

INSTRUCTIONS FOR FILING A DISSOLUTION OF MARRIAGE where you and your spouse will have a written agreement

Information You Need to Know:

- You must be a resident of the State of Florida for at least 6 months before filing for dissolution of marriage.
- You must have a Florida Driver's License, Florida ID or Florida Voter's Registration Card showing that you have been a resident of the State of Florida for 6 months prior to the date you file your Petition for Dissolution. If you do not have one of those identifications, you must have someone who knows you complete the Affidavit of Corroborating Witness [Form VV], have it notarized and then file it with the Clerk of the Court.
- If you have minor children, the children must have been living in the State of Florida for at least 6 months before filing your case. You must name ALL children that were born during the marriage.
- If you own real property, you must have the legal description of the property.
- If you have minor children, you and your spouse are required to attend a four hour parenting class (See Form C 5).
- If you do not know the date of your marriage (Petition page 1) please go to 601 NW 1st Court, Suite 1900, Marriage License Bureau, to obtain..
- You may want to consult an attorney before deciding to represent yourself.
- If at any time before or after you file your case you decide that you no longer want to represent yourself, you may hire a lawyer.
- When completing the FINANCIAL AFFIDAVIT, please list only the last four (4) digits of any account numbers.

PLEASE READ PRIOR TO APPOINTMENT!!!!!!

The Day of Your Self-Help Appointment

*You **MUST** be on time for your scheduled appointment. If you are late, you will be rescheduled for another date and charged a reschedule fee of \$20.*

Both the Plaintiff and the Respondent must attend the Self Help Appointment because there will be calculations made that should be placed on the Marital Settlement Agreement that is signed by both parties.

Bring the following:

1. **Completed packet in English and black ink (please type or print legibly!)**
All of your forms must be completed with the correct information prior to your appointment. If you are missing completed forms or are missing information, you will be rescheduled for another date.
2. **Please bring copies of your most recent W-2's, Pay stubs, etc.**
3. **Pen - Please use black ink only. (please type or print legibly!)**
4. **White correction tape or white correction fluid**
5. **Driver's License, State ID, or US Passport**
6. **Bring 2 Self-Addressed Envelopes**
7. **Applicable Fees**
Self-Help Service Fee.....\$105.00*
Clerk of the Court Filing Fee.....\$409.00
Parenting Class Fee.....\$ 35.00

***Self-Help Service Fee** includes the following: Family-Court approved packet with instructions, paralegal review, notarization, copies, postage, hearing scheduling.

8. **Keep in mind the Clerk's Office hours are from 9:00a.m. to 4:00p.m.**

I. If You and Your Spouse will have a written Agreement – complete the following steps

Step 1: Complete the following documents in **blue or black ink**:

Petitioner

Cover Sheet [Form H]

Parties Information Sheet [Form A-3]

Petition for Dissolution of Marriage [Form A]

Acknowledgment of Courses (Form C-5)

Financial Affidavit [Form I]

UCCJEA [Form J]

Notice of Social Security [Form K]

Notice of Final Hearing [Form II]

Index of Forms (top portion only)

Notice of Related Cases

Acknowledgment of Status Quo Temporary Domestic Relations Order

Self-Help Acknowledgment of Receipt

Designation of Current Mailing and E-mail Address

Both Parties: Marital Settlement Agreement [Form PP] and No Hearing Special Affidavit

Respondent

Answer and Waiver [Form L-2]

Financial Affidavit [Form I]

Notice of Social Security [Form K]

****Respondent's Answer and Waiver CANNOT be notarized BEFORE the Petition is notarized.**

Step 2: Select one of the following options to have your packet reviewed by a Self-Help Paralegal.

Option 1: Make your appointment online <https://www.jud11.flcourts.org/Family-Court-Self-Help-Program> to review and notarize your documents. Please read the Self-Help Appointment Review Options sheet before scheduling your appointment online. We offer packet completion assistance at a nominal fee if you need help completing your packet.

Option 2: Mail or Drop off your packet for review at either Self-Help location without an appointment. Please read Self-Help Packet Review Via Mail sheet and follow the instructions if you select this option. (fees must be included)

After your packet has been reviewed and approved by a Self-Help Paralegal you will receive further instructions regarding your next steps.

Fee Schedule

Self-Help Service Fee: \$105.00

cash, credit card or money order

Packet Completion Assistance (optional) \$150 each

cash, credit card or money order

Filing Fee: \$409.00

cash, credit card or money order

Certified Copies: \$1.00 + \$1.50 per page

cash or credit card

If you are not sure whether the Courts are open because of a possible Hurricane, please call the 11th Judicial Circuit Hotline at 305-349-7777.

Several useful definitions from Florida Statutes 61.046:

“Electronic communication” means contact, other than face-to-face contact, facilitated by tools such as 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 between a parent and that parent’s minor child.

“Obligee” means the person to whom payments are made pursuant to an order establishing, enforcing, or modifying an obligation for alimony, for child support, or for alimony and child support.

“Obligor” means a person responsible for making payments pursuant to an order establishing, enforcing, or modifying an obligation for alimony, for child support, or for alimony and child support.

“Parenting plan” means a document created to govern the relationship between the parents relating to decisions that must be made regarding the minor child and must contain a time-sharing schedule for the parents and child. The issues concerning the minor child may include, but are not limited to, the child’s education, health care, and physical, social, and emotional well-being. In creating the plan, all circumstances between the parents, including their historic relationship, domestic violence, and other factors must be taken into consideration.

“Payor” means an employer or former employer or any other person or agency providing or administering income to the obligor.

“Shared parental responsibility” means a court-ordered relationship in which both parents retain full parental rights and responsibilities with respect to their child and in which both parents confer with each other so that major decisions affecting the welfare of the child will be determined jointly.

“Sole parental responsibility” means a court-ordered relationship in which one parent makes decisions regarding the minor child.

“State Disbursement Unit” means the unit established and operated by the Title IV-D agency to provide one central address for collection and disbursement of child support payments made in cases enforced by the department pursuant to Title IV-D of the Social Security Act and in cases not being enforced by the department in which the support order was initially issued in this state on or after January 1, 1994, and in which the obligor’s child support obligation is being paid through income deduction order.

“Support order” means a judgment, decree, or order, whether temporary or final, issued by a court of competent jurisdiction or administrative agency for the support and maintenance of a child which provides for monetary support, health care, arrearages, or past support. When the child support obligation is being enforced by the Department of Revenue, the term “support order” also means a judgment, decree, or order, whether temporary or final, issued by a court of competent jurisdiction for the support and maintenance of a child and the spouse or former spouse of the obligor with whom the child is living which provides for monetary support, health care, arrearages, or past support.

“Time-sharing schedule” means a timetable that must be included in the parenting plan that specifies the time, including overnights and holidays, that a minor child will spend with each parent.

SELF-HELP PARALEGAL APPOINTMENT REVIEW OPTIONS

The Eleventh Judicial Circuit's Self-Help Program (SHP) provides Self-Represented Litigants (SRL) two options to have your packet reviewed by a paralegal prior to filing. **Option 1** You can schedule an in-person appointment to have your packet reviewed by our paralegal which can be scheduled online. **Option 2.** You can have your packet reviewed by a paralegal without an appointment by simply dropping off or mailing your packet at either Self-help location. **Please read the different appointment types carefully below before clicking on the link to schedule your appointment or mailing your packet for review via mail without an appointment.**

Please note that scheduling the incorrect appointment type can subject you to being rescheduled for another date. All SHP appointments are scheduled for specific dates and times depending on the appointment type. If you schedule your in-person appointment online, you will receive a confirmation via email and text with your appointment details. Please carefully read the details below regarding the different appointment review types.

Paralegal Appointment Review Types

Packet Review Via Mail or Drop Off (no appointment required)

The Family Self Help Program is providing you the option to either drop off or mail your completed packet at either Self-Help location for paralegal review without having to make an appointment. This service also includes the Self-Help Program filing your approved packet with the Clerk of Court. Please carefully read the instructions in your packet regarding packet completion and (click here) for instructions to mail or drop off your packet for paralegal review.

First Time Visit (In-person appointment required)

Your packet is fully completed and is ready for Self-Help Paralegal review prior to filing. The Self-Help service fee ([see fee schedule](#)) includes Paralegal review, notarization of court documents, initial procedural information, follow-up procedural information, and procedural information to obtain a hearing. **To make your appointment visit:** <https://www.jud11.flcourts.org/Family-Court-Self-Help-Program/Appointments>

Example: To make an appointment for a Post Judgment Modification packet, you will select **First-Time Visit Divorce w/ Children**

Packet Completion Assistance (In person appointment required)

Need assistance completing your packet prior to filing? The Self-Help Program offers packet completion assistance with a Self-Help Paralegal at a nominal fee ([see fee schedule](#)) to help you complete your documents. **To make your appointment visit:**

<https://www.jud11.flcourts.org/Family-Court-Self-Help-Program/Appointments>

Example: To make an appointment for a Paternity Agreement packet, you will select **Packet Completion Assistance-Divorce w/ Children**

- To cancel or reschedule your Self-Help Appointment visit:
<https://www.jud11.flcourts.org/Family-Court-Self-Help-Program> and click on **FIND APPOINTMENT**

SELF-HELP PACKET REVIEW VIA MAIL

The Family Self Help Program provides you the option to either drop off or mail your completed packet at either Self-Help location for paralegal review without having to make an appointment. This service also includes the Self-Help Program filing your approved packet with the Clerk of Court. Please carefully read the instructions in your packet regarding packet completion and the instructions below to mail or drop off your packet for paralegal review

Mail or drop off your completed packet at one of the following locations:

Self-Help Program

Lawson E. Thomas Courthouse Center

175 NW 1st Ave Suite 2441

Miami, FL 33128

Self-Help Program

South Dade Government Center

10710 SW 211th St Room 1400

Miami, FL 33189

- Make sure all forms are completed in full, that they are legible, and have each form that requires notarization to be notarized.
- You will only provide for review the original completed and notarized packet accompanied with money orders for all the fees associated with the type of packet you are submitting. See below for applicable fees for your case. Please note that there are different agencies to whom the money orders need to be made out to.
- Make sure to include a clear copy of the drivers license or valid ID along with any of the required supporting documents. (Packet Instructions include the required supporting documents needed)
- **IMPORTANT:** A Self-Help Paralegal will contact you either via phone or email to confirm THAT YOUR PACKET HAS BEEN received and THAT PROCESSING IS UNDERWAY. (Please allow about two weeks FROM THE MAILING DATE of your packet to receive notification from the Self-Help Paralegal.)

SELF HELP SERVICE FEE

- **\$105.00** Dissolution of Marriage (Divorce),
- MAKE MONEY ORDER PAYABLE TO: **MIAMI DADE COUNTY**
***Processing Fee includes Copies, Postage and any additional documents required for your hearing with the Judge or receive Administrative Final Judgement without a hearing.**

Select one of the following options below regarding filing type to determine additional applicable fees:

Agreement

FEES DUE IF BOTH PARTIES ARE IN AGREEMENT

- Self-Help Service Fee (see Self-Help service fee section)
- Clerk of Court Filing Fee **\$409.00** MAKE MONEY ORDER PAYABLE TO: **Clerk of Court and Comptroller**

Important Information Regarding Your Packet

The Family Court Self-Help Program
Self Help File No.: sh_fileno
Receipt & Packet No.: packet_number
Printed on: 3/24/2025 11:43:30 AM

Need help completing your packet?

A Packet Completion Assistance is offered at the Self-Help Program to help you complete your forms and notarize them. If you would like to participate in this service, Make your appointment online: <https://www.jud11.flcourts.org/Family-Court-Self-Help-Program> (Fee \$125 for each party)

Please have the following information below with your packet.

- ❖ **Copy of Marriage License** *(If your Marriage License is in a foreign language, you must also submit a full English translation. The translator must sign a certification that the English language translation is complete and accurate, and that he or she is competent to translate from the foreign language into English. The certification must include the translator's signature.)*
- ❖ **Copy of Petitioner and Respondents Driver's** (copies must be enlarged and clear)
- ❖ **Affidavit of Corroborating Witness Form** *(if applicable)* Affidavit form must be accompanied by a copy of your witness Florida Driver's License or Florida Identification
- ❖ **2 regular envelopes with 2 post office stamps**




- ❖ **Child(ren)/Adult Birth Certificate(s)** *(If the Birth Certificate(s) is/are in a foreign language, you must also submit a full English translation. The translator must sign a certification that the English language translation is complete and accurate, and that he or she is competent to translate from the foreign language into English. The certification must include the translator's signature.)*
- ❖ **Mandatory Parenting Course Certificate(s)** (Class may be taken on-line or in person—additional information included in packet) see form C-5
- ❖ **If there is a property in your case, you MUST bring the legal description of the property.**

IN THE CIRCUIT COURT OF THE
ELEVENTH JUDICIAL CIRCUIT
IN AND FOR MIAMI-DADE COUNTY,
FLORIDA

FAMILY DIVISION

IN RE: THE MARRIAGE OF:

_____,
Petitioner,

CASE NO.:

and

_____,
Respondent.

_____/

**PETITION FOR DISSOLUTION OF MARRIAGE WITH DEPENDENT OR
MINOR CHILD(REN)**

1. This is an action for dissolution of marriage between the parties.
2. The Wife's name is _____.
3. The Husband's name is _____.
4. **RESIDENCY:** _____ Husband _____ Wife has been a resident of the State of Florida for at least 6 months before the filing of this Petition for Dissolution of Marriage.

