

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

Information You Need to Know:

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

PLEASE READ PRIOR TO APPOINTMENT!!!!!!

The Day of Your Self-Help Appointment

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

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

Bring the following:

- 1. Payment of \$65.00 Self-Help Service Fee and all other applicable fees**
- 2. Completed packet in English and black ink (please type or print legibly!)**
All of your forms must be completed with the correct information prior to your appointment. If you are missing completed forms or are missing information, you will be rescheduled for another date.
- 3. Please bring copies of your most recent W-2's, Pay stubs, etc.**
- 4. Pen - Please use black ink only. (please type or print legibly!)**
- 5. White correction tape or white correction fluid**
- 6. Driver's License, State ID, or US Passport**
- 7. Bring 2 Self-Addressed Envelopes**
- 8. Keep in mind the Clerk's Office hours are from 9:00a.m. to 4:00p.m.**

The Day of Your Final Hearing

You will receive a notice or order in the mail with the date and time of your final hearing.

- 1. Bring copies of your court documents, including a copy of your Marital Settlement Agreement (Form PP), and your Driver's License.**
- 2. Get to the Courthouse early and check in with the Bailiff or Clerk.**
- 3. After your hearing, wait outside the courtroom. The Clerk will walk you down to the Clerk's Office to get certified copies of your Final Judgment. The cost is \$1.00 for the certification and \$1.50 per page**

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

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

Petitioner

Cover Sheet [Form H]

Parties Information Sheet [Form A-3]

Petition for Dissolution of Marriage [Form A]

Acknowledgment of Courses (Form C-5)

Financial Affidavit [Form I]

UCCJEA [Form J]

Notice of Social Security [Form K]

Notice of Final Hearing [Form II]

Index of Forms (top portion only)

Notice of Related Cases

Acknowledgment of Status Quo Temporary Domestic Relations Order

Acknowledgment of Receipt

Both Parties: Marital Settlement Agreement [Form PP] and Overnight Calendar Worksheet

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

Respondent

Answer and Waiver [Form L-2]

Financial Affidavit [Form I]

Notice of Social Security [Form K]

2. 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.

STOP HERE - DO NOT GO TO STEP 3 UNTIL AFTER YOUR SELF HELP APPOINTMENT TO REVIEW AND NOTARIZE YOUR DOCUMENTS

3. **After** your Self-Help appointment, make 2 copies of all your documents:
- Original**: File with the Clerk at 175 N.W. 1st Avenue, 12th Floor at the NEW FILINGS window and pay the filing fee of \$409.00 (payable by cash, money order or credit card).
 - Each party keeps a copy for their records and to bring to the Final Hearing.
4. After the Clerk stamps all of your documents with your new case number, return to Self-Help with the **Notice of Final Hearing, Final Judgment of Dissolution of Marriage, Income Deduction Order** and 2 self-addressed stamped envelopes.
5. You will receive the date of your Final Hearing in the mail in about 4 to 8 weeks. You must file the Parenting and/or Sandcastles certificates before the hearing.

Fee Schedule

Self-Help Fee	\$65.00	<i>cash or credit card or money order</i>
Filing Fee	\$409.00	<i>cash, credit card or money order</i>
Certified Copies	\$1.00 + \$1.50 per page	<i>cash or credit card</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.

Several useful definitions from Florida Statutes 61.046:

“Electronic communication” means contact, other than face-to-face contact, facilitated by tools such as telephones, electronic mail or e-mail, webcams, video-conferencing equipment and software or other wired or wireless technologies, or other means of communication to supplement face-to-face contact between a parent and that parent’s minor child.

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

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

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

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

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

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

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

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

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

SCHEDULE YOUR SELF-HELP APPOINTMENT ONLINE

The Eleventh Judicial Circuit's Self-Help Program (SHP) now provides Self-Represented Litigants (SRL) the ability to schedule their Self-Help appointment online. **Please read the different appointment types carefully below before clicking on the link to schedule your appointment.** <https://www.jud11.flcourts.org/Family-Court-Self-Help-Program>

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 appointment type. After you schedule your appointment online, you will be receiving a confirmation via email and text with appointment details.

FIRST-TIME VISIT: Your packet is fully completed and is ready for Self-Help Paralegal review prior to filing. The Self-Help service fee includes Paralegal review, notarization of court documents, initial procedural information, follow-up procedural information, and procedural information to obtain a hearing.

