

**INSTRUCTIONS FOR FILING A DISSOLUTION OF
MARRIAGE where you do not know your spouse's address -
you will use Diligent Search and Publication**

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).
- Unless my spouse and I are in written agreement on the issues, my spouse must be served (1) personally at a known address; or **(2) by performing a search for your spouse's unknown address and publishing a notice in the newspaper for 4 weeks.**
- 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 must have your forms reviewed by appointment. You can make an appointment either in person or by calling 305-349-7800.
- 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.

The Day of Your Self-Help Appointment

The Self Help Program
175 N.W. 1st Avenue, Suite 2441
(305) 349-7800

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.

Bring the following:

- 1. Completed forms 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. Pen (please use black ink only) (please type or print legibly!)**
- 3. White Correction Tape or White Correction Fluid**
- 4. Driver's License, State ID, or Passport**
- 5. Applicable Fees**
Self-Help Service Fee.....\$105.00*
Clerk of the Court Filing Fee.....\$409.00
Publication Fee.....\$35.00
Diligent Search Fees.....
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.

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

Fee Schedule

Self-Help Fee	\$105.00	<i>credit card or money order</i>
Filing Fee	\$409.00	<i>cash, credit card or money order</i>
Publication Fee	\$35.00	<i>money order</i>
Certified Copies	\$ 1.00 + \$1.50 per page	<i>cash only</i>

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.

I. If You Do Not Know Your Spouse's Address

Step 1: Complete the following documents:

- a. Cover Sheet *[Form H]*
- b. Parties Information Sheet *[Form A-3]*
- c. Petition for Dissolution of Marriage *[Form A]*
- d. Overnight Calendar Worksheet
- e. Acknowledgment of Courses *(Form C-5)*
- f. Notice of Publication *[Form D]*
- g. Affidavit of Diligent Search *[Form C]*
- h. The 3 Letters *[Form B]*
- i. Affidavit of Search Inquiry on Relatives of Spouse
- j. Financial Affidavit (one for yourself) *[Form I]*
- k. Notice of Social Security (one for yourself) *[Form K]*
- l. UCCJEA *[Form J]*
- m. Notice of Related Cases
- n. Index of Forms
- o. Acknowledgment of Status Quo Temporary Domestic Relations Order
- p. Self-Help Acknowledgment of Receipt
- q. Designation of Current Mailing and E-mail Address

Step 2: Because you do not know the address of your spouse, you are required to search for their address. To begin your search, there are three (3) letters *[Form B]* included in your packet to mail to different agencies, Internet Search and Affidavit of Search Inquiry on Relatives of Spouse (**carefully follow the instructions the Diligent Search page. Once all steps are completed you may schedule your appointment online.**)

STOP HERE - DO NOT GO TO STEP 3 UNTIL AFTER YOU HAVE COMPLETED THE DILIGENT SEARCH PROCESS.

Step 3: 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.

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

Important Information Regarding Your Self-Help Appointment

Need help completing your packet?

A \$125.00 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 workshop, Make your appointment online <https://www.jud11.flcourts.org/Family-Court-Self-Help-Program>

Information you need to know for either your Workshop appointment or Self-Help First Time appointment.

- Complete diligent search process and bring your results the day of your workshop appointment
- Please have your Divorce Workshop packet (no kids, no property, no debts)
- **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.*)
- A valid Florida Driver's License, Florida ID or U.S. Passport and also bring a valid copy for each party (copies need to be enlarged and clear)
- A valid address for you and your spouse, if known
- Social Security number and date of birth for both you and your spouse
- All applicable fees (please read the fees that apply in your packet)
- A pen in blue or black ink **(please type or print legibly!)**
- Correction tape or correction fluid
- **2 regular envelopes with 2 post office stamps**



- You are considered late 15 minutes after your scheduled appointment time and will be rescheduled

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 Divorce with Kids packet, you will select **First-Time Visit Divorce with Kids**

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 with Kids**

- 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 with 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 driver's 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 remote 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:

Not in agreement address unknown for other party (Publication)

FEES DUE IF NO AGREEMENT VIA PUBLICATION

- 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**
Publication Fee **\$35.00** MAKE MONEY ORDER PAYABLE TO: **COMMUNITY NEWS**

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:** This Petition for Dissolution of Marriage should be granted because:

- a. _____ The marriage is irretrievably broken.
- b. _____ 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)

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

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

- c. ☐ 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>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- d. ☐ 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 proceed.