5. MARRIAGE HISTORY

- a. Date of Marriage {month, day, year}: _____
- b. Place of Marriage {city, state, country}: _____
- c. Date of Separation {month, year}: _____
- d. Place of Separation {city, state, country}: _____

6. MILITARY / NON-MILITARY AFFIDAVIT

- a. _____ Both parties are over the age of 18 and neither has been a person in the military services of the United States as defined by the Amended Soldiers' and Sailors' Civil Relief Act of 1940 in the last 30 days.
- b. _____ Both parties are over the age of 18 and _____ is a member of the military services of the United States.

7. **GROUND**s: This Petition for Dissolution of Marriage should be granted because:
- ☐ The marriage is irretrievably broken.
 - ☐ One of the parties has been adjudged mentally incapacitated for a period of 3 years before the filing of this petition. A copy of the Judgment of Incapacity is attached.

8. **CHILDREN**: (check all boxes that apply)

- ☐ The Wife is pregnant, the Husband is the father, and the due date is _____.
- ☐ There are minor or dependent children common to both parties and they are:

<u>Name</u>	<u>Date of Birth</u>	<u>Sex</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- ☐ There are children born during the marriage that are not common to both parties. The biological father of the following children is _____:

<u>Name</u>	<u>Date of Birth</u>	<u>Sex</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- ☐ The Wife is pregnant and the child is not common to both parties. The biological father of the expected child is _____ and the due date is _____.

9. PARENTAL RESPONSIBILITY, PARENTING PLAN WITH TIME SHARING SCHEDULE & OTHER RELIEF

a. Jurisdiction

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

The State of Florida maintains the most significant contacts with the child(ren) and is the most appropriate forum for addressing parenting contact.

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

Venue is proper in Miami Dade County.

The requirements of the International Child Abduction Remedies Act and the Convention on the Civil Aspects of International Child Abduction enacted at the Hague on October 25, 1980 are met.

b. Parental Responsibility It is in the child(ren)'s best interests that parental responsibility should be:

☐ shared.

☐ not shared and {name} _____ should be given sole parental responsibility because _____

_____.

c. Child Support Child Support should be awarded in accordance with Florida's child support guidelines to:

☐ the Mother

☐ the Father

☐ Other

☐ A child support order has previously been entered by a court under case number _____. Pursuant to that order, the _____ was ordered to pay \$ _____ every _____.

The Petitioner requests that the Court order that: (1) The support be paid through the State Disbursement Unit or Central Depository, whichever is applicable; (2) The support be paid by income deduction; and (3) Any payment not made through the appropriate State Disbursement Unit or Central Depository may be considered unpaid and delinquent, and the Obligor may be subject to a delinquency judgment and further proceedings.

d. Medical / dental insurance for the child(ren) should be provided by:

- ☐ the Mother
- ☐ the Father
- ☐ shared by the parties as determined by the Court

e. Other medical / dental expenses for the child(ren) not covered by insurance should be provided by:

- ☐ the Mother
- ☐ the Father
- ☐ shared by the parties as determined by the Court

f. Life insurance for the benefit of the child(ren) should be provided by:

- ☐ the Mother
- ☐ the Father
- ☐ shared by the parties as determined by the Court

g. The Federal Income Tax exemption for the child(ren) should be:

- ☐ given to the Mother
- ☐ given to the Father
- ☐ alternated between the parties, with _____ receiving in even years and _____ receiving in odd years.
- ☐ other: _____

h. **Time Sharing Schedule:** The minor child(ren) should spend the following

time with the (check one box) ☐ **mother** ☐ **father** on the following days:

- | (check days that apply) | (check each week or every other week & if overnight) |
|--|--|
| ☐ Monday from _____ to _____ | ☐ each week ☐ every other week ☐ overnight |
| ☐ Tuesday from _____ to _____ | ☐ each week ☐ every other week ☐ overnight |
| ☐ Wednesday from _____ to _____ | ☐ each week ☐ every other week ☐ overnight |
| ☐ Thursday from _____ to _____ | ☐ each week ☐ every other week ☐ overnight |
| ☐ Friday from _____ to _____ | ☐ each week ☐ every other week ☐ overnight |
| ☐ Saturday from _____ to _____ | ☐ each week ☐ every other week ☐ overnight |
| ☐ Sunday from _____ to _____ | ☐ each week ☐ every other week ☐ overnight |

Total number of overnights **each week** with the parent above _____

Total number of overnights **every other week** with parent above _____

All other time not listed above should be spent with the

☐ **mother** ☐ **father**

Exchange(s) of the child(ren), shall take place as follows:

Holidays/Special Occasions/School Breaks should be shared as follows: (check appropriate boxes to include whether child stays overnight)

New Year's Eve

Mother: ☐ Every Year ☐ Even Years ☐ Odd Years ☐ overnight
 Father: ☐ Every Year ☐ Even Years ☐ Odd Years ☐ overnight
 Other: _____

New Year's Day

Mother: ☐ Every Year ☐ Even Years ☐ Odd Years ☐ overnight
 Father: ☐ Every Year ☐ Even Years ☐ Odd Years ☐ overnight
 Other: _____

Martin Luther King Jr. Birthday

Mother: ☐ Every Year ☐ Even Years ☐ Odd Years ☐ overnight
 Father: ☐ Every Year ☐ Even Years ☐ Odd Years ☐ overnight
 Other: _____

President's Day

Mother: ☐ Every Year ☐ Even Years ☐ Odd Years ☐ overnight
 Father: ☐ Every Year ☐ Even Years ☐ Odd Years ☐ overnight
 Other: _____

Easter

Mother: ☐ Every Year ☐ Even Years ☐ Odd Years ☐ overnight
 Father: ☐ Every Year ☐ Even Years ☐ Odd Years ☐ overnight
 Other: _____

Passover

Mother: ☐ Every Year ☐ Even Years ☐ Odd Years ☐ overnight
 Father: ☐ Every Year ☐ Even Years ☐ Odd Years ☐ overnight
 Other: _____

Memorial Day

Mother: ☐ Every Year ☐ Even Years ☐ Odd Years ☐ overnight
 Father: ☐ Every Year ☐ Even Years ☐ Odd Years ☐ overnight
 Other: _____

Independence Day

Mother: ☐ Every Year ☐ Even Years ☐ Odd Years ☐ overnight
 Father: ☐ Every Year ☐ Even Years ☐ Odd Years ☐ overnight
 Other: _____

Labor Day

Mother: ☐Every Year ☐Even Years ☐Odd Years ☐overnight
 Father: ☐Every Year ☐Even Years ☐Odd Years ☐overnight
 Other: _____

Yom Kippur

Mother: ☐Every Year ☐Even Years ☐Odd Years ☐overnight
 Father: ☐Every Year ☐Even Years ☐Odd Years ☐overnight
 Other: _____

Columbus Day

Mother: ☐Every Year ☐Even Years ☐Odd Years ☐overnight
 Father: ☐Every Year ☐Even Years ☐Odd Years ☐overnight
 Other: _____

Veterans Day

Mother: ☐Every Year ☐Even Years ☐Odd Years ☐overnight
 Father: ☐Every Year ☐Even Years ☐Odd Years ☐overnight
 Other: _____

Thanksgiving

Mother: ☐Every Year ☐Even Years ☐Odd Years ☐overnight
 Father: ☐Every Year ☐Even Years ☐Odd Years ☐overnight
 Other: _____

Christmas Eve

Mother: ☐Every Year ☐Even Years ☐Odd Years ☐overnight
 Father: ☐Every Year ☐Even Years ☐Odd Years ☐overnight
 Other: _____

Christmas Day

Mother: ☐Every Year ☐Even Years ☐Odd Years ☐overnight
 Father: ☐Every Year ☐Even Years ☐Odd Years ☐overnight
 Other: _____

Mother's Day

Mother: ☐Every Year ☐Even Years ☐Odd Years ☐overnight
 Father: ☐Every Year ☐Even Years ☐Odd Years ☐overnight
 Other: _____

Father's Day

Mother: ☐Every Year ☐Even Years ☐Odd Years ☐overnight
 Father: ☐Every Year ☐Even Years ☐Odd Years ☐overnight
 Other: _____

Birthdays (include each family member's name and date of birth, including, wife, husband and children)

Name: _____ date of birth _____
 Mother: ☐ Every Year ☐ Even Years ☐ Odd Years ☐ overnight
 Father: ☐ Every Year ☐ Even Years ☐ Odd Years ☐ overnight
 Other: _____

Name: _____ date of birth _____
 Mother: ☐ Every Year ☐ Even Years ☐ Odd Years ☐ overnight
 Father: ☐ Every Year ☐ Even Years ☐ Odd Years ☐ overnight
 Other: _____

Name: _____ date of birth _____
 Mother: ☐ Every Year ☐ Even Years ☐ Odd Years ☐ overnight
 Father: ☐ Every Year ☐ Even Years ☐ Odd Years ☐ overnight
 Other: _____

Name: _____ date of birth _____
 Mother: ☐ Every Year ☐ Even Years ☐ Odd Years ☐ overnight
 Father: ☐ Every Year ☐ Even Years ☐ Odd Years ☐ overnight
 Other: _____

Name: _____ date of birth _____
 Mother: ☐ Every Year ☐ Even Years ☐ Odd Years ☐ overnight
 Father: ☐ Every Year ☐ Even Years ☐ Odd Years ☐ overnight
 Other: _____

December School Break

Mother: ☐ Every Year ☐ Even Years ☐ Odd Years ☐ overnight
 Father: ☐ Every Year ☐ Even Years ☐ Odd Years ☐ overnight
 Other (please specify): _____

Spring School Break

Mother: ☐ Every Year ☐ Even Years ☐ Odd Years ☐ overnight
 Father: ☐ Every Year ☐ Even Years ☐ Odd Years ☐ overnight
 Other (please specify): _____

Summer School Break

Mother: ☐ Every Year ☐ Even Years ☐ Odd Years ☐ overnight
 Father: ☐ Every Year ☐ Even Years ☐ Odd Years ☐ overnight
 Other (please specify): _____

Teacher Work Days

Mother: ☐Every Year ☐Even Years ☐☐Odd Years ☐**overnight**
 Father: ☐Every Year ☐Even Years ☐☐Odd Years ☐**overnight**
 Other: _____

Other _____

Mother: ☐Every Year ☐Even Years ☐☐Odd Years ☐**overnight**
 Father: ☐Every Year ☐Even Years ☐☐Odd Years ☐**overnight**
 Other: _____

Other _____

Mother: ☐Every Year ☐Even Years ☐☐Odd Years ☐**overnight**
 Father: ☐Every Year ☐Even Years ☐☐Odd Years ☐**overnight**
 Other: _____

The total overnights from all of the above and determined from the attached Overnight Calendar Worksheet are as follows:

The Mother will have approximately _____ overnights each year.

The Father will have approximately _____ overnights each year

- i. **Child(ren) should attend the following School/Day Care/After School Care:**

- j. **Child(ren)'s Organized/After School Activities** should be handled as follows: _____

- k. While the child(ren) are with the other parent, the parent without the Child(ren) will **Communicate** with the child(ren) using (method and type of technology, for example telephone, cell phone, internet):

- l. Other requests regarding Time Sharing Schedule, Education of Child(ren), etc. _____

10. EQUITABLE DISTRIBUTION OF MARITAL ASSETS AND DEBTS

- a. _____ There are no marital assets or debts to be divided by the Court.
- b. _____ All assets and debts have been divided by written agreement and a copy is attached. (Form PP)
- c. _____ The parties have acquired assets and / or debts during the marriage that should be equitably distributed pursuant to Florida Statute §61.075. Such marital assets and/or debts are more particularly described as follows:

- i. _____ There is a marital home legally described as follows:

- ii. _____ There is other real property legally described as follows:

- iii. _____ The _____ Husband / _____ Wife has a pension plan, a 401K, or other retirement benefits that should be equitably distributed by the Court.

- iv. _____ The following automobile is titled in the name of _____ and should be awarded for the use of the _____ Husband / _____ Wife: _____

_____ The following automobile is titled in the name of _____ and should be awarded for the use of the _____ Husband / _____ Wife: _____

- v. _____ The parties have the following other assets to be divided:

vi. _____ The parties have the following marital debts or obligations that should be divided: _____

vii. _____ The following are non-marital assets that were acquired during the marriage: _____

d. **Marital Home** [☒ one only]

i. _____ Exclusive use and possession of the marital home should be awarded to the _____ Wife / _____ Husband because: _____

ii. _____ Sole ownership of the marital home should be awarded to the _____ Wife / _____ Husband because: _____

iii. _____ The marital home should be sold and the proceeds divided as follows: _____

11. **ALIMONY** _____ Alimony is needed by the _____ Wife / _____ Husband and the other party is able to pay such alimony.

12. **TEMPORARY RELIEF** The following temporary relief is requested and a copy of the motion for the same is attached:

- a. _____ Temporary Alimony
- b. _____ Temporary Child Support
- c. _____ Exclusive Use of the Marital Home
- d. _____ Other _____

13. **COSTS** _____ Petitioner requests costs for bringing this action and states that the other party has the ability to pay the same.

14. **NAME RESTORATION** ____ The Wife requests that her former name be restored to: _____

15. Other relief: _____

WHEREFORE, the Petitioner requests the Court award the relief requested above.

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

Dated: _____

Signature of Party: _____

Printed Name: _____

Street Address: _____

City, State, Zip: _____

Telephone No.: _____

E-mail: _____

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

Sworn to or affirmed and signed before me on _____ by
_____.