Example.: To make your appointment online you will select **First-Time Visit Divorce w/ Kids**

WORKSHOP: Need assistance completing your packet prior to filing? The Self-Help Program offers workshops with a Self-Help Paralegal at a nominal fee (see fee schedule online) to help you complete your documents.

Example.: To make a Workshop appointment for a Divorce Kids Agreement packet, you will select **Workshop-Divorce w/ Kids Agreement**

Please note that if both parties are not in agreement you must select "**Workshop-Divorce / Kids No Agreement**" when making your appointment.

- **All Self-Help Fees and applicable fees can be paid at time of your Self-Help appointment.**
- To cancel or reschedule your Self-Help Appointment visit:
<https://www.jud11.flcourts.org/Family-Court-Self-Help-Program> and click on **FIND APPOINTMENT**

Important Information Regarding Your Self-Help Appointment

Need help completing your packet?

A \$80.00-\$100 Workshop 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.


- ❖ **Copy of Marriage License** (*If your Marriage License is in a foreign language, you must also submit a full English translation. The translator must sign a certification that the English language translation is complete and accurate, and that he or she is competent to translate from the foreign language into English. The certification must include the translator's signature.*)

- ❖ **Copy of Petitioner and Respondents Driver's (copies must be enlarged and clear)**

- ❖ **Affidavit of Corroborating Witness Form (if applicable) Affidavit form must be accompanied by a copy of your witness Florida Driver's License or Florida Identification**

- ❖ **2 regular envelopes with 2 post office stamps**





- ❖ **Child(ren)/Adult Birth Certificate(s)** (*If the Birth Certificate(s) is/are in a foreign language, you must also submit a full English translation. The translator must sign a certification that the English language translation is complete and accurate, and that he or she is competent to translate from the foreign language into English. The certification must include the translator's signature.*)

- ❖ **Mandatory Parenting Course Certificate(s) (Class may be taken on-line or in person—additional information included in packet) see form C-5**

- ❖ **If there is a property in your case, you MUST bring the legal description of the property.**

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

FAMILY DIVISION

IN RE: THE MARRIAGE OF:

_____,
Petitioner,

CASE NO.:

and

_____,
Respondent.

_____ /

PETITION FOR DISSOLUTION OF MARRIAGE

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. **GROUNDS:** 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 proceedings.

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

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

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

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

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

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

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

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

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

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

- | | |
|--|--|
| (check days that apply) | (check each week or every other week & if overnight) |
| <input type="checkbox"/> Monday from _____ to _____ | <input type="checkbox"/> each week <input type="checkbox"/> every other week <input type="checkbox"/> overnight |
| <input type="checkbox"/> Tuesday from _____ to _____ | <input type="checkbox"/> each week <input type="checkbox"/> every other week <input type="checkbox"/> overnight |
| <input type="checkbox"/> Wednesday from _____ to _____ | <input type="checkbox"/> each week <input type="checkbox"/> every other week <input type="checkbox"/> overnight |
| <input type="checkbox"/> Thursday from _____ to _____ | <input type="checkbox"/> each week <input type="checkbox"/> every other week <input type="checkbox"/> overnight |
| <input type="checkbox"/> Friday from _____ to _____ | <input type="checkbox"/> each week <input type="checkbox"/> every other week <input type="checkbox"/> overnight |
| <input type="checkbox"/> Saturday from _____ to _____ | <input type="checkbox"/> each week <input type="checkbox"/> every other week <input type="checkbox"/> overnight |
| <input type="checkbox"/> Sunday from _____ to _____ | <input type="checkbox"/> each week <input type="checkbox"/> every other week <input type="checkbox"/> overnight |

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

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

All other time not listed above should be spent with the

- mother**
- father**

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

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

New Year's Eve

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

New Year's Day

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

Martin Luther King Jr. Birthday

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

President's Day

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

Easter

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

Passover

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

Memorial Day

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

Independence Day

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

Labor Day

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

Yom Kippur

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

Columbus Day

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

Veterans Day

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

Thanksgiving

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

Christmas Eve

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

Christmas Day

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

Mother's Day

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

Father's Day

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

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

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

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

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

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

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

December School Break

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

Spring School Break

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

Summer School Break

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

Teacher Work Days

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

Other _____

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

Other _____

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

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

The Mother will have approximately _____ overnights each year.