- 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: _____

Form A

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

PARTIES INFORMATION

Respondent.

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,

CASE NO.:

and

_____,
Respondent.

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 INFORMAION	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 lorgomez65@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

INSTRUCTIONS FOR DILIGENT SEARCH

Because you do not know the other party's address, you are required to search for his or her address before filing your Petition by following **Step 1, Step 2, Step 3 and Step 4 at the same time.**

Step 1: Complete the three Diligent Search Letters and follow the instructions provided below.

Step 2: You will conduct a Search for your spouse using the Internet.

Step 3: You will conduct a Service Member (Military) search using the provided link.

Step 4: Complete the Affidavit of Search Inquiry on the Relatives of the Spouse and follow the instructions below. **(Make sure to print legibly when completing the forms)**

STEP 1: DILIGENT SEARCH LETTERS (FORM B)

1. Completely fill out all three **(3)** Diligent Search Letters **(Form B)** with your information, the other party's information and have them **NOTARIZED**.
2. Follow the highlighted instructions on each letter, some of them require a fee and/or self addressed stamped envelope.
3. Make a copy of each completed letter for your records, mail them, and wait for the responses. (You may send the letters via certified mail)
4. If you learn of an old address from your diligent search inquiry you will need to show the court proof via return receipt from a certified letter with that address to confirm that it's not a current address for your spouse.
5. If you find a valid address for your spouse, immediately proceed to **step 5**.

STEP 2: INTERNET SEARCH

1. You will be required to search for your spouse using the internet.
2. You can use www.switchboard.com or any other people finder searches using the internet.
3. The report results must include the spouse's **Full Name, Address History, Age, Date of Birth, Phone Numbers and Possible Relatives. (Attach Report Results to your packet)**
4. If you learn of an old address from your diligent search inquiry you will need to show the court proof via return receipt from a certified letter with that address to confirm that it's not a current address for your spouse.
5. If you find a valid address for your spouse, immediately proceed to **step 5**.

STEP 3: ARMED SERVICES MEMBER SEARCH USING PROVIDED LINK

Because you do not know the other party's address, you will also be required to determine whether the other party is now a member of the military service.

1. Using a computer with internet capability, go to the following link:

<https://www.dmdc.osd.mil/appj/scra/welcome.xhtml>

2. For the Military to do the online search, you must enter the other party's last name, first name AND either their social security number (twice) or their date of birth.
3. Once this information is entered, click on "Look Up".
4. Print the document, which will include two pages to file with the clerk. If you find a valid address for your spouse, immediately proceed to **step 5**.

STEP 4: AFFIDAVIT OF SEARCH INQUIRY ON RELATIVES OF SPOUSE (Form B-2)

Because you do not know the other party's address, you will also be required to inquire about the respondent with his or her relatives, before filing your petition, by following these steps: **(Make sure to print legibly when completing the forms)**

5. You must complete, in full, the Name of the Relative, Relation to Respondent, Relatives Address, Relatives Phone Number and the result of the inquiry of your spouse's address.
6. After you complete your relative inquiry, have the affidavit **Notarized**.
7. If you obtain an address from your Affidavit of Search Inquiry from the Relatives of the Spouse you may need to serve the spouse at that address or show the court proof, such as the return receipt from a certified letter with that address, to confirm that it's not a current address for your spouse.
8. If you find a valid address for your spouse, immediately proceed to **step 5**.

Step 5: Make your appointment with Self-Help

If during any of the above searches you obtain a valid address, immediately make an appointment with the Self Help Program to have the other party served via summons. If after completing all of the above 4 steps you do NOT have a valid address, you should also contact the Self Help Program to make an appointment for you next step in the process. BRING all of your documentation to this appointment. For example, you should have received your three **(3)** responses from the Diligent Search Letters **(Form B)**, your completed Affidavit of Search Inquiry on Relatives of the Spouse **(Form B-2)**, the **printed** Armed Services response to your inquiry and your completed internet search.

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 Types sheet before scheduling your appointment.

Form B The Postal Service suggests the following format to be used in conjunction with regulations at 39 CFR 265.6(d)(4)(ii) by persons empowered by law to serve legal process when requesting change of address or **boxholder information**.

You will need to write to the Postmaster that is nearest to the last known address of the person you are trying to locate. To find this Postmaster address, you need to call 1-800-275-8777 and tell the person the last known address of the person you are trying to locate. The person will give you the address of this nearest Postmaster to mail this form. The request should be mailed to the Postmaster's address that you write below.

