE LAW, the forms and information contained in this packet may become outdated.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
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 FOR MODIFICATION PETITIONS

- NOTICE OF LIMITED SERVICE/DISCLAIMER
- SUPPLEMENTAL PETITION
- UCCJEA
- FAMILY LAW AFFIDAVIT AND NOTICE OF SOCIAL SECURITY NUMBER
- RESPONSE (OTHER PARTY)
- SETTLEMENT AGREEMENT/ MEDIATION AGREEMENT (FOR MEDIATION CALL 352-491-4417)

OR (IF NO RESPONSE)

- PROOF OF SERVICE (PERSONAL)
- AFFIDAVIT OF PERSONAL SERVICE OUT OF STATE
- MOTION FOR DEFAULT

IF NEEDED

- FINANCIAL AFFIDAVIT (PETITIONER)
- FINANCIAL AFFIDAVIT (RESPONDENT)
- CERTIFICATE OF ATTENDANCE OF PARENTING STABILIZATION COURSE (IF NOT ALREADY ATTENDED)
- 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 needs on record 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) ___ Simplified Dissolution of Marriage | (K) ___ UIFSA Non-IV-D (not Department of Revenue, Child Support Enforcement) |
| (B) ___ Dissolution of Marriage | (L) ___ Other Family Court |
| (C) ___ Domestic Violence | (M) ___ Adoption Arising Out of Chapter 63 |
| (D) ___ Dating Violence | (N) ___ Name Change |
| (E) ___ Repeat Violence | (O) ___ Paternity/Disestablishment of Paternity |
| (F) ___ Sexual Violence | (P) ___ Juvenile Delinquency |
| (G) ___ Stalking | (Q) ___ Petition for Dependency |
| (H) ___ Support IV-D (Department of Revenue, Child Support Enforcement) | (R) ___ Shelter Petition |
| (I) ___ Support Non-IV-D (not Department of Revenue, Child Support Enforcement) | (S) ___ Termination of Parental Rights Arising Out of Chapter 39 |
| (J) ___ UIFSA IV-D (Department of Revenue, Child Support Enforcement) | (T) ___ Adoption Arising Out of Chapter 39 |
| | (U) ___ 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 12.905(a),
SUPPLEMENTAL PETITION TO MODIFY PARENTAL RESPONSIBILITY,
VISITATION OR PARENTING PLAN/ TIME-SHARING SCHEDULE AND
OTHER RELIEF
(11/15)**

When should this form be used?

This form should be used when you are asking the court to change the current parental responsibility, visitation, and/or Parenting Plan/time-sharing schedule. A determination of parental responsibility, a Parenting Plan and a time-sharing schedule may not be modified without a showing of a substantial, material, and unanticipated change in circumstances and a determination that the modification is in the best interests 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** this form in the county where the original order or judgment was entered. If the order or judgment was entered in another state, or if the child(ren) live(s) in another state, you should speak with an **attorney** about where to file this form. You should file the original with the **clerk of the circuit court** 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.**

What should I do next?

For your case to proceed, you must properly notify the other party in your case of the **supplemental petition**. If you know where he or she lives, you should use **personal service**. If you absolutely do not know where he or she lives, you may use **constructive service**. You may also be able to use constructive service if the other party resides in another state or country. However, if constructive service is used, other than granting a dissolution of marriage, the court may only grant limited relief. For more information on constructive service, see **Notice of Action for Family Cases with Minor Child(ren)**, Florida Supreme Court Approved Family Law Form 12.913(a),(2) and **Affidavit of Diligent Search and Inquiry**, Florida Family Law Rules of Procedure Form 12.913(b). If the other party is in

the military service of the United States, additional steps for service may be required. See, for example, **Memorandum for Certificate of Military Service**, Florida Supreme Court Approved Family Law Form 12.912(a). In sum, the law regarding constructive service and service on an individual in the military service is very complex and you may wish to consult an attorney regarding these issues.

If personal service is used, the other party has 20 days to **answer** after being served with your supplemental 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 supplemental 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 supplemental 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 and filed all of the required papers. Some circuits may require the completion of **mediation** before a final hearing may be set. 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 12.903(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 61, Florida Statutes

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

Instructions for Florida Supreme Court Approved Family Law Form 12.905(a), Supplemental Petition to Modify Parental Responsibility, Visitation, or Parenting Plan/Time-Sharing Schedule and Other Relief (11/15)

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 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.

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 from the clerk, fill it out, and the clerk will determine whether you are eligible to have filing fees deferred.

With this form, you must also file the following:

- **Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) Affidavit**, Florida Supreme Court Approved Family Law Form 12.902(d).
- **Child Support Guidelines Worksheet**, Florida Family Law Rules of Procedure Form 12.902(e) if you are seeking to modify child support. (If you do not know the other party's income, you may file this worksheet after his or her financial affidavit has been served on you.)
- **Parenting Plan**, Florida Supreme Court Approved Family Law Form, 12.995(a) or 12.995(b). If the parties have reached an agreement, the Parenting Plan should be signed by both parties. If you have not reached an agreement, a proposed Parenting Plan may be filed. **Notice of Social Security Number**, Florida Supreme Court Approved Family Law Form 12.902(j), if not previously filed.
- **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 if you are seeking to modify child support. (This must be filed within

Instructions for Florida Supreme Court Approved Family Law Form 12.905(a), Supplemental Petition to Modify Parental Responsibility, Visitation, or Parenting Plan/Time-Sharing Schedule and Other Relief (11/15)

in seemingly similar situations.