The Father will have approximately _____ overnights each year

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

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

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

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

10. EQUITABLE DISTRIBUTION OF MARITAL ASSETS AND DEBTS

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

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

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

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

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

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

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

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

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

d. **Marital Home** [one only]

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

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

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

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

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

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

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

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

15. Other relief: _____

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

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

Dated: _____

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

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

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

NOTARY PUBLIC or DEPUTY CLERK

_____ Personally known
_____ Produced identification: _____

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

FAMILY DIVISION

Petitioner, **CASE NO.:**

and

Respondent. **PARTIES INFORMATION**

PETITIONER:

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

RESPONDENT:

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

MINOR CHILDREN:

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

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

FAMILY DIVISION

IN RE:

Petitioner,
and

Respondent.
_____ /

CASE NO.:

ACKNOWLEDGMENT OF COURSES

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

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

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

Parent Education and Family Stabilization Course Providers

COURSE NAME	CLASS LOCATION	REGISTRATION/PROVIDER CONTACT 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 INFORMAION	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 INFORMAION	COURSE INFORMATION
Surviving Divorce: A Parent's Guide	510 East 41st Street Hialeah	(877) 695-4377 (561) 324-3450 Jorgomez65@hotmail.com	Classroom Setting in English. Online in English at www.parentssupportnetwork.com and in Online in Spanish at www.padresparasiempre.com Correspondence available in Creole Indigent Status Accepted
2 Parents 2 Homes	1666 Kennedy Causeway Suite 207 North Bay Village 7601 E Treasure Drive Suite Ground Floor Cu-6 North Bay Village 33141 9620 NE 2 nd Ave Suite 205 Miami Shores 33138 735 NE 72 St Miami 33138 1390 S Dixie Hwy Suite 1106 Coral Gables 33146	Yazmine Marimon, LMHC 1-800-397-1898 www.2parents2homes.com Maritza Montano, MS, PhD 1-800-397-1898 www.2parents2homes.com Rosemary DeFaria, LCSW 1-800-397-1898 www.2parents2homes.com Iris Pitaluga, MS 1-800-397-1898 www.2parents2homes.com	Classroom setting in English Indigent Status on case by case basis

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

SIGNATURE

date

RULES FOR COMPLETING A MOTION

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

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

REGLAS PARA COMPLETAR UNA MOCION

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

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

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

FAMILY DIVISION

IN RE:

_____,
Petitioner,

CASE NO.: _____ **FC**

and

_____,
Respondent.

_____/ **MOTION** _____

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

and in support alleges the following:

1. I am filing this motion because: _____

2. I request the following from the Court: _____

3.

4.

5.

6.

7.

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

Other party or his/her attorney:

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

Dated: _____

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

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

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

NOTARY PUBLIC or DEPUTY CLERK

_____ Personally known
_____ Produced identification: _____

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

FAMILY DIVISION

IN RE:

_____,
Petitioner,

CASE NO.: FC

And

_____,
Respondent.

REQUEST FOR HEARING

1. Motion for which hearing is requested:

2. Amount of time requested: _____

3. Check one of the below:

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

OR

I have been unable to confer with opposing party because:

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

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

Other party or his/her attorney:

Name: _____

Street Address: _____

City, State, Zip: _____

Telephone No.: _____

Dated: _____

Signature of Party: _____

Printed Name: _____

Street Address: _____

City, State, Zip: _____

Telephone No.: _____

E-mail: _____

Request for Hearing

FAMILY COURT COVER SHEET

Case Style: IN RE:

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

Case No.: _____

Respondent.

Judge: _____

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

 Initial Action/Petition Reopening Case Modification/Supplemental Petition Motion for Civil Contempt/Enforcement Other _____

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

 Simplified Dissolution Other Family Court _____ Dissolution of Marriage Name Change Support IV-D (Dept of Revenue, CSE) Paternity/Disestablish Paternity Support Non-IV-D (NOT Dept of Rev) Petition for Dependency UIFSA IV-D (Dept of Revenue, CSE) CINS/FINS UIFSA Non-IV-D (NOT Dept of Revenue,CSE)

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

 No, to the best of my knowledge, no related cases exist. Yes, all related cases are listed on RELATED CASES form.**PARTY SIGNATURE**

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

Party Signature_____
(Type or print your name)_____
Date

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

FAMILY DIVISION

IN RE: THE MARRIAGE OF:

_____,
Petitioner,
and
_____,
Respondent.
_____ /

CASE NO.:

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

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

My Occupation: _____ Employed by: _____

Business Address: _____

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

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

SECTION I. PRESENT MONTHLY GROSS INCOME

- | | |
|--|----------------------------|
| 1. Monthly gross salary or wage | 1. \$ _____ |
| 2. Monthly bonuses, commissions, allowances, overtime, tips, and similar payments | 2. _____ |
| 3. Monthly business income from sources such as self-employment, partnerships, close corporations, and/or independent contracts (gross receipts minus ordinary and necessary expenses required to produce income) (<input type="checkbox"/> 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) (<input type="checkbox"/> 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

- | | |
|--|---|
| <p>A. HOUSEHOLD:</p> <p>Mortgage or rent \$ _____</p> <p>Property taxes _____</p> <p>Utilities _____</p> <p>Telephone _____</p> <p>Food _____</p> <p>Meals outside home _____</p> <p>Maintenance/Repairs _____</p> <p>Other: _____</p> <p>B. AUTOMOBILE</p> <p>Gasoline \$ _____</p> <p>Repairs _____</p> <p>Insurance _____</p> <p>C. CHILD(REN)'S EXPENSES</p> <p>Day Care \$ _____</p> <p>Lunch money _____</p> <p>Clothing _____</p> <p>Grooming _____</p> <p>Gifts for holidays _____</p> <p>Medical/dental (uninsured) _____</p> <p>Other: _____</p> <p>D. INSURANCE</p> <p>Medical/dental \$ _____</p> <p>Child(ren)'s medical/dental _____</p> <p>Life _____</p> <p>Other: _____</p> | <p>E. OTHER EXPENSES NOT LISTED</p> <p>Clothing \$ _____</p> <p>Medical/dental (uninsured) _____</p> <p>Grooming _____</p> <p>Entertainment _____</p> <p>Gifts _____</p> <p>Religious organizations _____</p> <p>Miscellaneous _____</p> <p>Other: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>F. PAYMENTS TO CREDITORS</p> <p>MONTHLY CREDITOR: PAYMENT:</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>28. TOTAL MONTHLY EXPENSES (add ALL monthly amounts in A through F above) 28. \$ _____</p> |
|--|---|

SUMMARY

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

SECTION III. ASSETS AND LIABILITIES

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

A. ASSETS:

DESCRIPTION OF ITEM(S). List a description of each separate item owned by you (and/or your spouse, if this is a petition for dissolution of marriage). LIST ONLY LAST 4 DIGITS OF ACCOUNT NUMBERS. ✓ the box next to any asset(s) which you are requesting the judge award you.	Current Fair Market Value	Nonmarital (✓ correct column)	
		husband	wife
<input type="checkbox"/> Cash (on hand)	\$		
<input type="checkbox"/> Cash (in banks or credit unions)			
<input type="checkbox"/> Stocks, Bonds, and Notes			
<input type="checkbox"/> Real Estate: (Home)			
<input type="checkbox"/> (Other)			
<input type="checkbox"/> Automobiles			
<input type="checkbox"/> Other Personal Property			
<input type="checkbox"/> Retirement Plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)			
<input type="checkbox"/> Other			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> ✓ 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. <input checked="" type="checkbox"/> the box next to any asset(s) which you are requesting the judge award you.	Current Amount Owed	Nonmarital (<input checked="" type="checkbox"/> correct column)	
		husband	wife
<input type="checkbox"/> Mortgages on real estate: First mortgage on home	\$		
<input type="checkbox"/> Second mortgage on home			
<input type="checkbox"/> Other mortgages			
<input type="checkbox"/>			
<input type="checkbox"/> Auto loans			
<input type="checkbox"/>			
<input type="checkbox"/> Charge/credit card accounts			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Other			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> the box next to any contingent assets which you are requesting the judge award you.	Possible Value	Nonmarital (<input checked="" type="checkbox"/> correct column)	
		husband	wife
<input type="checkbox"/>	\$		
<input type="checkbox"/>			
Total Contingent Assets	\$		

Contingent Liabilities <input checked="" type="checkbox"/> the box next to any contingent debts which you believe you should be responsible.	Possible Amount Owed	Nonmarital (<input checked="" type="checkbox"/> correct column)	
		husband	wife
<input type="checkbox"/>	\$		
<input type="checkbox"/>			
Total Contingent Debts	\$		

SECTION IV. CHILD SUPPORT GUIDELINES WORKSHEET

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

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

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

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

Dated: _____

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

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

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

NOTARY PUBLIC or DEPUTY CLERK

_____ Personally known
_____ Produced identification: _____

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

FAMILY DIVISION

IN RE: THE MARRIAGE OF:

_____,
Petitioner,
and
_____,
Respondent.
_____ /

CASE NO.:

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

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

My Occupation: _____ Employed by: _____

Business Address: _____

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

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

SECTION I. PRESENT MONTHLY GROSS INCOME

- 1. Monthly gross salary or wage 1. \$ _____
- 2. Monthly bonuses, commissions, allowances, overtime, tips, and similar payments 2. _____
- 3. Monthly business income from sources such as self-employment, partnerships, close corporations, and/or independent contracts (gross receipts minus ordinary and necessary expenses required to produce income) (Attach sheet itemizing such income and expenses.) 3. _____
- 4. Monthly disability benefits / SSI 4. _____
- 5. Monthly Worker's Compensation 5. _____
- 6. Monthly Unemployment Compensation 6. _____
- 7. Monthly pension retirement or annuity payments 7. _____
- 8. Monthly Social Security benefits 8. _____
- 9. Monthly alimony actually received
 - 9a. From this case \$ _____
 - 9b. From other case(s) \$ _____
- 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. _____
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FLORIDA STATUTES (Add lines 18-25) **TOTAL** **26. \$** _____
- 27. PRESENT NET MONTHLY INCOME** (Subtract line 26 from line 17) **27. \$** _____

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- | | |
|--|---|
| <p>A. HOUSEHOLD:</p> <p>Mortgage or rent \$ _____</p> <p>Property taxes _____</p> <p>Utilities _____</p> <p>Telephone _____</p> <p>Food _____</p> <p>Meals outside home _____</p> <p>Maintenance/Repairs _____</p> <p>Other: _____</p> <p>B. AUTOMOBILE</p> <p>Gasoline \$ _____</p> <p>Repairs _____</p> <p>Insurance _____</p> <p>C. CHILD(REN)'S EXPENSES</p> <p>Day Care \$ _____</p> <p>Lunch money _____</p> <p>Clothing _____</p> <p>Grooming _____</p> <p>Gifts for holidays _____</p> <p>Medical/dental (uninsured) _____</p> <p>Other: _____</p> <p>D. INSURANCE</p> <p>Medical/dental \$ _____</p> <p>Child(ren)'s medical/dental _____</p> <p>Life _____</p> <p>Other: _____</p> | <p>E. OTHER EXPENSES NOT LISTED</p> <p>Clothing \$ _____</p> <p>Medical/dental (uninsured) _____</p> <p>Grooming _____</p> <p>Entertainment _____</p> <p>Gifts _____</p> <p>Religious organizations _____</p> <p>Miscellaneous _____</p> <p>Other: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>F. PAYMENTS TO CREDITORS</p> <p>MONTHLY CREDITOR: PAYMENT:</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>28. TOTAL MONTHLY EXPENSES (add ALL monthly amounts in A through F above) 28. \$ _____</p> |
|--|---|

SUMMARY

- 29. TOTAL PRESENT MONTHLY NET INCOME**
(from line 27 of SECTION I. INCOME) 29. \$ _____
- 30. TOTAL MONTHLY EXPENSES** (from line 28) 30. \$ _____
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This is the amount of your surplus. Enter that amount here.) 31. \$ _____
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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. <input type="checkbox"/> the box next to any asset(s) which you are requesting the judge award you.	Current Fair Market Value	Nonmarital (<input checked="" type="checkbox"/> correct column)	
		husband	wife
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<input type="checkbox"/> Cash (in banks or credit unions)			
<input type="checkbox"/> Stocks, Bonds, and Notes			
<input type="checkbox"/> Real Estate: (Home)			
<input type="checkbox"/> (Other)			
<input type="checkbox"/> Automobiles			
<input type="checkbox"/> Other Personal Property			
<input type="checkbox"/> Retirement Plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)			
<input type="checkbox"/> Other			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> the box next to any asset(s) which you are requesting the judge award you.	Current Amount Owed	Nonmarital (<input checked="" type="checkbox"/> correct column)	
		husband	wife
<input type="checkbox"/> Mortgages on real estate: First mortgage on home	\$		
<input type="checkbox"/> Second mortgage on home			
<input type="checkbox"/> Other mortgages			
<input type="checkbox"/>			
<input type="checkbox"/> Auto loans			
<input type="checkbox"/>			
<input type="checkbox"/> Charge/credit card accounts			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Other			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> <input checked="" type="checkbox"/> here if additional pages are attached.			
Total Debts (add Current Amount Owed Column)	\$		