Postmaster Address: _____ Date: _____

City _____, State _____, ZIP Code _____

REQUEST FOR CHANGE OF ADDRESS OR BOXHOLDER INFORMATION NEEDED FOR SERVICE OF LEGAL PROCESS

Please furnish the new address or the name and street address (if a boxholder) for the following:

Name (other party) you are trying to find _____

Last Known Address of this person _____

Note: Only one request may be made per completed form. The name and last known address are required for change of address information. The name, if known and Post Office box address are required for boxholder information.

The following information is provided in accordance with 39 CFR 265.6(d)(4)(ii). **There is no fee charged** for change of address or boxholder information.

1. Capacity of requester (process server, attorney, party representing self): **Party Representing Self**
2. Statute or regulation that empowers me to serve process (not required for attorney's or a party acting pro se—except a corporation acting pro se must cite statute: N/A)
3. The names of all known parties to the litigation: _____
4. The court in which the case has been or will be heard: Eleventh Judicial Circuit, Family Division
5. The docket or other identifying number (**a or b must be completed**)
____ a. Docket or other identifying number: _____
☒ b. Docket or other identifying number has not been issued.
6. The capacity in which this individual is to be served (petitioner, respondent or witness)

☐ Respondent ☐ Petitioner

WARNING: THE SUBMISSION OF FALSE INFORMATION TO OBTAIN AND USE CHANGE OF ADDRESS INFORMATION OR BOXHOLDER INFORMATION FOR ANY PURPOSE OTHER THAN THE SERVICE OF LEGAL PROCESS IN CONNECTION WITH ACTUAL OR PROSPECTIVE LITIGATION COULD RESULT IN CRIMINAL PENALTIES INCLUDING A FINE OF UP TO \$10,000 OR IMPRISONMENT OF NOT MORE THAN 5 YEARS, OR BOTH (TITLE 18 U.S.C. SECTION 1001).

I certify that the above information is true and that the address information is needed and will be used solely for service of legal process in conjunction with actual or prospective litigation.

Signature

Address

Printed Name

City, State, ZIP Code

FOR POST OFFICE USE ONLY

____ No change of address on file
____ Moved and left no forwarding address
____ No such address

New Address or Boxholder Name and Street Address

Form B

Division of Motorist Services
2900 Apalachee Parkway
Room # B231, Mail Stop 57
Neil Kirkman Building
Tallahassee, Florida 32399

Date: _____, 20____

To Whom It May Concern:

I am filing a legal action in the 11th Judicial Circuit in Miami-Dade County and I do not know the whereabouts of my spouse. I need to conduct a search to see if my spouse is living in the State of Florida. Therefore, I need your Department to advise me as to whether there are any motor vehicles in Florida titled or registered to my spouse's address and if so, the address on the title or registration.

This request is made under **Driver Privacy Protection Act Exemption number four (4)**

For use in connection with any civil, criminal, administrative, or arbitral proceeding in any Federal, State, or local court or agency or before any self-regulatory body, including the service of process, investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, or pursuant to an order of a Federal, State, or local court.

Listed below is the information on my spouse:

Full Name: _____

Last Known Address: _____

Date of Birth: _____

Driver License/ID #: _____

Social Security #: _____

I am enclosing a Check / Money Order for \$.50 made out to "Florida Division of Motor Vehicles" to pay for a non-certified computer printout. Thank you for your cooperation.

Dated: _____

Signature of Party: _____

Printed Name: _____

Street Address: _____

City, State, Zip: _____

Telephone No.: _____

Email Address: _____

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: _____

Department of Corrections
501 South Calhoun Street
Tallahassee, Florida 32399-2500

Date: _____, 20____

To Whom It May Concern:

I am filing a legal action in the 11th Judicial Circuit in Miami-Dade County and I do not know the whereabouts of my spouse. I need to conduct a search to see if my spouse is living in the State of Florida. Therefore, I need your Department to advise me as to whether my spouse is incarcerated in Florida and if so, the address to which mail be sent. Listed below is the information on my spouse:

Full Name: _____

Social Security Number: _____

Date of Birth: _____

Enclosed please find a self-addressed, stamped envelope. Thank you for your cooperation.