NOTARY PUBLIC or DEPUTY CLERK

____ Personally known

____ Produced identification: _____

**IN THE CIRCUIT COURT OF THE
ELEVENTH JUDICIAL CIRCUIT
IN AND FOR MIAMI-DADE COUNTY,
FLORIDA**

FAMILY DIVISION

Petitioner, **CASE NO.:**

and

Respondent. **PARTIES INFORMATION**

PETITIONER:

Name: _____
Home
Address: _____
City, State: _____ Zip: _____
D.O.B.: _____
Home Telephone Number: _____
Employment Number: _____
E-mail Address: _____

RESPONDENT:

Name: _____
Home
Address: _____
City, State: _____ Zip: _____
D.O.B.: _____
Home Telephone Number: _____
Employment Number: _____
Attorney: _____
Attorney's Address: _____
Telephone Number: _____
E-mail Address: _____

MINOR CHILDREN:

1) _____ D.O.B. _____
2) _____ D.O.B. _____
3) _____ D.O.B. _____
4) _____ D.O.B. _____
5) _____ D.O.B. _____

IN THE CIRCUIT COURT OF THE
ELEVENTH JUDICIAL CIRCUIT
IN AND FOR MIAMI-DADE COUNTY,
FLORIDA

FAMILY DIVISION

IN RE:

_____,
Petitioner,
and
_____,
Respondent.
_____ /

CASE NO.:

ACKNOWLEDGMENT OF COURSES

Pursuant to Administrative Order 14-05 and Fl. Stat. §61.21(4) all parties to a dissolution of marriage proceeding with minor children or a paternity action that involves issues of parental responsibility shall be required to complete the Parent Education and Family Stabilization Course. See link of current course providers:

<https://www.dcf.state.fl.us/programs/childwelfare/docs/ParentEducationAndFamilyStabilization.pdf>

The following is a list of course providers that was posted in the past. But, you must go to the above link, to insure that they are still current as a provider according to DCF

Parent Education and Family Stabilization Course Providers

COURSE NAME	CLASS LOCATION	REGISTRATION/PROVIDER CONTACT INFORMATION	COURSE INFORMATION
A Child's Life	Serving all counties; dates, times and locations to be announced	Life Works Parenting Tools Sue Dockerill (772) 288-9886 www.lwpt.org	Classroom setting in English Indigent Status Accepted
Divorce With Children	Contact for exact location	Joy Pyngolil, Ph.D. (772) 633-5728 jpyngolil@gmail.com	Individual appointment in English Indigent Status not Accepted
Children of Divorcing Parents	Miami-Dade Community College Call campus where you would like to attend the course	Kendall - (305) 237-2142, North - (305) 237-1019, Interamerican - (305) 237-6138, Wolfson - (305) 237-3120	Classroom setting and online in English/Spanish Indigent Status Accepted
Assisting Parents Through Divorce	Email or call for Miami-Dade, Broward or Palm Beach locations at Parentingisjob1@aol.com or 954-456-2850 or 305-899-9910	Taught by Jerome R. Tabas, B.S., M.S., J.D., Florida Supreme Court Certified Family Mediator, Qualified Parenting Coordinator, Divorce and Litigation Consultant	Classroom setting, individual appointment or correspondence course in English Materials available in Spanish Indigent Status not Accepted

COURSE NAME	CLASS LOCATION	REGISTRATION/PROVIDER CONTACT INFORMATION	COURSE INFORMATION
Children in the Middle	13200 SW 128th Street Unit F2 Miami, FL 33186	Metamorphosis – Transforming Lives, One Family at a Time Bettina M. Lozzi-Toscano, Ph.D. drbltatmetmorph@aol.com (305) 964-7598	Classroom setting in English/Spanish, Indigent Status Accepted
Healthy Marriages/Matrimonios Saludables	8180 NW 36 Street Unit F 2 Miami, FL 33186	Dr. Gina Diaz or Nicolas Diaz 786-229-9868 or 786-536-5260 www.tumatrimoniosaludable.org ogdiaz08@gmail.com	Classroom setting in Spanish In English upon request Indigent Status Accepted
MDM Counseling and Mediation Services	MDM Counseling and Mediation Services 7100 SW 99 Avenue Suite 203 Miami 33173	Dr. Maria D. Martinez (305) 215-7501 drmdmartinez@yahoo.com drmartinezcounselingservices.com	Classroom setting and correspondence course in English. Indigent Status Accepted.
Parent Education and Family Stabilization Course	Pastoral Care Institute 18191 NW 68 th Ave Suite 212 Miami 33015	Dorcas Iris De Jesus (786) 413-8487 www.pastoralcareinstitute.com irisdejesus@gmail.com	Classroom setting and online in English/Spanish Indigent Status Accepted
Transparenting	Call for location and time	Dr. Sheryl Ferguson (954) 476-0255 www.thepsychcenter.net thepsychcenter@bellsouth.net	Classroom setting in English/Spanish
A Parenting & Divorce Course Education Programs	Citrus Health Network (Family Health Center Room 420-A) 4125 W. 20th Ave (Entrance on 20th Ave) Hialeah 33012	(800) 767-8193 www.educationprograms.com www.onlinedivorceprogram.com ep@educationprograms.com	Classroom setting, online and correspondence course in English/Spanish Indigent Status Accepted
Parenting for Divorce	Counseling and Empowerment Group 10031 Pines Blvd. #242 Pembroke Pines 33024	Dr. Percy Ricketts (954) 438-5661 or (866) 438-5661. www.parentingfordivorce.com percyricks@msn.com	Classroom setting and online in English Indigent Status Accepted
Pro-Active Parenting and Divorce	7401 Wiles road Coral Springs 33067	Family Therapy Associates (954) 341-2555 www.FYIclass.com info@FYIclass.com	Classroom setting, individual appointment in English Materials available in Spanish/French Online in English/Spanish Correspondence course in English/Spanish/French. Indigent Status accepted – reduced fee.

COURSE NAME	CLASS LOCATION	REGISTRATION/PROVIDER CONTACT INFORMATION	COURSE INFORMATION
Surviving Divorce: A Parent's Guide	510 East 41st Street Hialeah	(877) 695-4377 (561) 324-3450 Jorgegomez65@hotmail.com	Classroom Setting in English. Online in English at www.parentsupportnetwork.com and in Online in Spanish at www.padresparasiempre.com Correspondence available in Creole Indigent Status Accepted
2 Parents 2 Homes	1666 Kennedy Causeway Suite 207 North Bay Village 7601 E Treasure Drive Suite Ground Floor Cu-6 North Bay Village 33141 9620 NE 2 nd Ave Suite 205 Miami Shores 33138 735 NE 72 St Miami 33138 1390 S Dixie Hwy Suite 1106 Coral Gables 33146	Yazmine Marimon, LMHC 1-800-397-1898 www.2parents2homes.com Maritza Montano, MS, PhD 1-800-397-1898 www.2parents2homes.com Rosemary DeFaria, LCSW 1-800-397-1898 www.2parents2homes.com Iris Pitaluga, MS 1-800-397-1898 www.2parents2homes.com	Classroom setting in English Indigent Status on case by case basis

Petitioner must complete the course within 45 days from filing and the Respondent must complete the course within 45 days from the date of service of process on the Respondent.

SIGNATURE

date

RULES FOR COMPLETING A MOTION

To correctly file a motion to request something from the Court, you must do the following:

1. Write in English and in blue or black ink.
2. Write in complete sentences and only on the front of the page.
3. Write only the facts supporting your request.
4. Write what kind of case you have filed.
 - a. Example: Divorce, Establishing Paternity
5. Use first and last names when referring to a person, do not use “he” or “she”.
6. When talking about a child, write the child’s date of birth next to the child’s name.
7. Attach a copy of any document that you talk about in your motion.
8. Write the address of the other person in the case at the end of the motion in the space provided.
 - a. You **MUST** mail a copy to the other person in the case.
9. Even if the motion is filed as an **Emergency Motion**, it is up to the Judge to determine if the motion is an emergency and when the motion will be heard. The Judge may require notice to the other party (Due Process) before holding the hearing on an Emergency Motion.

REGLAS PARA COMPLETAR UNA MOCION

Para presentar una moción correctamente pidiendo algo en la Corte, Debe hacer lo siguiente:

1. Escriba en Inglés y en tinta negra o azul.
2. Escriba frases completas y solamente en la parte delantera de la página.
3. Escriba solamente acerca de los hechos de los que Ud. está pidiendo.
4. Escriba que clase de caso tiene en la Corte.
 - a. Por ejemplo: Divorcio, Para Establecer Paternidad
5. Use los nombres completos cuando se refiera a la otra persona. No use “el” o “ella”.
6. Cuando esté refiriéndose acerca de un/a menor de edad, escriba la fecha de nacimiento del menor junto al nombre.
7. Adjunte con su moción cualquier documento del cuál se está refiriendo.
8. Escriba la dirección postal completa de la otra persona en su caso, al final de su moción en el espacio indicado.
 - a. Debe mandar una copia a la otra persona en su caso por correo.
9. Aún si su moción está siendo presentada como una **Emergency Motion (Moción de Emergencia)**, depende completamente del Sr./Sra. Juez el determinar si la moción es o no es una emergencia y cuando sería celebrada la Audiencia. El/la Juez puede exigir que la otra parte sea notificada (Due Process) Proceso Debido antes de celebrar la Audiencia.

IN THE CIRCUIT COURT OF THE
ELEVENTH JUDICIAL CIRCUIT
IN AND FOR MIAMI-DADE COUNTY,
FLORIDA

FAMILY DIVISION

IN RE:

_____,
Petitioner,
and

CASE NO.: **FC**

_____,
Respondent.
_____ /

MOTION _____

() Petitioner () Respondent, {name} _____, files
this Motion _____

and in support alleges the following:

1. I am filing this motion because: _____

2. I request the following from the Court: _____

3.

4.

5.

6.

7.

I certify that a copy of the foregoing was mailed to the person listed below on
{date} _____:

Other party or his/her attorney:

Name: _____
Street Address: _____
City, State, Zip: _____
Telephone No.: _____

Dated: _____

Signature of Party: _____
Printed Name: _____
Street Address: _____
City, State, Zip: _____
Telephone No.: _____
E-mail: _____

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

Sworn to or affirmed and signed before me on _____ by _____.

NOTARY PUBLIC or DEPUTY CLERK

_____ Personally known
_____ Produced identification: _____

IN THE CIRCUIT COURT OF THE
ELEVENTH JUDICIAL CIRCUIT
IN AND FOR MIAMI-DADE COUNTY,
FLORIDA

FAMILY DIVISION

IN RE:

_____,
Petitioner,

CASE NO.: **FC**

And

_____,
Respondent.

_____/ **REQUEST FOR HEARING**

1. Motion for which hearing is requested:

2. Amount of time requested: _____

3. Check one of the below:

_____ I have conferred with the opposing party in a good faith effort to resolve the matters without a hearing and to determine the amount of time requested for the hearing;

OR

_____ I have been unable to confer with opposing party because:

4. FOR EMERGENCY MOTIONS ONLY: I hereby certify that this matter is an emergency in my judgment, the grounds of which are reflected in the motion itself.

I certify that a copy of the foregoing was mailed to the person listed below on {date} _____:

Other party or his/her attorney:

Name: _____

Street Address: _____

City, State, Zip: _____

Telephone No.: _____

Dated: _____

Signature of Party: _____

Printed Name: _____

Street Address: _____

City, State, Zip: _____

Telephone No.: _____

E-mail: _____

Request for Hearing

FAMILY COURT COVER SHEET

Case Style: IN RE:

CIRCUIT COURT OF THE ELEVENTH
JUDICIAL CIRCUIT, IN AND FOR
MIAMI DADE COUNTY, FLORIDA_____
Petitioner,
and

Case No.: _____

Respondent.

Judge: _____

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.**

☒ Initial Action/Petition

☐ Reopening Case

☐ Modification/Supplemental Petition

☐ Motion for Civil Contempt/Enforcement

☐ Other _____

Type of Case. If the case fits more than one type of case, select the most definitive. If the most definitive label is a subcategory (indented under a broader category label), place a check in the category and subcategory boxes.

☐ Simplified Dissolution

☐ Other Family Court _____

☒ Dissolution of Marriage

☐ Name Change

☐ Support IV-D (Dept of Revenue, CSE)

☐ Paternity/Disestablish Paternity

☐ Support Non-IV-D (NOT Dept of Rev)

☐ Petition for Dependency

☐ UIFSA IV-D (Dept of Revenue, CSE)

☐ CINS/FINS

☐ UIFSA Non-IV-D (NOT Dept of Revenue,CSE)

Rule of Judicial Administration 2.545(d) requires that a NOTICE OF RELATED CASES form be filed with the initial pleading. Are there related cases?

☐ No, to the best of my knowledge, no related cases exist.