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

Settlement Agreement... If you and the respondent are able to reach an agreement on any or all of the issues, you should file a Settlement Agreement. Although there is no form for this in these Florida Family Law Forms, you may construct a settlement agreement using the pertinent sections contained in **Marital Settlement Agreement for Dissolution of Marriage with Dependent or Minor Child(ren)**, Florida Supreme Court Approved Family Law Form 12.902(f)(1). Both parties must sign this agreement before a **notary public**. Any issues on which you are unable to agree will be considered **contested** and settled by the judge at the final hearing.

Final Judgment Form... These family law forms contain a **Supplemental Final Judgment Modifying Parental Responsibility, Visitation, or Parenting Plan/Time-Sharing Schedule And Other Relief**, Florida Supreme Court Approved Family Law Form 12.993(a), 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.

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

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

Case No.: _____
Division: _____

Petitioner,

and

Respondent.

**SUPPLEMENTAL PETITION TO MODIFY PARENTAL RESPONSIBILITY,
VISITATION, OR PARENTING PLAN/TIME-SHARING SCHEDULE AND
OTHER RELIEF**

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

1. The parties to this action were granted a final judgment of () dissolution of marriage () paternity on {date} _____. A copy of the final judgment and any modification(s) is attached.
2. Paragraph(s) _____ of the () final judgment or () most recent modification thereof describes the present parental responsibility, visitation, or Parenting Plan/Time-Sharing schedule.
3. Since the final judgment or last modification thereof, there has been a substantial, material and unanticipated change in circumstances, requiring a modification of the parental responsibility, visitation, or Parenting Plan/Time-Sharing schedule. Those changes are as follows: {explain}

4. I ask the Court to modify the parental responsibility, visitation, Parenting Plan or Time-Sharing schedule as follows: {explain}

5. This modification is in the best interests of the child(ren) because: *{explain}*

6. Petitioner _____ requests _____ does not request that child support be modified, consistent with the modification of the Parenting Plan/Time-Sharing schedule.

7. If necessary, a Child Support Guidelines Worksheet, Florida Family Law Rules of Procedure Form 12.902(e), _____ is, or _____ will be filed.

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

9. 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.

10. If not previously filed in this case, a completed Notice of Social Security Number, Florida Supreme Court Approved Family Law Form 12.902(j), is filed with this petition.

11. Other: _____

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

Dated: _____

Signature of Petitioner
Printed Name: _____
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 deputy 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 _____ 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 th 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 traveling 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

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} _____.

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			

<u> / </u>			
<u> / </u>			
<u> / </u>			
<u> / </u>			
<u> / </u>			

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

[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 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:		C. CHILD(REN)'S EXPENSES	
Mortgage or rent	\$ _____	Day care	\$ _____
Property taxes	\$ _____	Lunch money	\$ _____
Utilities	\$ _____	Clothing	\$ _____
Telephone	\$ _____	Grooming	\$ _____
Food	\$ _____	Gifts for holidays	\$ _____
Meals outside home	\$ _____	Medical/Dental (uninsured)	\$ _____
Maintenance/Repairs	\$ _____	Other: _____	\$ _____
Other: _____	\$ _____		
B. AUTOMOBILE		D. INSURANCE	
Gasoline	\$ _____	Medical/Dental	\$ _____
Repairs	\$ _____	Child(ren)'s medical/dental	\$ _____
Insurance	\$ _____	Life	\$ _____
		Other: _____	\$ _____

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.			
Total Debts (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
	\$		
Total Contingent Assets	\$		

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
	\$		
Total Contingent Liabilities	\$		

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 EIGHTH JUDICIAL CIRCUIT,
IN AND FOR LEVY COUNTY, FLORIDA

Case No.: _____

Division: _____

Petitioner,
and

Respondent.

NOTICE OF RELATED CASES

- 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
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
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 , 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 of indigence.
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.

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 6th 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

E-mail: 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 23rd Ave., Suite 4, Gainesville, FL 32606

Phone: (352) 379-4665 Fax: (352) 377-0002

email contact: (for Info/Class Schedule) mentalhealth@prodigy.net

List of Approved Web-Based Courses

www.parentingchoice.com

www.onlinedivorceprogram.com

www.divorce-resolution.com

www.floridaparentingcourse.com

www.floridaparenting.com

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 South 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 numero 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 obliges 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 a un service de référence d'avocats ou a un bureau d'assistance juridique (figurant a 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 a la partie qui vous dépose cette citation.

Nom et adresse de la partie qui dépose cette citation:

Les photocopies de tous les documents tribunaux de cette cause, y compris des arrêts, sont disponible au bureau du greffier. Vous pouvez revue 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 envoyer a 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 a la partie adverse. Tout refus de les fournir pourra donner lieu a 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: _____

DANNY J. SHIPP
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: _____

DANNY J. SHIPP
CLERK OF 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,

and

Respondent.

CASE NO.: _____

DIVISION: _____

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: _____