Sincerely:

Signature of Party: _____

Printed Name: _____

Street Address: _____

City, State, Zip: _____

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

CASE NO.: FC

_____,
Respondent.

**AFFIDAVIT OF SEARCH INQUIRY ON
RELATIVES OF THE SPOUSE**

Please list names, addresses and phone number of relatives and contacts with those relatives, and inquiry as to Respondent's last known address. You are to follow up any leads of any address where the Respondent may have moved. The spouse's relatives include, but are not limited to: parents, brothers, sisters, aunts, uncles, cousins, nieces, grandparents, great-grandparents, stepparents, stepchildren.

Name of relative: _____
Relation to Respondent: _____
Relatives Address: _____
Relatives phone number: _____
Result of inquiry: _____

Name of relative: _____
Relation to Respondent: _____
Relatives Address: _____
Relatives phone number: _____
Result of inquiry: _____

Name of relative: _____
Relation to Respondent: _____
Relatives Address: _____
Relatives phone number: _____
Result of inquiry: _____

Form

CASE # _____

Name of relative: _____

Relation to Respondent: _____

Relatives Address: _____

Relatives phone number: _____

Result of inquiry: _____

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.: _____

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.:

**AFFIDAVIT OF DILIGENT
SEARCH AND INQUIRY**

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

1. I have made diligent search and inquiry to discover the name and current residence of Respondent: {Specify details of search} Refer to checklist below and identify all actions taken (any additional information included such as the date the action was taken and the person with whom you spoke is helpful) (attach additional sheet if necessary):

[√ all that apply]

- _____ United States Post Office inquiry through Freedom of Information Act for current address or any relocations.
- _____ Last known employment of Respondent, including name and address of employer. You should also ask for any address to which W-2 Forms were mailed, and, if a pension or profit-sharing plan exists, then for any addresses to which any pension or plan payment is and/or has been mailed.
- _____ Unions from which Respondent may have worked or that governed particular trade or craft.
- _____ Regulatory agencies, including professional or occupational licensing.
- _____ Names and addresses of relatives and contacts with those relatives, and inquiry as to Respondent's last known address. You are to follow up any leads of any addresses where Respondent may have moved. Relatives include, but are not limited to: parents, brothers, sisters, aunts, uncles, cousins, nieces, nephews, grandparents, great-grandparents, former in-laws, stepparents, stepchildren.
- _____ Information about the Respondent's possible death and, if dead, the date and location of the death.
- _____ Telephone listings in the last known locations of Respondent's residence.
- _____ Internet at <http://www.switchboard.com> or other Internet people finder or the library checked for me.
- _____ Law enforcement arrest and/or criminal records in the last known residential area for Respondent.
- _____ Highway Patrol records in the state of Respondent's last known address.
- _____ Department of Motor Vehicle records in the state of Respondent's last known address.
- _____ Drivers License Bureau: Department of Highway Safety and Motor Vehicles (DHSMV)
- _____ Department of Corrections Records in the state of Respondent's last known address.

_____ Title IV-D (child support enforcement) agency records in the state of Respondent's last known address.
_____ Hospital in the last known area of Respondent's residence.
_____ Utility companies, which include water, sewer, cable TV, and electric, in the last known area of Respondent's residence.
_____ Internet Request to the Armed Services of the U.S. and their printed response as to whether or not there is any information about Respondent.
_____ Tax Assessor's and Tax Collector's Office in the area where Respondent last resided.
_____ Other {explain}: _____

_____.

2. The age of Respondent is [☒ only one box] ☐ known {enter age} _____ or ☐ unknown.

3. **Respondent's current residence**
[☒ only one box]

- ☐ a. Respondent's current residence is unknown to me.
- ☐ b. Respondent's current residence is in some state or country other than Florida, and Respondent's last known address is: _____
_____.
- ☐ c. The Respondent, having residence in Florida, has been absent from Florida for more than 60 days prior to the date of the affidavit, or conceals him(her)self so that process cannot be served personally upon him or her, and I believe there is no person in the state upon whom service of process would bind this absent or concealed Respondent.

4. **Respondent's last known address** as of

{date} _____

Address

City _____ State _____ Zip _____ Telephone No. _____

Respondent's last known employment as

of {date} _____

Address

City _____ State _____ Zip _____ Telephone No. _____

Under penalties of perjury, I declare that I have read this document and the facts stated in it are true.