☐ Yes, all related cases are listed on RELATED CASES form.
PARTY SIGNATURE

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

Party Signature_____
(Type or print your name)_____
Date

IN THE CIRCUIT COURT OF THE ELEVENTH
JUDICIAL CIRCUIT
IN AND FOR MIAMI-DADE COUNTY,
FLORIDA

FAMILY DIVISION

IN RE: THE MARRIAGE OF:

_____,
Petitioner,
and
_____,
Respondent.
_____ /

CASE NO.:

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**

- | | |
|--|-------------|
| 1. Monthly gross salary or wage | 1. \$ _____ |
| 2. Monthly bonuses, commissions, allowances, overtime, tips, and similar payments | 2. _____ |
| 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.) | 3. _____ |
| 4. Monthly disability benefits / SSI | 4. _____ |
| 5. Monthly Worker's Compensation | 5. _____ |
| 6. Monthly Unemployment Compensation | 6. _____ |
| 7. Monthly pension retirement or annuity payments | 7. _____ |
| 8. Monthly Social Security benefits | 8. _____ |
| 9. Monthly alimony actually received | |
| 9a. From this case \$ _____ | |
| 9b. From other case(s) \$ _____ | 9. _____ |
| 10. Monthly interest and dividends | 10. _____ |
| 11. Monthly rental income (gross receipts minus ordinary and necessary expenses required to produce income) (☐ Attach sheet itemizing such income and expenses.) | 11. _____ |
| 12. Monthly income from royalties, trusts, or estates | 12. _____ |
| 13. Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses | 13. _____ |
| 14. Monthly gains derived from dealing in property (not including nonrecurring gains) | 14. _____ |
| 15. Any other income of a recurring nature (list source) _____ | 15. _____ |
| 16. _____ | 16. _____ |

17. PRESENT MONTHLY GROSS INCOME (Add lines 1-16)**TOTAL:****17. \$ _____**

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

SECTION II. AVERAGE MONTHLY EXPENSES**A. HOUSEHOLD:**

Mortgage or rent \$ _____

Property taxes _____

Utilities _____

Telephone _____

Food _____

Meals outside home _____

Maintenance/Repairs _____

Other: _____

B. AUTOMOBILE

Gasoline \$ _____

Repairs _____

Insurance _____

C. CHILD(REN)'S EXPENSES

Day Care \$ _____

Lunch money _____

Clothing _____

Grooming _____

Gifts for holidays _____

Medical/dental (uninsured) _____

Other: _____

D. INSURANCE

Medical/dental \$ _____

Child(ren)'s medical/dental _____

Life _____

Other: _____

E. OTHER EXPENSES NOT LISTED

Clothing \$ _____

Medical/dental (uninsured) _____

Grooming _____

Entertainment _____

Gifts _____

Religious organizations _____

Miscellaneous _____

Other: _____

F. PAYMENTS TO CREDITORS

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

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

SUMMARY**29. TOTAL PRESENT MONTHLY NET INCOME**

(from line 27 of SECTION I. INCOME)

29. \$ _____**30. TOTAL MONTHLY EXPENSES** (from line 28)**30. \$** _____**31. SURPLUS** (If line 29 is more than line 30, subtract line 30 from line 29.

This is the amount of your surplus. Enter that amount here.)

31. \$ _____**32. (DEFICIT)** (If line 30 is more than line 29, subtract line 29 from line 30.

This is the amount of your deficit. Enter that amount here.)

32. (\$ _____ **)****SECTION III. ASSETS AND LIABILITIES**

Use the nonmarital column only if this is a petition for dissolution of marriage and you believe an item in “nonmarital,” meaning it belongs to only one of you and should not be divided. You should indicate to whom you believe the item(s) or debt belongs. (Typically, you will only use this column if property/debt was owned/owed by one spouse before the marriage.)

A. ASSETS:

DESCRIPTION OF ITEM(S). List a description of each separate item owned by you (and/or your spouse, if this is a petition for dissolution of marriage). LIST ONLY LAST 4 DIGITS OF ACCOUNT NUMBERS. ✓ the box next to any asset(s) which you are requesting the judge award you.	Current Fair Market Value	Nonmarital (✓ correct column)	
		husband	wife
☐ Cash (on hand)	\$		
☐ Cash (in banks or credit unions)			
☐ Stocks, Bonds, and Notes			
☐ Real Estate: (Home)			
☐ (Other)			
☐ Automobiles			
☐ Other Personal Property			
☐ Retirement Plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)			
☐ Other			
☐			
☐			
☐			
☐			
☐			
☐			
☐ ✓ here if additional pages are attached.			
Total Assets (add Current Fair Market Value Column)	\$		

B. LIABILITIES:

DESCRIPTION OF ITEM(S). List a description of each separate debt owed by you (and/or your spouse, if this is a petition for dissolution of marriage). LIST ONLY LAST 4 DIGITS OF ACCOUNT NUMBERS. ☒ the box next to any asset(s) which you are requesting the judge award you.	Current Amount Owed	Nonmarital (☒ 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			
☐			
☐			
☐ ☒ here if additional pages are attached.			
Total Debts (add Current Amount Owed 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 ☒ the box next to any contingent assets which you are requesting the judge award you.	Possible Value	Nonmarital (☒ correct column)	
		husband	wife
☐	\$		
☐			
Total Contingent Assets	\$		

Contingent Liabilities ☒ the box next to any contingent debts which you believe you should be responsible.	Possible Amount Owed	Nonmarital (☒ correct column)	
		husband	wife
☐	\$		
☐			
Total Contingent Debts	\$		

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.)

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

Dated: _____

Signature of Party: _____

Printed Name: _____

Street Address: _____

City, State, Zip: _____

Telephone No.: _____

E-mail: _____

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

Sworn to or affirmed and signed before me on _____ by
_____.

NOTARY PUBLIC or DEPUTY CLERK

_____ Personally known

_____ Produced identification: _____

IN THE CIRCUIT COURT OF THE ELEVENTH
JUDICIAL CIRCUIT
IN AND FOR MIAMI-DADE COUNTY,
FLORIDA

FAMILY DIVISION

IN RE: THE MARRIAGE OF:

_____,
Petitioner,
and
_____,
Respondent.
_____ /

CASE NO.:

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**

- | | |
|--|-------------|
| 1. Monthly gross salary or wage | 1. \$ _____ |
| 2. Monthly bonuses, commissions, allowances, overtime, tips, and similar payments | 2. _____ |
| 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.) | 3. _____ |
| 4. Monthly disability benefits / SSI | 4. _____ |
| 5. Monthly Worker's Compensation | 5. _____ |
| 6. Monthly Unemployment Compensation | 6. _____ |
| 7. Monthly pension retirement or annuity payments | 7. _____ |
| 8. Monthly Social Security benefits | 8. _____ |
| 9. Monthly alimony actually received | |
| 9a. From this case \$ _____ | |
| 9b. From other case(s) \$ _____ | 9. _____ |
| 10. Monthly interest and dividends | 10. _____ |
| 11. Monthly rental income (gross receipts minus ordinary and necessary expenses required to produce income) (☐ Attach sheet itemizing such income and expenses.) | 11. _____ |
| 12. Monthly income from royalties, trusts, or estates | 12. _____ |
| 13. Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses | 13. _____ |
| 14. Monthly gains derived from dealing in property (not including nonrecurring gains) | 14. _____ |
| 15. Any other income of a recurring nature (list source) _____ | 15. _____ |
| 16. _____ | 16. _____ |

17. PRESENT MONTHLY GROSS INCOME (Add lines 1-16)**TOTAL: 17. \$ _____**

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

SECTION II. AVERAGE MONTHLY EXPENSES**A. HOUSEHOLD:**

Mortgage or rent \$ _____

Property taxes _____

Utilities _____

Telephone _____

Food _____

Meals outside home _____

Maintenance/Repairs _____

Other: _____

B. AUTOMOBILE

Gasoline \$ _____

Repairs _____

Insurance _____

C. CHILD(REN)'S EXPENSES

Day Care \$ _____

Lunch money _____

Clothing _____

Grooming _____

Gifts for holidays _____

Medical/dental (uninsured) _____

Other: _____

D. INSURANCE

Medical/dental \$ _____

Child(ren)'s medical/dental _____

Life _____

Other: _____

E. OTHER EXPENSES NOT LISTED

Clothing \$ _____

Medical/dental (uninsured) _____

Grooming _____

Entertainment _____

Gifts _____

Religious organizations _____

Miscellaneous _____

Other: _____

F. PAYMENTS TO CREDITORS

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

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

SUMMARY**29. TOTAL PRESENT MONTHLY NET INCOME**

(from line 27 of SECTION I. INCOME)

29. \$ _____**30. TOTAL MONTHLY EXPENSES** (from line 28)**30. \$** _____**31. SURPLUS** (If line 29 is more than line 30, subtract line 30 from line 29.

This is the amount of your surplus. Enter that amount here.)

31. \$ _____**32. (DEFICIT)** (If line 30 is more than line 29, subtract line 29 from line 30.

This is the amount of your deficit. Enter that amount here.)

32. (\$ _____ **)****SECTION III. ASSETS AND LIABILITIES**

Use the nonmarital column only if this is a petition for dissolution of marriage and you believe an item in “nonmarital,” meaning it belongs to only one of you and should not be divided. You should indicate to whom you believe the item(s) or debt belongs. (Typically, you will only use this column if property/debt was owned/owed by one spouse before the marriage.)

A. ASSETS:

DESCRIPTION OF ITEM(S). List a description of each separate item owned by you (and/or your spouse, if this is a petition for dissolution of marriage). LIST ONLY LAST 4 DIGITS OF ACCOUNT NUMBERS. ✓ the box next to any asset(s) which you are requesting the judge award you.	Current Fair Market Value	Nonmarital (✓ correct column)	
		husband	wife
☐ Cash (on hand)	\$		
☐ Cash (in banks or credit unions)			
☐ Stocks, Bonds, and Notes			
☐ Real Estate: (Home)			
☐ (Other)			
☐ Automobiles			
☐ Other Personal Property			
☐ Retirement Plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)			
☐ Other			
☐			
☐			
☐			
☐			
☐			
☐			
☐ ✓ here if additional pages are attached.			
Total Assets (add Current Fair Market Value Column)	\$		

B. LIABILITIES:

DESCRIPTION OF ITEM(S). List a description of each separate debt owed by you (and/or your spouse, if this is a petition for dissolution of marriage). LIST ONLY LAST 4 DIGITS OF ACCOUNT NUMBERS. ☒ the box next to any asset(s) which you are requesting the judge award you.	Current Amount Owed	Nonmarital (☒ 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			
☐			
☐			
☐ ☒ here if additional pages are attached.			
Total Debts (add Current Amount Owed 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 ☒ the box next to any contingent assets which you are requesting the judge award you.	Possible Value	Nonmarital (☒ correct column)	
		husband	wife
☐	\$		
☐			
Total Contingent Assets	\$		

Contingent Liabilities ☒ the box next to any contingent debts which you believe you should be responsible.	Possible Amount Owed	Nonmarital (☒ correct column)	
		husband	wife
☐	\$		
☐			
Total Contingent Debts	\$		

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.)

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

Dated: _____

Signature of Party: _____

Printed Name: _____

Street Address: _____

City, State, Zip: _____

Telephone No.: _____

E-mail: _____

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

Sworn to or affirmed and signed before me on _____ by
_____.

NOTARY PUBLIC or DEPUTY CLERK

_____ Personally known

_____ Produced identification: _____

**IN THE CIRCUIT COURT OF THE
ELEVENTH JUDICIAL CIRCUIT
IN AND FOR MIAMI-DADE COUNTY,
FLORIDA**

FAMILY DIVISION

_____,
Petitioner,
and

CASE NO.:

_____,
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 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:

Date (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 Petitioner's Request for Confidential Filing of Address. ☐ Florida Family Law Form 12.980(i), 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 #2:

Child's Full Legal Name: _____

Place of Birth: _____ Date of Birth: _____ Sex: _____

Child's Residence for the past 5 years:

Date (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 # 3:

Child's Full Legal Name: _____

Place of Birth: _____ Date of Birth: _____ Sex: _____

Child's Residence for the past 5 years:

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

2. Participation in custody proceeding(s): ☐ 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 concerning custody of 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, concerning custody of 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 proceeding(s): ☐ one only]

_____ I HAVE NO INFORMATION of any custody proceeding pending in a court of this or any other state concerning a child subject to this proceeding.

_____ I HAVE THE FOLLOWING INFORMATION concerning a custody 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: _____
- b. Type of proceeding: _____
- c. Court and State: _____
- d. Date of court order or judgment (if any): _____

4. Person not a party to this proceeding: ☐ one only]

_____ I DO NOT KNOW OF ANY PERSON not a party to this proceeding who has physical custody or claims to have custody or visitation rights with respect to any child subject to this proceeding.

_____ I KNOW THAT THE FOLLOWING NAMED PERSON(S) not a party to this proceedings has (have) physical custody or claim (s) to have custody or visitation rights with respect to any child subject to this proceedings:

- a. Name and address of person: _____

() has physical custody () claims custody rights () claims visitation rights.

Name of each child: _____

- b. Name and address of person: _____

() has physical custody () claims custody rights () claims visitation rights.

Name of each child: _____

- c. Name and address of person: _____

() has physical custody () claims custody rights () claims visitation rights.

Name of each child: _____

5. Knowledge of prior child support proceeding(s): [☐ one only]
_____ The child(ren) described in this affidavit are NOT subject to existing child support order(s) in this or any state or territory.

_____ 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 or judgment (if any): _____
e. Amount of child support paid and by whom: _____

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

I certify that a copy of this document was [☐ one only] () 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 _____
E-mail: _____

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 included fines and/or imprisonment.

Dated: _____

Signature of Party: _____
Printed Name: _____
Address: _____
City, State, Zip: _____
Phone Number: _____

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Sworn to or affirmed and signed before me on _____ by _____.

NOTARY PUBLIC-STATE OF FLORIDA

_____[Print, type or stamp commissioned name of notary.]

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]

I, {full legal name and trade name of nonlawyer} _____ nonlawyer, located at {street} _____, {city} _____ {state}, (phone) _____, helped {name} who is the [one only] ___ Petitioner or ___ Respondent, fill out this form.

IN THE CIRCUIT COURT OF THE
ELEVENTH JUDICIAL CIRCUIT
IN AND FOR MIAMI-DADE COUNTY,
FLORIDA

FAMILY DIVISION

IN RE: THE MARRIAGE OF:

Petitioner,
and

Respondent.
_____ /

CASE NO.:

NOTICE OF SOCIAL SECURITY

I, Petitioner / Respondent, _____, certify that my social security number is _____, as required in section 61.052(7), sections 61.13(9) or (10), section 742.031(3), sections 742.032(1)-(3) and / or sections 742.10(1)-(2), Florida Statutes.
My date of birth is _____.