C. CONTINGENT ASSETS AND LIABILITIES:

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		husband	wife
<input type="checkbox"/>	\$		
<input type="checkbox"/>			
Total Contingent Assets	\$		

Contingent Liabilities <input checked="" type="checkbox"/> the box next to any contingent debts which you believe you should be responsible.	Possible Amount Owed	Nonmarital (<input checked="" type="checkbox"/> correct column)	
		husband	wife
<input type="checkbox"/>	\$		
<input type="checkbox"/>			
Total Contingent Debts	\$		

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_____ **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:

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

THE FOLLOWING INFORMATION IS TRUE ABOUT CHILD #1:

Child's Full Legal Name: _____
Place of Birth: _____ Date of Birth: _____ Sex: _____
Child's Residence for the past 5 years:

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

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

THE FOLLOWING INFORMATION IS TRUE ABOUT CHILD #2:

Child's Full Legal Name: _____

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

Child's Residence for the past 5 years:

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

THE FOLLOWING INFORMATION IS TRUE ABOUT CHILD # 3:

Child's Full Legal Name: _____

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

Child's Residence for the past 5 years:

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

2. Participation in custody proceeding(s): [one]:

_____ I HAVE NOT participated as a party, witness, or in any capacity in any other litigation or custody proceeding in this or any other state concerning custody of a child subject to this proceeding.

_____ I HAVE participated as a party, witness, or in any capacity in any other litigation or custody proceeding in this or another state, concerning custody of a child subject to this proceeding.

Explain:

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

3. Information about custody proceeding(s): [one only]

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

_____ I HAVE THE FOLLOWING INFORMATION concerning a custody proceeding pending in a court of this or another state concerning a child subject to this proceeding, other than set out in item (2).

Explain:

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

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

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

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

a. Name and address of person: _____

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

Name of each child: _____

b. Name and address of person: _____

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

Name of each child: _____

c. Name and address of person: _____

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

Name of each child: _____

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

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

- a. Name of each child:_____
- b. Type of proceeding: _____
- c. Court and Address:_____
- d. Date of court order or judgment (if any):_____
- e. Amount of child support paid and by whom: _____

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

I certify that a copy of this document was [one only] () mailed () faxed and mailed () hand delivered to the person(s) listed below on {date}_____

Other party or his/her attorney:

Name: _____
 Address: _____
 City, State, Zip _____
 Email: _____

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

Dated: _____

Signature of Party:_____

Printed Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

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

NOTARY PUBLIC-STATE OF FLORIDA

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

_____Personally known

_____Produced identification

Type of identification produced _____

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [fill in all blanks]

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

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

FAMILY DIVISION

IN RE: THE MARRIAGE OF:

Petitioner,
and

Respondent.
_____ /

CASE NO.:

NOTICE OF SOCIAL SECURITY

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

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

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

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

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

Dated: _____

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

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

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

NOTARY PUBLIC or DEPUTY CLERK

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

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

FAMILY DIVISION

IN RE: THE MARRIAGE OF:

Petitioner,
and

Respondent.
_____ /

CASE NO.:

NOTICE OF SOCIAL SECURITY

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

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

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

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

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

Dated: _____

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

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

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

NOTARY PUBLIC or DEPUTY CLERK

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

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

FAMILY DIVISION

IN RE: THE MARRIAGE OF:

Petitioner,

CASE NO.: FC

and

Respondent.

_____ /

ANSWER AND WAIVER

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

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

5. Respondent requests her name be restored to: _____

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

Other party or his/her attorney:

Name: _____

Street Address: _____

City, State, Zip: _____

Telephone No.:: _____

Dated: _____

Signature of Party: _____

Printed Name: _____

Street Address: _____

City, State, Zip: _____

Telephone No.: _____

E-mail: _____

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

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

NOTARY PUBLIC or DEPUTY CLERK

_____ Personally known

_____ Produced identification: _____

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.: FC

**NOTICE OF FINAL UNCONTESTED
HEARING**

TO: (Other Person)

Name: _____

Street Address: _____

City, State, Zip: _____

Telephone No.: _____

E-mail: _____

YOU ARE HEREBY NOTIFIED that the action in the above styled case is scheduled for a Final Uncontested Hearing on _____ at _____ a.m. / p.m. before the **Honorable** _____ at the Lawson E. Thomas Courthouse Center, 175 N.W. 1st Avenue, _____ Floor, Courtroom _____, Miami, Florida 33128.