Dated: _____

Signature of Petitioner: _____

Printed Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

E-mail Address(es): _____

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:

[fill in **all** blanks]

This form was prepared for: *{choose only one}* _____ Petitioner _____ Respondent

This form was completed with the assistance of:

{name of individual}

_____,

{name of business}

_____,

{address}

{city} _____, *{state}* _____, *{zip code}* _____, *{telephone number}*

_____.

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

FAMILY DIVISION

IN RE: THE MARRIAGE OF:

_____,
Petitioner,
and

CASE NO.:

_____,
Respondent.
_____ /

NOTICE OF PUBLICATION

YOU, Respondent _____ whose current
residence is _____
are hereby notified to file your Answer to the Petition for Dissolution of Marriage with
the Clerk of the Court at 175 NW 1st Ave on the 12th floor and mail a copy to the
Petitioner at _____
_____ on or before
the _____ Day of _____, 20 _____ or this Petition for
Dissolution of Marriage filed against you will be taken as confessed.
Dated this _____ Day of _____, 20 _____.

JUAN FERNADEZ-BARQUIN, ESQ.
CLERK OF THE CIRCUIT COURT

By: _____
Deputy Clerk

(Circuit Court Seal)

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 PUBLICATION WITH PROPERTY

YOU, Respondent _____ whose current
residence is _____

are hereby notified that a Petition for Dissolution of Marriage has been filed against you,
and a request for transfer of your interest in the real property legally described as follows:

You are required to file your Answer to the Petition for Dissolution of Marriage with the
Clerk of the Court and mail a copy to the Petitioner at _____

_____ on or before

the _____ Day of _____, 20 _____ or this Petition for
Dissolution of Marriage filed against you will be taken as confessed.

Dated this _____ Day of _____, 20 _____.

HARVEY RUVIN
CLERK OF THE CIRCUIT COURT

By: _____
Deputy Clerk

(Circuit Court Seal)

Notice of Publication with Property

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.

Form F

2. I request the following from the Court: _____

3.

4.

Blank Motion

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,

And

_____,
Respondent.

CASE NO.: FC

_____/ **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

CASE NO.:

_____,
Respondent.
_____ /

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

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

My Occupation: _____ Employed by: _____

Business Address: _____

Pay Rate: \$ _____ ☐ every week; ☐ every other week; ☐ twice a month; ☐ monthly; other _____

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

SECTION I. PRESENT MONTHLY GROSS INCOME

- | | |
|--|-------------|
| 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 _____

E. OTHER EXPENSES NOT LISTED

Clothing \$ _____

Medical/dental (uninsured) _____

Grooming _____

Entertainment _____

Gifts _____

Religious organizations _____

Miscellaneous _____

Other: _____

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: _____

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)	
		petitioner	respondent
☐ 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)	
		petitioner	respondent
☐ 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)	
		petitioner	respondent
☐	\$		
☐			
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)	
		petitioner	respondent
☐	\$		
☐			
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

_____, **CASE NO.:**
Petitioner,
and

_____, **UNIFORM CHILD CUSTODY
JURISDICTION AND ENFORCEMENT ACT
(UCCJEA) AFFIDAVIT**
Respondent.
_____ /

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

Uniform Child Custody Jurisdiction and Enforcement Affidavit (UCCJEA) Page 1

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 _____
Fax Number: _____

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

- _____ 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.
/

**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.
_____ /

III. INDEX OF FORMS

- | | |
|-----------------------------------|---|
| ☐ Form A | Petition for Dissolution of Marriage |
| ☐ Form A-3 | Parties Information Sheet |
| ☐ Form B | Three (3) Letters for Diligent Search |
| ☐ Form C-5 | Acknowledgment of Courses |
| ☐ Form | Affidavit Search & Inquiry on Relatives of Spouse |
| ☐ Form | Armed Services Internet Response |
| ☐ Form C | Affidavit of Diligent Search and Inquiry |
| ☐ Form | Notice of Publication |
| ☐ Form F | Blank Motion and Request for Hearing |
| ☐ Form H | Civil Cover Sheet |
| ☐ Form I | Family Law Financial Affidavit (Short Form) |
| ☐ Form J | UCCJEA |
| ☐ Form K | Notice of Social Security |
| ☐ Form VV | Affidavit of Corroborating Witness |
| ☐ Form | Notice of Related Cases |
| ☐ Form | Acknowledgment of Status Quo Temporary Domestic Relations Order |
| ☐ Form | Self-Help Acknowledgment of Receipt |
| ☐ Form | Designation of Current Mailing and E-Mail Address |

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 Petition)

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,

CASE NO.:

and

_____,
Respondent.

_____/

**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,
and

CASE NO.:

_____,
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 OBLIGACIONES.

_____ 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:

_____,
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 identification: _____