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

<u>Name</u>	<u>Date of Birth</u>	<u>Social Security Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Disclosure of my social security number 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 affidavit and that the punishment for knowingly making a false statement includes fines and or imprisonment.

Dated: _____

Signature of Party: _____
Printed Name: _____
Street Address: _____
City, State, Zip: _____
Telephone No.: _____
E-mail: _____

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

Sworn to or affirmed and signed before me on _____ by _____.

NOTARY PUBLIC or DEPUTY CLERK

_____ Personally known
_____ Produced identification: _____
Notice of Social Security

IN THE CIRCUIT COURT OF THE
ELEVENTH JUDICIAL CIRCUIT
IN AND FOR MIAMI-DADE COUNTY,
FLORIDA

FAMILY DIVISION

IN RE: THE MARRIAGE OF:

Petitioner,
and

Respondent.
_____ /

CASE NO.:

NOTICE OF SOCIAL SECURITY

I, Petitioner / Respondent, _____, certify that my social security number is _____, as required in section 61.052(7), sections 61.13(9) or (10), section 742.031(3), sections 742.032(1)-(3) and / or sections 742.10(1)-(2), Florida Statutes.
My date of birth is _____.

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

<u>Name</u>	<u>Date of Birth</u>	<u>Social Security Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Disclosure of my social security number 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 affidavit and that the punishment for knowingly making a false statement includes fines and or imprisonment.

Dated: _____

Signature of Party: _____
Printed Name: _____
Street Address: _____
City, State, Zip: _____
Telephone No.: _____
E-mail: _____

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

Sworn to or affirmed and signed before me on _____ by _____.

NOTARY PUBLIC or DEPUTY CLERK

_____ Personally known
_____ Produced identification: _____
Notice of Social Security

IN THE CIRCUIT COURT OF THE
ELEVENTH JUDICIAL CIRCUIT
IN AND FOR MIAMI-DADE COUNTY,
FLORIDA

FAMILY DIVISION

IN RE: THE MARRIAGE OF:

_____,
Petitioner,
and

CASE NO.: **FC**

_____,
Respondent.
_____ /

ANSWER AND WAIVER

The Respondent files this Answer and Waiver and states as follows:

1. Respondent has received a copy of the Petition and admits all the allegations contained therein. By admitting all of the allegations in the petition, respondent agrees to all relief requested in the petition including any requests regarding parenting and timesharing, child support, alimony, distribution of marital assets and liabilities, and temporary relief.
2. Respondent acknowledges that if this case involves child support and/or alimony, the Court may order that: (1) The support be paid through the State Disbursement Unit or Central Depository, whichever is applicable; (2) The support be paid by income deduction; and (3) Any payment not made through the appropriate State Disbursement Unit or Central Depository may be considered unpaid and delinquent, and the Obligor may be subject to a delinquency judgment and further proceedings.
3. Respondent states that he/she is not in the military of the United States.
4. Respondent waives notice of any further proceedings in this action and the 20 day requirement for setting the matter in the above styled case for Final Hearing.

5. Respondent requests her name be restored to: _____

I certify that a copy of the foregoing was mailed to the person listed below on {date} _____:

Other party or his/her attorney:

Name: _____

Street Address: _____

City, State, Zip: _____

Telephone No.: _____

Dated: _____

Signature of Party: _____

Printed Name: _____

Street Address: _____

City, State, Zip: _____

Telephone No.: _____

E-mail: _____

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

Sworn to or affirmed and signed before me on _____ by
_____.

NOTARY PUBLIC or DEPUTY CLERK

_____ Personally known

_____ Produced identification: _____

Answer & Waiver

page 2 of 2

IN THE CIRCUIT COURT OF THE
ELEVENTH JUDICIAL CIRCUIT
IN AND FOR MIAMI-DADE COUNTY,
FLORIDA

FAMILY DIVISION

IN RE: THE MARRIAGE OF:

_____,
Petitioner,
and

CASE NO.: FC

_____,
Respondent.

_____/

**MARITAL SETTLEMENT AGREEMENT
FOR DISSOLUTION OF MARRIAGE**

THIS AGREEMENT, made this _____ Day of _____, 20____
by and between *{Wife's full name}* _____ (hereinafter
referred to as "Wife"), a resident of Miami-Dade County, Florida and *{Husband's full
name}* _____, (hereinafter referred to as "Husband"),
resident of Miami-Dade County, Florida;

WITNESSETH:

WHEREAS, the parties were duly married on {date} _____
in {city, state} _____;

WHEREAS, {number} _____ minor or dependent children were born of this
marriage, namely:

<u>Name</u>	<u>Date of Birth</u>	<u>Sex</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____;

WHEREAS, irreconcilable differences have arisen between Husband and Wife so
that the marriage is irretrievably broken and dissolution of marriage proceedings are
pending between the parties;

WHEREAS, the parties desire to define their obligations to each other and record
their agreements;

WHEREAS, each of the parties believes the Agreement to be fair, just and
reasonable and does assent freely and voluntarily to its terms and accept its conditions,
obligations, and mutual agreements; and

THEREFORE, it is agreed between the Husband and Wife as follows:

1. **DIVISION OF POSSESSIONS** We divide our possessions as follows:

a. The Husband will keep the following belongings:

b. The Wife will keep the following belongings:

2. **DIVISION OF DEBTS AND OBLIGATIONS** We divide our debts and obligations as follows:

a. The Husband shall pay and be responsible for the following obligations:

b. The Wife shall pay and be responsible for the following obligations:

3. **MARITAL HOME** The parties own a marital home located at _____ and _____ legally described as follows:

The parties agree to distribute the marital home as follows [☒ **one only**]:

- a. _____ The _____ Wife/ _____ Husband shall have exclusive use and possession of the marital home.
- b. _____ The home shall be sold and the proceeds shall be divided as follows:

- c. _____ Sole legal ownership of the marital home shall be awarded to {name} _____. The party responsible for the mortgage, taxes and maintenance of the marital home shall be {name} _____.

4. **ALIMONY** The parties agree to the following:

- a. _____ Both parties give up their rights to any alimony from the other party.
- b. _____ The _____ Husband / _____ Wife shall pay the following alimony to the other party, with the first alimony payment being due on _____.
- i. _____ Permanent periodic in the amount of \$ _____
- ii. _____ Rehabilitative in the amount of \$ _____; Such alimony shall be for the following period and for the following purpose: _____

- iii. _____ Lump sum in the amount of \$ _____ and to be paid by {date} _____.
- c. _____ Other: _____

- d. The Alimony shall be paid directly to Payee until the entry of the Final Judgment. Thereafter, the alimony payments shall be paid to the Central Depository and by Income Deduction. Whenever an alimony payment is not automatically deducted from the Payor's income, the Payor shall be personally responsible for making the alimony payment directly to the Payee prior to the entry of the Final Judgment and directly to the Central Depository after the entry of the Final Judgment.
- e. The Central Depository fee for that service shall be paid as follows:
- i. ____ By the Payor
 - ii. ____ By the Payee
 - iii. ____ Shared as follows: _____
- f. ☐ The parties agree that there are alimony arrears due and owing in the amount of \$_____ as of _____. The arrears are to be paid as follows: _____
_____ with the first arrears payment being due on _____.

MINOR CHILDREN

5. JURISDICTION

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

The State of Florida maintains the most significant contacts with the child(ren) and is the most appropriate forum for addressing parenting contact.

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

Venue is proper in Miami Dade County.

The requirements of the International Child Abduction Remedies Act and the Convention on the Civil Aspects of International Child Abduction enacted at the Hague on October 25, 1980 are met.

6. PARENTAL RESPONSIBILITY Parental responsibility for the parties' minor child(ren) shall be:

- a. ____ Shared
- b. ____ Sole to the ____ Mother / ____ Father for the following reasons:

_____.

7. **TIME SHARING SCHEDULE** The Time Sharing Schedule of the minor child(ren) shall be as follows:

The minor child(ren) will spend the following time with the

(check one box) ☐ **mother** ☐ **father** on the following days:

(check days that apply)	(check each week or every other week & if overnight)
☐ Monday from _____ to _____	☐ each week ☐ every other week ☐ overnight
☐ Tuesday from _____ to _____	☐ each week ☐ every other week ☐ overnight
☐ Wednesday from _____ to _____	☐ each week ☐ every other week ☐ overnight
☐ Thursday from _____ to _____	☐ each week ☐ every other week ☐ overnight
☐ Friday from _____ to _____	☐ each week ☐ every other week ☐ overnight
☐ Saturday from _____ to _____	☐ each week ☐ every other week ☐ overnight
☐ Sunday from _____ to _____	☐ each week ☐ every other week ☐ overnight

Total number of overnights **each week** with the parent above _____

Total number of overnights **every other week** with parent above _____

All other time not listed above should be spent with the

☐ **mother** ☐ **father**

Exchange(s) of the child(ren), shall take place as follows:

Holidays/Special Occasions/School Breaks should be shared as follows: (check appropriate boxes to include whether child stays overnight)

New Year's Eve

Mother:	☐ Every Year	☐ Even Years	☐ Odd Years	☐ overnight
Father:	☐ Every Year	☐ Even Years	☐ Odd Years	☐ overnight
Other:	_____			

New Year's Day

Mother:	☐ Every Year	☐ Even Years	☐ Odd Years	☐ overnight
Father:	☐ Every Year	☐ Even Years	☐ Odd Years	☐ overnight
Other:	_____			

Martin Luther King Jr. Birthday

Mother:	☐ Every Year	☐ Even Years	☐ Odd Years	☐ overnight
Father:	☐ Every Year	☐ Even Years	☐ Odd Years	☐ overnight
Other:	_____			

President's Day

Mother:	☐ Every Year	☐ Even Years	☐ Odd Years	☐ overnight
Father:	☐ Every Year	☐ Even Years	☐ Odd Years	☐ overnight
Other:	_____			

Easter

Mother: ☐Every Year ☐Even Years ☐Odd Years ☐overnight
 Father: ☐Every Year ☐Even Years ☐Odd Years ☐overnight
 Other: _____

Passover

Mother: ☐Every Year ☐Even Years ☐Odd Years ☐overnight
 Father: ☐Every Year ☐Even Years ☐Odd Years ☐overnight
 Other: _____

Memorial Day

Mother: ☐Every Year ☐Even Years ☐Odd Years ☐overnight
 Father: ☐Every Year ☐Even Years ☐Odd Years ☐overnight
 Other: _____

Independence Day

Mother: ☐Every Year ☐Even Years ☐Odd Years ☐overnight
 Father: ☐Every Year ☐Even Years ☐Odd Years ☐overnight
 Other: _____

Labor Day

Mother: ☐Every Year ☐Even Years ☐Odd Years ☐overnight
 Father: ☐Every Year ☐Even Years ☐Odd Years ☐overnight
 Other: _____

Yom Kippur

Mother: ☐Every Year ☐Even Years ☐Odd Years ☐overnight
 Father: ☐Every Year ☐Even Years ☐Odd Years ☐overnight
 Other: _____

Columbus Day

Mother: ☐Every Year ☐Even Years ☐Odd Years ☐overnight
 Father: ☐Every Year ☐Even Years ☐Odd Years ☐overnight
 Other: _____

Veterans Day

Mother: ☐Every Year ☐Even Years ☐Odd Years ☐overnight
 Father: ☐Every Year ☐Even Years ☐Odd Years ☐overnight
 Other: _____

Thanksgiving

Mother: ☐Every Year ☐Even Years ☐Odd Years ☐overnight
 Father: ☐Every Year ☐Even Years ☐Odd Years ☐overnight
 Other: _____

Form PP

Christmas Eve

Mother: ☐Every Year ☐Even Years ☐Odd Years ☐overnight
Father: ☐Every Year ☐Even Years ☐Odd Years ☐overnight
Other: _____

Christmas Day

Mother: ☐Every Year ☐Even Years ☐Odd Years ☐overnight
Father: ☐Every Year ☐Even Years ☐Odd Years ☐overnight
Other: _____

Mother's Day

Mother: ☐Every Year ☐Even Years ☐Odd Years ☐overnight
Father: ☐Every Year ☐Even Years ☐Odd Years ☐overnight
Other: _____

Father's Day

Mother: ☐Every Year ☐Even Years ☐Odd Years ☐overnight
Father: ☐Every Year ☐Even Years ☐Odd Years ☐overnight
Other: _____

Birthdays (include each family member's name and date of birth, including, wife, husband and children)

Name: _____ date of birth _____
Mother: ☐Every Year ☐Even Years ☐Odd Years ☐overnight
Father: ☐Every Year ☐Even Years ☐Odd Years ☐overnight
Other: _____

Name: _____ date of birth _____
Mother: ☐Every Year ☐Even Years ☐Odd Years ☐overnight
Father: ☐Every Year ☐Even Years ☐Odd Years ☐overnight
Other: _____

Name: _____ date of birth _____
Mother: ☐Every Year ☐Even Years ☐Odd Years ☐overnight
Father: ☐Every Year ☐Even Years ☐Odd Years ☐overnight
Other: _____

Name: _____ date of birth _____
Mother: ☐Every Year ☐Even Years ☐Odd Years ☐overnight
Father: ☐Every Year ☐Even Years ☐Odd Years ☐overnight
Other: _____

Name: _____ date of birth _____
Mother: ☐Every Year ☐Even Years ☐Odd Years ☐overnight
Father: ☐Every Year ☐Even Years ☐Odd Years ☐overnight
Other: _____

December School Break

Mother: ☐ Every Year ☐ Even Years ☐ ☐ Odd Years ☐ **overnight**
 Father: ☐ Every Year ☐ Even Years ☐ ☐ Odd Years ☐ **overnight**
 Other (please specify): _____

Spring School Break

Mother: ☐ Every Year ☐ Even Years ☐ ☐ Odd Years ☐ **overnight**
 Father: ☐ Every Year ☐ Even Years ☐ ☐ Odd Years ☐ **overnight**
 Other (please specify): _____

Summer School Break

Mother: ☐ Every Year ☐ Even Years ☐ ☐ Odd Years ☐ **overnight**
 Father: ☐ Every Year ☐ Even Years ☐ ☐ Odd Years ☐ **overnight**
 Other (please specify): _____

Teacher Work Days

Mother: ☐ Every Year ☐ Even Years ☐ ☐ Odd Years ☐ **overnight**
 Father: ☐ Every Year ☐ Even Years ☐ ☐ Odd Years ☐ **overnight**
 Other: _____

Other _____

Mother: ☐ Every Year ☐ Even Years ☐ ☐ Odd Years ☐ **overnight**
 Father: ☐ Every Year ☐ Even Years ☐ ☐ Odd Years ☐ **overnight**
 Other: _____

Other _____

Mother: ☐ Every Year ☐ Even Years ☐ ☐ Odd Years ☐ **overnight**
 Father: ☐ Every Year ☐ Even Years ☐ ☐ Odd Years ☐ **overnight**
 Other: _____

The total overnights from all of the above and determined from the attached Overnight Calendar Worksheet are as follows:

The Mother will have approximately _____ overnights each year.