**FAILURE TO APPEAR COULD RESULT
IN THE DISMISSAL OF THIS ACTION.**

You must bring one of the following to the Final Hearing: (1) a Florida Driver's License or ID issued 6 months prior to the date the petition was filed, (2) a Florida Voter's Registration Card originally issued 6 months prior to the date the petition was filed, or (3) a residency witness.

Please bring a copy of your court documents, including a copy of your **Marital Settlement Agreement (Form PP).**

A court reporter is not required in the Uncontested Final Hearings. If you wish to have a record of the proceeding you may arrange in advance at your own expense for a court reporter to appear at the hearing or you may utilize the services of the available pool court reporter for a \$15.00 (cash only) court reporter fee.

I certify that a copy of the foregoing was mailed to the person listed above.

Dated: _____

Signature of Party: _____

Printed Name: _____

Street Address: _____

City, State, Zip: _____

Telephone No.: _____

E-mail: _____

If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact the Eleventh Judicial Circuit Court’s ADA Coordinator, Lawson E. Thomas Courthouse Center, 175 NW 1st Ave., Suite 2400, Miami, FL 33128, Telephone (305) 349-7175; TDD (305) 349-7174, Fax (305) 349-7355 at least 7 days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than 7 days; if you are hearing or voice impaired, call 711.

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

FAMILY DIVISION

IN RE: THE MARRIAGE OF:

_____,
Petitioner,
and

CASE NO.:

FC

_____,
Respondent.

_____ /

**MARITAL SETTLEMENT AGREEMENT
FOR DISSOLUTION OF MARRIAGE**

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

WITNESSETH:

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

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

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

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

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

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

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

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

a. The Husband will keep the following belongings:

b. The Wife will keep the following belongings:

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

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

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

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

_____.

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

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

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

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

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

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

_____.

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

MINOR CHILDREN

5. JURISDICTION

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

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

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

Venue is proper in Miami Dade County.

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

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

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

_____.

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

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

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

- | | |
|--|--|
| (check days that apply) | (check each week or every other week & if overnight) |
| <input type="checkbox"/> Monday from _____ to _____ | <input type="checkbox"/> each week <input type="checkbox"/> every other week <input type="checkbox"/> overnight |
| <input type="checkbox"/> Tuesday from _____ to _____ | <input type="checkbox"/> each week <input type="checkbox"/> every other week <input type="checkbox"/> overnight |
| <input type="checkbox"/> Wednesday from _____ to _____ | <input type="checkbox"/> each week <input type="checkbox"/> every other week <input type="checkbox"/> overnight |
| <input type="checkbox"/> Thursday from _____ to _____ | <input type="checkbox"/> each week <input type="checkbox"/> every other week <input type="checkbox"/> overnight |
| <input type="checkbox"/> Friday from _____ to _____ | <input type="checkbox"/> each week <input type="checkbox"/> every other week <input type="checkbox"/> overnight |
| <input type="checkbox"/> Saturday from _____ to _____ | <input type="checkbox"/> each week <input type="checkbox"/> every other week <input type="checkbox"/> overnight |
| <input type="checkbox"/> Sunday from _____ to _____ | <input type="checkbox"/> each week <input type="checkbox"/> every other week <input type="checkbox"/> 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:	<input type="checkbox"/> Every Year <input type="checkbox"/> Even Years <input type="checkbox"/> Odd Years	<input type="checkbox"/> overnight
Father:	<input type="checkbox"/> Every Year <input type="checkbox"/> Even Years <input type="checkbox"/> Odd Years	<input type="checkbox"/> overnight
Other:	_____	

New Year's Day

Mother:	<input type="checkbox"/> Every Year <input type="checkbox"/> Even Years <input type="checkbox"/> Odd Years	<input type="checkbox"/> overnight
Father:	<input type="checkbox"/> Every Year <input type="checkbox"/> Even Years <input type="checkbox"/> Odd Years	<input type="checkbox"/> overnight
Other:	_____	

Martin Luther King Jr. Birthday

Mother:	<input type="checkbox"/> Every Year <input type="checkbox"/> Even Years <input type="checkbox"/> Odd Years	<input type="checkbox"/> overnight
Father:	<input type="checkbox"/> Every Year <input type="checkbox"/> Even Years <input type="checkbox"/> Odd Years	<input type="checkbox"/> overnight
Other:	_____	