The Father will have approximately _____ overnights each year.

8. The child(ren) should attend the following School/Day Care/After School Care unless later agreed to in writing otherwise: _____

9. The child(ren)'s organized/after school activities should be handled as follows unless later agreed to in writing otherwise _____
- _____
- _____

10. **COMMUNICATION** While the child(ren) are with the other parent, the parent without the child(ren) will Communicate with the child(ren) using (method and type of technology, for example telephone, cell phone, internet) unless later agreed to in writing otherwise: _____
- _____
- _____

11. **INCOME TAX EXEMPTION** The parties agree that the federal income tax exemption for the minor child(ren) shall be taken as follows:
- _____ By the Mother
 - _____ By the Father
 - _____ Alternated between the parties with _____ receiving in even years and _____ receiving in odd years.
 - _____ Other: _____.

12. **CHILD SUPPORT** The parties agree that the following child support is awarded to the _____ in accordance with the Florida Child Support Guidelines:

- Child support is being based on the Husband's monthly net income of \$ _____ and the Wife's monthly net income of \$ _____. The Florida Child Support Guidelines suggest a minimum child support obligation of \$ _____ per month, with the Husband being responsible for _____% and the Wife being responsible for _____%. Therefore, the _____ Husband / _____ Wife (**Payor**) shall pay to the _____ Husband/ _____ Wife (**Payee**) \$ _____ per _____, which includes any medical, dental and day care expenses for the minor child(ren). The obligor's child support obligation shall continue until modified by court order, the youngest child turns 18, enters the military service, becomes emancipated, marries, dies, or otherwise becomes self-supporting. The amount of child support for the remaining children shall be recomputed at such time. Payment of the full amount shall be reset as below when a child is no longer eligible for support. The first ongoing child support payment for all child(ren) is due on _____ in the amount of \$ _____ per _____.

Name of Minor Child(ren)(eldest first)	Date of Birth	Expected Date of Change	Obligor's New Support Payment Amount
			\$
			\$
			\$
			\$
			\$

- b. The Child support shall be paid directly to the Payee until the entry of the Final Judgment. Thereafter, the child support payments shall be paid to the Central Depository and by Income Deduction. Whenever a child support payment is not automatically deducted from the Payor's income, the Payor shall be personally responsible for making the child support payment directly to the Payee prior to the entry of the Final Judgment and directly to the Central Depository after the entry of the Final Judgment.
- c. Child support shall be paid through the Central Depository and the fee for that service shall be paid as follows: (choose one box)
- i. ☐ By the Father
 - ii. ☐ By the Mother
 - iii. ☐ Shared as follows: _____
- d. ☐ The parties agree that there are child support arrears due and owing in the amount of \$_____. as of _____.
The arrears are to be paid as follows: _____
_____,
with the first arrears payment being due on _____

13. **MEDICAL / DENTAL INSURANCE** The parties agree that medical/dental insurance for the minor child(ren) shall be provided as follows:
- a. _____ By the Father
 - b. _____ By the Mother
 - c. _____ Shared by the parties: {specify} _____

14. **UNCOVERED MEDICAL/DENTAL EXPENSES** The parties agree that other medical/dental expenses for the minor child(ren) not covered by insurance shall be provided as follows:
- a. _____ By the Father
 - b. _____ By the Mother
 - c. _____ Shared by the parties: {specify} _____

15. **LIFE INSURANCE** The parties agree that the _____ Father / _____ Mother shall maintain life insurance coverage for the benefit of the minor child(ren) in the amount of \$_____ until the youngest child turns 18, becomes emancipated, marries, dies, or otherwise becomes self-supporting.

16. **RELOCATION** The requirements of section 61.13001 Florida Statutes must be complied with prior to relocating the minor child(ren)'s residence (see 61.13001(1)(e)).

17. **OTHER** The parties agree to the following additional provisions: _____

_____.

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

Dated: _____

Husband's Signature: _____

Printed Name: _____

Street Address: _____

City, State, Zip: _____

Telephone No.: _____

E-mail: _____

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

Sworn to or affirmed and signed before me on _____ by

_____.

NOTARY PUBLIC or DEPUTY CLERK

_____ Personally known

_____ Produced identification: _____

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

Dated: _____

Wife's Signature: _____

Printed Name: _____

Street Address: _____

City, State, Zip: _____

Telephone No.: _____

E-mail: _____

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

Sworn to or affirmed and signed before me on _____ by

_____.

NOTARY PUBLIC or DEPUTY CLERK

_____ Personally known

_____ Produced identification: _____

IN THE CIRCUIT COURT OF THE
ELEVENTH JUDICIAL CIRCUIT
IN AND FOR MIAMI-DADE COUNTY,
FLORIDA

FAMILY DIVISION

IN RE: THE MARRIAGE OF:

_____,
Petitioner,
and

CASE NO.: FC

_____,
Respondent.
/

**AFFIDAVIT OF CORROBORATING
WITNESS**

I {witness full legal name}_____, being sworn, certify
that the following statements are true:

I am a resident of the State of Florida;

I have known {party name}_____ since {approximate date}_____;
to the best of my understanding the petition in this action was filed on {date}_____; and
I know of my own personal knowledge that this person has resided in the State of Florida for at
least six (6) months immediately before the petition in this action was filed.

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 Witness: _____

Printed Name: _____

Street Address: _____

City, State, Zip: _____

Telephone No.: _____

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

Sworn to or affirmed and signed before me on _____ by
_____.

NOTARY PUBLIC or DEPUTY CLERK

_____ Personally known

_____ Produced identification: _____

Affidavit of Corroborating Witness

IN THE CIRCUIT COURT OF THE
ELEVENTH JUDICIAL CIRCUIT
IN AND FOR MIAMI-DADE COUNTY,
FLORIDA

FAMILY DIVISION

IN RE: THE MARRIAGE OF:

_____,
Petitioner,
and

CASE NO.:

_____,
Respondent.
_____ /

INDEX OF FORMS

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Index of Forms (A) Dissolution (WITH) Agreement

IN THE CIRCUIT COURT OF THE
ELEVENTH JUDICIAL CIRCUIT
IN AND FOR MIAMI-DADE COUNTY,
FLORIDA

FAMILY DIVISION

IN RE:

CASE NO.:

_____,
Petitioner,
and

_____,
Respondent.
_____ /

NOTICE OF RELATED CASES

In compliance with Florida Rule of Judicial Administration 2.545(d), the petitioner in a family case must file with the court a **Notice of Related Cases**, if related cases are known or reasonably ascertainable. A related case may be an open or closed civil, criminal, family, guardianship, domestic violence, juvenile delinquency, juvenile dependency, or domestic relations case. A case is "related" to this family case if:

- (A) it involves any of the same parties, children, or issues and it is pending at the time the party files a family case; or
- (B) it affects the court's jurisdiction to proceed; or
- (C) an order in the related case may conflict with an order on the same issues in the new case; or
- (D) an order in the new case may conflict with an order in the earlier litigation.

Have you ever had contact with the **Department of Children and Families** regarding children included in this Petition? ☐ Yes ☐ No

(check one only)

- ☐ There are no related cases.
- ☐ The following are the related cases (add additional pages if necessary)

Related Case No. 1

Case Type: ☐ Criminal ☐ Juvenile Dependency/Delinquency ☐ Child Support Enforcement
☐ Domestic/Sexual/Dating/Repeat Violence or Stalking Injunctions ☐ Unified Family Court
☐ Dissolution of Marriage ☐ Paternity ☐ Adoption ☐ Other _____

Case Number: _____

County/State/Court: _____

☐ Pending ☐ or ☐ Closed ☐? If closed, date closed _____

Title of last Court Order/Judgment: _____

Date of Court Order/Judgment: _____

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 Type: ☐ Criminal ☐ Juvenile Dependency/Delinquency ☐ Child Support Enforcement
☐ Domestic/Sexual/Dating/Repeat Violence or Stalking Injunctions ☐ Unified Family Court
☐ Dissolution of Marriage ☐ Paternity ☐ Adoption ☐ Other _____

Case Number: _____

County/State/Court: _____

☐ Pending ☐ or ☐ Closed ☐? If closed, date closed _____

Title of last Court Order/Judgment: _____

Date of Court Order/Judgment: _____

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 Type: ☐ Criminal ☐ Juvenile Dependency/Delinquency ☐ Child Support Enforcement
☐ Domestic/Sexual/Dating/Repeat Violence or Stalking Injunctions ☐ Unified Family Court
☐ Dissolution of Marriage ☐ Paternity ☐ Adoption ☐ Other _____

Case Number: _____

County/State/Court: _____

☐ Pending ☐ or ☐ Closed ☐? If closed, date closed _____

Title of last Court Order/Judgment: _____

Date of Court Order/Judgment: _____

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: _____

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.

I attest to the truthfulness of the claims made in this affidavit.

Dated: _____

Signature of Party: _____

Printed Name: _____

Street Address: _____

City, State, Zip: _____

Telephone No.: _____

I certify that a copy of the foregoing was mailed or served to the other party listed below on
Date: _____

Other party:

Name: _____

Street Address: _____

City, State, Zip: _____

OVERNIGHT CALENDAR WORKSHEET

(Attachment to Marital Settlement Agreement)

STEP 1: An **X** should be placed on the specific overnight days on the calendar below for the parent with the least amount of overnights. (use the time sharing schedule on the Petition to help you complete the worksheet below)

January

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

February

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

March

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Special Occasions/ Holidays

New Year's Day
Martin Luther King JR Birthday
Other: _____
Other: _____

Special Occasions/ Holidays

President's Day
Other: _____
Other: _____
Other: _____

Special Occasions/ Holidays

Spring Break
Other: _____
Other: _____
Other: _____

April

Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

May

Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

June

Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

Special Occasions/ Holidays

Easter
Spring Break
Other: _____
Other: _____

Special Occasions/ Holidays

Memorial Day
Mother's Day
Other: _____
Other: _____

Special Occasions/ Holidays

Summer Break
Father's Day
Other: _____
Other: _____

OVERNIGHT CALENDAR WORKSHEET (Cont.)

July

Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Special Occasions/ Holidays

Independence Day
 Summer Break
 Other: _____
 Other: _____

August

Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Special Occasions/ Holidays

Summer Break
 Other: _____
 Other: _____
 Other: _____

September

Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

Special Occasions/ Holidays

Labor Day
 Rosh Hashanah
 Yom Kippur
 Other: _____

October

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Special Occasions/ Holidays

Columbus Day
 Other: _____
 Other: _____
 Other: _____

November

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

Special Occasions/ Holidays

Veterans Day
 Thanksgiving
 Other: _____
 Other: _____

December

Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Special Occasions/ Holidays

Christmas Eve
 Christmas Day
 December School Break
 Other: _____

STEP 2: Add the total number of overnight days marked with an X. The total number of overnights of the parent with the least number of overnights is _____

STEP 3: Take 365 days and subtract the above number

365 - _____ (above number) = _____, which is the total number of overnights of the parent with the most overnights.

IN THE CIRCUIT COURT OF THE
ELEVENTH JUDICIAL CIRCUIT
IN AND FOR MIAMI-DADE COUNTY,
FLORIDA

FAMILY DIVISION

IN RE:

_____,
Petitioner,
and
_____,
Respondent.
_____ /

CASE NO.:

**ACKNOWLEDGMENT OF STATUS QUO TEMPORARY
DOMESTIC RELATIONS ORDER**

EXHIBIT "A"

**IN THE CIRCUIT COURT OF THE 11TH JUDICIAL CIRCUIT
IN AND FOR MIAMI-DADE COUNTY, FLORIDA**

ISSUED PURSUANT TO ADMINISTRATIVE ORDER NO. 14-13

**STATUS QUO TEMPORARY DOMESTIC RELATIONS
ORDER, WITH OR WITHOUT MINOR CHILDREN**

The following Status Quo Temporary Domestic Relations Order, With or Without Minor Children (hereinafter "Order") shall apply to both parties in an original dissolution of marriage or paternity action. This Order shall be in effect with regard to the petitioner upon filing of the petition; and with regard to the respondent, upon service of the summons and petition or upon waiver and acceptance of service. The Order shall remain in effect during the pendency of the action unless modified, terminated, or amended by further order of presiding judge in the action.

It is in the best interests of the parties in a dissolution of marriage or paternity action to learn about the problems, duties and responsibilities that may arise during their dissolution or paternity proceeding. It is also important for the parties to preserve their assets, act in the best interests of their children and comply with Court rules and orders. Therefore, the parties are hereby advised:

1. NO RELOCATION OF CHILDREN: Unless there is a prior court order, domestic violence injunction (permanent or temporary) or agreement signed by both parties, to the contrary, neither party will permanently remove, cause to be removed, nor permit the removal of any minor children of the parties from their current county of residence. The intent of this restriction is not to prohibit temporary travel within the State of Florida. Neither party shall apply for any passport nor passport services on behalf of the children, without an order of the court from the presiding judge.

2. CHILD SUPPORT: Unless there is a prior court order, domestic violence injunction (permanent or temporary) or agreement signed by both parties, if the parties have minor children and choose to live apart while the action is pending, the parent with whom the children are not residing for a majority of the time should make voluntary payments of child support to the other parent, prior to the entry of an order requiring payment of child support. Child support should be in an amount as determined by the Uniform Child Support Guidelines, Section 61.30, Florida Statutes. Since child support can be ordered retroactive to the date of filing the petition, it is advisable that the party making payment keep proof of the payments and bring them to court. Signed receipts should be obtained for any cash payments. Parent/child access and child support are separate and distinct under the law. Accordingly, a child's right to access to his or her parent is not contingent upon the payment of child support.

3. SHARED PARENTING GUIDELINES: These guidelines apply unless there is a prior court order, domestic violence injunction (permanent or temporary) or agreement of the parties to the contrary. The safety, financial security, and mental well-being of the children involved in these cases are of paramount concern. It is mandatory that parents complete a parenting class and know, understand, and follow the court's guidelines for parents in dissolution cases with children. The parties are ordered to abide by the principles of shared parental responsibility, which means:

3.1 Both parents shall confer with each other so that major decisions affecting the welfare of the children shall be determined jointly. Such decisions include, but are not limited to, education, discipline, religion, medical, and general upbringing.

3.2 Each parent shall exercise, in the utmost good faith, his and her best efforts at all times to encourage and foster the maximum relations, love, and affection between the minor children of the parties and the other parent. Neither parent shall impede, obstruct, or interfere with the exercise by the other parent of his or her right to companionship with the minor children.

3.3 Each parent shall have access to records and information pertaining to the minor children, including, but not limited to, medical, dental, and school records.

3.4 Neither parent shall make any disparaging remarks about the other parent or quiz the children as to the other parent's private life. It is the children's right to be spared from experiencing and witnessing any animosity or ill-feeling, if any should occur, between the parents, and the minor children should be encouraged to maintain love, respect, and affection for both parents.

3.5 The relationship between the parents shall be courteous and respectful as possible, relatively formal, low-key, and public.

3.6 Each parent has a duty to communicate directly with the children concerning his/her relationship with them to the extent warranted by their age and maturity. Neither parent can expect the other parent to continually act as a "buffer" or "go-between." For example, should either parent be unable to exercise time-sharing, that parent should explain this directly to the child.

3.7 Both parents shall be entitled to participate in and attend special activities in which the minor children are engaged, such as religious activities, school programs, sports events and other extracurricular activities, and important social events in which the children participate. Each parent should keep the other notified of these events.

3.8 The children shall not be referred to by any other last name than the one listed on their birth certificate.

3.9 Each parent has a duty to discuss with the other parent the advantages and disadvantages of all major decisions regarding the children and to work together in an effort to reach a joint decision. For example, this duty would include an obligation to discuss a decision to remove a child from public school in order to enroll the child in private school.

3.10 Neither parent shall conceal the whereabouts of the children, and each parent will keep the other advised at all times of the residential address and phone numbers where the children will be staying while with the other parent. Each parent shall notify the other immediately of any emergency pertaining to any child of the parties.

3.11 Each party shall provide to the other party his or her residence address, residence, work, and cellular telephone numbers, and e-mail address. Each party shall notify the other party, in writing, of any and all changes in his or her residence address and residence, work, and cellular telephone numbers, and e-mail address. Such notification shall be done within five (5) days of any such change and shall include the complete new address or complete new telephone number(s) and/or e-mail address.

4. REQUIRED ATTENDANCE IN A 4-HOUR PARENTING COURSE: SECTION 61.21, FLORIDA STATUTES. All parties to dissolution of marriage proceedings with minor children or to paternity proceedings shall be required to complete the Parent Education and Family Stabilization Course prior to the entry by the court of a final judgment, as follows:

4.1 Required Attendance. The Petitioner must complete the course within 45 days after the filing of the petition, and all other parties must complete the course within 45 days after service of the petition. The presiding judge may excuse a party from attending the parenting course for good reason. The programs are educational programs designed to assist parents and children in making transitions during and after the divorce. A certificate of completion for each party must be filed with the Clerk of Court.

4.2 Cost. Each party shall pay their respective cost of the Certified Parenting Course. The cost is determined by the agencies providing the different programs. No person shall be refused permission to attend because of inability to pay.

4.3 Non-Compliance. If either party does not attend and complete the Certified Parenting Course, upon filing of an affidavit of non-compliance, the presiding judge will enter an Order to Show Cause and will schedule a hearing date. At the hearing, the non-complying party will demonstrate why he or she has not attended the Parenting Education and Family Stabilization Course. The presiding judge may impose sanctions, including a Stay of Proceedings, or any other sanction the presiding judge finds just.

5. **MEDIATION:** Unless there is a prior court order, domestic violence injunction (permanent or temporary) or agreement signed by both parties, the parties are required to attend mediation prior to any final hearing or as otherwise ordered by the Court. The parties may utilize the mediation services provided by this Circuit's in-house mediators or the services of a private mediator.

6. **CONDUCT OF THE PARTIES DURING THE CASE:** Both parties are ordered to refrain from physical, verbal, or any other form of harassment of the other, including, but not limited to, acts done in person or by telephone, email, or text messaging at their residence or at work.

7. **DISPOSITION OF ASSETS AND CASE:** Neither party in a dissolution of marriage action will conceal, damage, nor dispose of any asset, whether jointly or separately owned, nor will either party dissipate the value of any asset (for example, by adding a mortgage to real estate), except by written consent of the parties or an order of court. Neither party will cancel nor cause to be canceled any utilities, including telephone, electric, or water and sewer. Notwithstanding, the parties may spend their income in the ordinary course of their business, personal, and family affairs. Neither party will conceal, hoard, nor waste jointly-owned funds, whether in the form of cash, bank accounts, or other highly liquid assets, except that said funds can be spent for the necessities of life. The use of funds or income after separation must be accounted for and justified as reasonable and necessary for the necessities of the party or to preserve marital assets or pay marital debts. Attorney's fees and costs are necessities and must be accounted for by each party. Both parties are accountable for all money or property in their possession after separation and during the dissolution of marriage proceedings. Any party who violates this provision will be required to render an accounting and may be later sanctioned for wasting a marital asset. To the extent there are pending contracts or transactions affected by this paragraph, the affected party may seek relief from the presiding judge, on an expedited basis, if the parties are unable to resolve the issue.

8. **PERSONAL AND BUSINESS RECORDS:** Neither party will, directly nor indirectly, conceal from the other or destroy any family records, business records, or any records of income, debt, or other obligations.

9. **INSURANCE POLICIES:** Any insurance policies in effect at the time the petition was filed, shall not be terminated, allowed to lapse, modified, borrowed against, pledged, or otherwise encumbered by either of the parties or at the direction of either party. This includes medical, hospital and/or dental insurance for the other party or the minor children. Neither party shall change the beneficiaries of any existing life insurance policies, and each party shall maintain all existing insurance policies in full force and effect, without change of their terms, unless agreed to in writing by both parties. All policy premiums will continue to be paid in full on a timely basis, unless there is an order of the court by the presiding judge or written agreement of the parties to the contrary. In order to modify this provision, or any other provision, the party must follow the procedure set forth in Paragraph 12.

10. **ADDITIONAL DEBT:** Neither party in a dissolution of marriage action may incur any unreasonable debts or additional personal debt which would bind the other spouse, including, but not limited to, further borrowing against any credit line secured by the family residence, further encumbering any assets, or unreasonably using credit/bank cards or cash advances against said cards, except with written consent of the parties or order of the court by the presiding judge. The parties are strongly urged to temporarily refrain from using joint credit cards, except for absolute necessities and only as a last resort. Abuse of credit, especially the other spouse's credit, offends the court's sense of equity and will be dealt with accordingly.

11. **SANCTIONS:** The presiding judge will sanction any party who fails, without good cause, to satisfactorily comply with the rules pertaining to the production of financial records and other documents, or fails, without good cause, to answer interrogatories or attend a deposition. When setting hearings, conferences, and depositions, an attorney must make a good faith effort to coordinate the date and time with opposing counsel.

12. **JUDICIAL ENFORCEMENT:** Failure to comply with the terms of this Order may result in appropriate sanctions against the offending party.

13. **SERVICE AND APPLICATION OF THIS ORDER:** The Petitioner or Petitioner's attorney shall serve a copy of this Order with a copy of the petition. This Order shall bind the Petitioner upon the filing of this action and shall become binding on the Respondent upon service of the initial pleading. This Order shall remain in full force and effect until further order of the court. Any part of this Order not changed by some later order or subsequent written agreement of the parties remains in effect. Nothing in this Order shall preclude either party from applying to the presiding judge for further temporary orders or any temporary injunction. Should either party wish to modify this Order, an appropriate motion must be filed with the Family Division of the Clerk's Office in the county where the action is pending, to be set on motion calendar for the court to determine the scheduling of a hearing. An evidentiary hearing on a motion seeking enforcement or modification of this Order shall be accorded priority on the court's calendar. This entire Order will terminate once a final judgment is entered.

DONE AND ORDERED at Miami-Dade County, Florida, on this 6th day of August, 2014.

**BERTILA SOTO, CHIEF JUDGE
ELEVENTH JUDICIAL CIRCUIT**

SIGNATURE OF LITIGANT

date

IN THE CIRCUIT COURT OF THE
ELEVENTH JUDICIAL CIRCUIT
IN AND FOR MIAMI-DADE COUNTY,
FLORIDA

FAMILY DIVISION

Petitioner,

CASE NO.:

and

Respondent.

SELF-HELP ACKNOWLEDGMENT OF RECEIPT

I UNDERSTAND THAT EITHER THE PETITIONER OR RESPONDENT MUST BE A
RESIDENT OF THE STATE OF FLORIDA FOR SIX (6) MONTHS PRIOR TO THE DATE THE
PETITION IS FILED. MY FL LICENSE/ ID WAS ISSUED ON:_____ MY
SPOUSE'S (if known) ON_____.

AT THE FINAL HEARING, I WILL BRING EITHER: ()MY or () MY SPOUSE'S VALID
FLORIDA LICENSE/ID SHOWING RESIDENCY FOR 6 MONTHS PRIOR TO FILING THE PETITION
or () FORM VV-AFFIDAVIT OF CORROBORATING WITNESS FOR ()ME ()SPOUSE.

I UNDERSTAND THAT IF I HAVE A MINOR CHILD(REN), I WILL HAVE TO ATTEND A
PARENTING COURSE. (see packet Form C 5).

NOTICE OF LIMITATION OF SELF-HELP SERVICES PROVIDED

THE PERSONNEL IN THIS SELF-HELP PROGRAM ARE NOT ACTING AS YOUR LAWYER
OR PROVIDING LEGAL ADVICE TO YOU.

SELF-HELP 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 THIS SELF-HELP PROGRAM CANNOT TELL YOU WHAT YOUR
LEGAL RIGHTS OR REMEDIES ARE, REPRESENT YOU IN COURT, OR TELL YOU HOW
TO TESTIFY IN COURT.

SELF-HELP SERVICES ARE AVAILABLE TO ALL PERSONS WHO ARE OR WILL BE
PARTIES TO A FAMILY CASE.

THE INFORMATION THAT YOU GIVE TO AND RECEIVE FROM SELF-HELP PERSONNEL
IS NOT CONFIDENTIAL AND MAY BE SUBJECT TO DISCLOSURE AT A LATER DATE. IF
ANOTHER PERSON INVOLVED IN YOUR CASE SEEKS ASSISTANCE FROM THIS SELF-
HELP PROGRAM, THAT PERSON WILL BE GIVEN THE SAME TYPE OF ASSISTANCE
THAT YOU RECEIVE.

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.

_____I CANNOT READ ENGLISH. THIS NOTICE WAS READ TO ME BY
_____ {NAME} IN _____ {LANGUAGE} .

SIGNATURE OF PETITIONER _____

SIGNATURE OF SELF-HELP STAFF _____

(Dissolution)

page 1 of 3

ACUSE DE RECIBO

ENTIENDO QUE EL/LA DEMANDANTE O EL/LA DEMANDADO/A DEBE HABER RESIDIDO EN EL ESTADO DE FLORIDA AL MENOS 6 (SEIS) MESES ANTES DE HABER PRESENTADO LA DEMANDA. MI LICENCIA/IDENTIFICACIÓN DE FLORIDA FUE EMITIDA EL:

_____. LA DE MI CÓNYUGE (si se conoce) EL: _____.

EN LA AUDIENCIA FINAL, PORTARÉ UNA LICENCIA/IDENTIFICACIÓN VÁLIDA DE FLORIDA, MÍA () o DE MI CÓNYUGE (), QUE DEMUESTRE QUE HE/HA RESIDIDO EN EL ESTADO DURANTE SEIS (6) MESES ANTES DE LA PRESENTACIÓN DE LA DEMANDA o UNA DECLARACIÓN JURADA, FORMULARIO VV, DE UN TESTIGO CORROBORADOR MÍO () O DE MI CÓNYUGE ().

ENTIENDO QUE SI TENGO (UN/A) HIJO/A(S) MENOR(ES) , HABRÉ DE ASISTIR AL CURSO DE LOS PADRES. (vea el formulario C5 del conjunto).

AVISO DE LIMITACION DE SERVICIOS OFRECIDOS

EL PERSONAL DE ESTE PROGRAMA DE AYUDA PROPIA NO ESTA ACTUANDO COMO SU ABOGADO NI LE ESTA DANDO CONSEJOS LEGALES.

ESTE PERSONAL NO REPRESENTA NI LA CORTE NI NINGUN JUEZ. EL JUEZ ASIGNADO A SU CASO PUEDE REQUERIR UN CAMBIO DE ESTA FORMA O UNA FORMA DIFERENTE. EL JUEZ NO ESTA OBLIGADO A CONCEDER LA REPARACION QUE USTED PIDE EN ESTA FORMA.

EL PERSONAL DE ESTE PROGRAMA DE AYUDA PROPIA NO LE PUEDE DECIR CUALES SON SUS DERECHOS NI SOLUCIONES LEGALES, NO PUEDE REPRESENTARLO EN CORTE, NI DECIRLE COMO TESTIFICAR EN CORTE.

SERVICIOS DE AYUDA PROPIA ESTAN DISPONIBLES A TODAS LAS PERSONAS QUE SON O SERAN PARTES DE UN CASO FAMILIAR.

LA INFORMACION QUE USTED DA Y RECIBE DE ESTE PERSONAL NO ES CONFIDENCIAL Y PUEDE SER DESCUBIERTA MAS ADELANTE. SI OTRA PERSONA ENVUELTA EN SU CASO PIDE AYUDA DE ESTE PROGRAMA, ELLOS RECIBIRAN EL MISMO TIPO DE ASISTENCIA QUE USTED RECIBE.
EN TODOS LOS CASOS, ES MEJOR CONSULTAR CON SU PROPIO ABOGADO, ESPECIALMENTE SI SU CASO TRATA DE TEMAS RESPECTO A NINOS, MANTENIMIENTO ECONOMICO DE NINOS, MANUTENCION MATRIMONIAL, RETIRO O BENEFICIOS DE PENSION, ACTIVOS U OBLIGA-CIONES.

_____ YO PUEDO LEER ESPANOL.

_____ YO NO PUEDO LEER ESPANOL. ESTE AVISO FUE LEIDO A MI POR

_____ {NOMBRE} EN _____ {IDIOMA} .

Litigant FIRMA_____

Self Help FIRMA_____

(Dissolution)

page 2 of 3

AKIZE RESEPSYON

MWEN KONPRANN KE SWA MOUN KI PREZANTE DEMANN LAN OSWA MOUN K AP REPONN A DEMANN LAN FÈT POU L ABITE NAN ETA LAFLORID PANDAN OMWEN SIS (6) MWA ANVAN DAT PREZANTASYON DEMANN LAN. YO TE EMÈT LISANS/KAT DIDANTITE MWEN LE: _____ PA MARI/MADANM MWEN (si ou konnen) LE _____.

LAN ODYANS FINAL LA, MA VA VINI SWA AVÈK: () LISANS/KAT DIDANTITE MWEN oubyen avèk () LISANS/KAT DIDANTITE MARI/MADANM MWEN KI VALID NAN ETA LAFLORID E KI PWOUVE MWEN ABITE LA PANDAN 6 MWA ANVAN KE M TE PREZANTE DEMANN LAN

oubyen () FÒM VV-DEKLARASYON SOU SÈMAN KE YON TEMWEN FÈ POU VERIFYE ENFÒMASYON AN POU () MWEN () MARI/MADANM MWEN.

MWEN KONPRANN KE SI MWEN GEN PITIT KI MINÈ, MA GEN POU M PRAN YON KOU POU APRANN YON BON PARAN. (gade pakèt Fòm C 5 la).

AVI SOU LIMITASYON

SÈVIS YO FOUNI YO

PÈSONÈL KI TRAVAY NAN PWOGRAM “*SELF-HELP*” SA A P AP AJI ANTANKE AVOKA W OSWA BA W KONSÈY LEGAL.

PÈSONÈL “*SELF-HELP*” LA P AP AJI LAN NON TRIBINAL LA OSWA LAN NON OKENN JIJ. JIJ K AP PREZIDE NAN KA W LA KA EGZIJE YON AMANDMAN NAN YON FÒM OUBYEN KE YO RANPLASE YON FÒM PA YON LÒT FÒM. JIJ LA PA OBLIJE AKÒDE DEMANN KE OU FÈ LAN FÒM LAN.

PÈSONÈL NAN PWOGRAM “*SELF-HELP*” SA A PA KA DI W KI KALITE DWA LEGAL OUBYEN SOLISYON OU GENYEN, NI REPREZANTE W NAN TRIBINAL LA, OUBYEN DI W KIJAN POU W TEMWAYE NAN TRIBINAL LA.

SÈVIS “*SELF-HELP*” LA YO DISPONIB POU TOUT MOUN KI SE YON PATI OUBYEN KI PRAL YON PATI NAN YON KA FAMILYAL .

ENFÒMASYON KE W BAY E RESEVWA NAN MEN PÈSONÈL “*SELF-HELP*” LA PA KONFIDANSYÈL E PI DEVAN YO KAPAB METE L DEYÒ. SI YON LÒT MOUN KI ENPLIKE NAN KA W LA CHACHE ASISTANS LAN MEN PWOGRAM “*SELF-HELP*” LA, MOUN SA A VA RESEVWA MENM KALITE ASISTANS KE W RESEVWA A.

DETOUTFASON, LI PI BON SI W KONSILTE PWÒP AVOKA W, SITOU SI KA W LA GENYEN PWOBLÈM ENPÒTAN LADAN L KI GEN RAPÒ AK TIMOUN, LAJAN POU OKIPE TIMOUN, PANSYON ALIMANTÈ, BENEFIS POU RETRÈT OSWA PANSYON, BYEN OSWA DÈT.

_____ MWEN KAPAB LI ANGLÈ.

_____ MWEN PA KAPAB LI ANGLÈ. SE

_____ {NON MOUN LAN} KI TE LI AVI SA A POU MWEN AN _____ {LANG} .

SIYATI PLEYAN AN _____

SIYATI ANPLWAYE “*SELF HELP*” LA _____

(Dissolution)

page 3 of 3

IN THE CIRCUIT COURT OF THE
ELEVENTH JUDICIAL CIRCUIT
IN AND FOR MIAMI-DADE COUNTY,
FLORIDA

FAMILY DIVISION

IN RE: THE MARRIAGE OF:

_____,
Petitioner,
and

CASE NO.:

FC

_____,
Respondent.

_____/

**SPECIAL AFFIDAVIT FOR UNCONTESTED DISSOLUTION OF MARRIAGE
WITHOUT A HEARING
(MSA)**

We, the undersigned, under oath and under penalty of perjury, swear or affirm as follows:

1. Petitioner's Name

_____.

I am now married to (Respondent's Name)

_____.

We were married on (date)

_____.

In the City/State/Country of

_____.

2. One of us at any time thirty days prior to the filing of the Petition for
Dissolution of Marriage, was a member of the Armed Forces of the United
States, National Guard, or reserve member on active duty, or an active duty
commissioned officer of the Public Health Service or the National Oceanic
and Atmospheric Administration?

() Yes () No

3. Have either you or your spouse resided in the State of Florida continuously as a
permanent resident for more than six (6) months before the date the Petition was
filed?

() Yes () No

Which spouse? (write "Husband", "Wife", or "Both")

4. "Irretrievably broken" means that the marriage cannot be salvaged in any way, not even with the help of marriage counseling. Is your marriage irretrievably broken?

☐ Yes ☐ No

5. Are there children born of this marriage who are still minors (under age 18 or still in high school with an anticipated date of graduation prior to age 19)?

☐ Yes ☐ No

6. Is the Wife pregnant at this moment?

☐ Yes ☐ No

7. Have both you and your spouse fully disclosed all assets, liabilities, and incomes to each other?

☐ Yes ☐ No

8. Have you and your spouse **both** signed a **written notarized** agreement settling all of the issues in this case? (MSA has been filed)

☐ Yes ☐ No

9. Did both you and your spouse sign this written agreement freely and voluntarily?

☐ Yes ☐ No

10. Do you want the Court to adopt this agreement as part of the Final Judgment of Dissolution of Marriage and Settlement Agreement?

☐ Yes ☐ No

11. Is the Wife asking the Court to restore her maiden name?

☐ Yes ☐ No

The Wife's wants her maiden name restored to: _____

12. Is there anything you believe the Court should know that has not been covered above? If so, briefly state: ☐ Everything is true and correct **or** ☐ The Court should know the following: _____

NOTE: You must show proof that either the Husband or Wife has been a permanent or continuous resident of the State of Florida. Residency cannot be less than six (6) months prior to the date the Petition was filed with the Clerk. You may do this in one of two ways:

A. By submitting an **enlarged**, readable photocopy of a valid Florida driver's license or voter's registration. The **date of issue** must prove your residency. If it does not, you have failed to prove residency and your case will be held up until proper proof is received; or

B. By submitting an Affidavit of Corroborating Witness, Florida Supreme Court Approved Family Law Form 12.902(i). The witness must be someone other than a party to this action and an adult who is a Florida resident.

By signing this Special Affidavit, we understand that a final hearing will NOT be set in this case. The Judge assigned to this case may enter a Final Judgment closing the case without our presence at any future hearings.

Dated: _____

Petitioner's Signature: _____

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

Sworn to or affirmed and signed before me on _____ by _____.

NOTARY PUBLIC or DEPUTY CLERK

☐ Personally known

☐ Produced identification: _____

Dated: _____

Respondent's Signature: _____

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

Sworn to or affirmed and signed before me on _____ by _____.

NOTARY PUBLIC or DEPUTY CLERK

☐ Personally known

☐ Produced identification: _____

IN THE CIRCUIT COURT OF THE
ELEVENTH JUDICIAL CIRCUIT
IN AND FOR MIAMI-DADE COUNTY,
FLORIDA

FAMILY DIVISION

IN RE:

_____,
Petitioner,
and
_____,
Respondent.
_____ /

CASE NO.:

**DESIGNATION OF CURRENT MAILING AND E-MAIL ADDRESS
(Petitioner)**

I, {full legal name}, _____, being sworn, certify that:

MAILING ADDRESS:

My current mailing address is:

{Street or Post Office Box} _____,
{City}, _____, {State}, _____,
{Zip} _____.
{Telephone No.} _____

E-MAIL ADDRESS:

{Do not provide an e-mail address unless you choose to serve and receive all documents in the future only by e-mail. If you are a self-represented litigant (appearing without an attorney), you are not required to serve or receive documents by electronic mail (e-mail); however, once you designate an e-mail address, that address will be the exclusive means of serving and receiving documents. Once you choose to serve and receive documents by e-mail, you cannot change your decision.}

I wish to designate the following e-mail address(es) for the purposes of serving and receiving documents:

Email address: _____

I understand that I must keep the clerk's office and the opposing party or parties notified of my current mailing and e-mail address(es) and that all future papers in this lawsuit will be served at the address(es) on record at the clerk's office.

I certify that a copy of this document was _____ e-mailed _____ 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: _____

Designated E-mail Address(es): _____

Signature of Party (Petitioner)

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

Sworn to or affirmed and signed before me on _____ by

_____.

NOTARY PUBLIC or DEPUTY CLERK

☐ Personally known

☐ Produced identificatio

IN THE CIRCUIT COURT OF THE
ELEVENTH JUDICIAL CIRCUIT
IN AND FOR MIAMI-DADE COUNTY,
FLORIDA

FAMILY DIVISION

IN RE:

_____,
Petitioner,
and
_____,
Respondent.
_____ /

CASE NO.:

**DESIGNATION OF CURRENT MAILING AND E-MAIL ADDRESS
(Respondent)**

I, {full legal name}, _____, being sworn, certify that:

MAILING ADDRESS:

My current mailing address is:

{Street or Post Office Box} _____,
{City}, _____, {State}, _____,
{Zip} _____.
{Telephone No.} _____

E-MAIL ADDRESS:

{Do not provide an e-mail address unless you choose to serve and receive all documents in the future only by e-mail. If you are a self-represented litigant (appearing without an attorney), you are not required to serve or receive documents by electronic mail (e-mail); however, once you designate an e-mail address, that address will be the exclusive means of serving and receiving documents. Once you choose to serve and receive documents by e-mail, you cannot change your decision.}

I wish to designate the following e-mail address(es) for the purposes of serving and receiving documents:

Email address: _____

I understand that I must keep the clerk's office and the opposing party or parties notified of my current mailing and e-mail address(es) and that all future papers in this lawsuit will be served at the address(es) on record at the clerk's office.

I certify that a copy of this document was _____ e-mailed _____ 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: _____

Designated E-mail Address(es): _____

Signature of Party (Respondent)

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

Sworn to or affirmed and signed before me on _____ by

_____.

NOTARY PUBLIC or DEPUTY CLERK

☐ Personally known

☐ Produced identification: _____