President's Day

Mother:	<input type="checkbox"/> Every Year <input type="checkbox"/> Even Years <input type="checkbox"/> Odd Years	<input type="checkbox"/> overnight
Father:	<input type="checkbox"/> Every Year <input type="checkbox"/> Even Years <input type="checkbox"/> Odd Years	<input type="checkbox"/> overnight
Other:	_____	

Easter

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

Passover

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

Memorial Day

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

Independence Day

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

Labor Day

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

Yom Kippur

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

Columbus Day

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

Veterans Day

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

Thanksgiving

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

Form PP

Christmas Eve

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

Christmas Day

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

Mother's Day

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

Father's Day

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

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

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

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

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

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

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

December School Break

Mother: Every Year Even Years Odd Years overnight

Father: Every Year Even Years Odd Years overnight

Other (please specify): _____

Spring School Break

Mother: Every Year Even Years Odd Years overnight

Father: Every Year Even Years Odd Years overnight

Other (please specify): _____

Summer School Break

Mother: Every Year Even Years Odd Years overnight

Father: Every Year Even Years Odd Years overnight

Other (please specify): _____

Teacher Work Days

Mother: Every Year Even Years Odd Years overnight

Father: Every Year Even Years Odd Years overnight

Other: _____

Other

Mother: Every Year Even Years Odd Years overnight

Father: Every Year Even Years Odd Years overnight

Other: _____

Other

Mother: Every Year Even Years Odd Years overnight

Father: Every Year Even Years Odd Years overnight

Other: _____

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

The Mother will have approximately _____ overnights each year.

The Father will have approximately _____ overnights each year.

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

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

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

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

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

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

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

_____,
with the first arrears payment being due on _____

13. **MEDICAL / DENTAL INSURANCE** The parties agree that medical/dental insurance for the minor child(ren) shall be provided as follows:

- a. ____ By the Father
- b. ____ By the Mother
- c. ____ Shared by the parties: {specify} _____

14. **UNCOVERED MEDICAL/DENTAL EXPENSES** The parties agree that other medical/dental expenses for the minor child(ren) not covered by insurance shall be provided as follows:

- a. ____ By the Father
- b. ____ By the Mother
- c. ____ Shared by the parties: {specify} _____

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

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

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

_____.

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

Dated: _____

Husband's Signature: _____

Printed Name: _____

Street Address: _____

City, State, Zip: _____

Telephone No.: _____

E-mail: _____

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

Sworn to or affirmed and signed before me on _____ by

_____.

NOTARY PUBLIC or DEPUTY CLERK

_____ Personally known

_____ Produced identification: _____

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

Dated: _____

Wife's Signature: _____

Printed Name: _____

Street Address: _____

City, State, Zip: _____

Telephone No.: _____

E-mail: _____

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

Sworn to or affirmed and signed before me on _____ by

_____.

NOTARY PUBLIC or DEPUTY CLERK

_____ Personally known

_____ Produced identification: _____

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

FAMILY DIVISION

IN RE: THE MARRIAGE OF:

Petitioner,
and

CASE NO.: FC

Respondent.
/

**AFFIDAVIT OF CORROBORATING
WITNESS**

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

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

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

Dated: _____

Signature of Witness: _____
Printed Name: _____
Street Address: _____
City, State, Zip: _____
Telephone No.: _____

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

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

NOTARY PUBLIC or DEPUTY CLERK

Personally known

Produced identification: _____
Affidavit of Corroborating Witness

IN AND FOR MIAMI-DADE COUNTY,

IN RE: THE MARRIAGE OF:

_____,
Petitioner,
and

CASE NO.:

_____,
Respondent.
_____ /

INDEX OF FORMS

- Form A Petition for Dissolution of Marriage
- Form A-3 Parties Information Sheet
- Form C-5 Acknowledgment of Courses
- Form F Blank Motion and Request for Hearing
- Form H Civil Cover Sheet
- Form I Family Law Financial Affidavit (Petitioner)
- Form I Family Law Financial Affidavit (Respondent)
- Form J UCCJEA
- Form K Notice of Social Security (Petitioner)
- Form K Notice of Social Security (Respondent)
- Form L-2 Answer and Waiver
- Form PP Marital Settlement Agreement
- Form Child Support Guidelines Worksheet
- Form II Notice of Final Uncontested Hearing
- Form VV Affidavit of Corroborating Witness
- Form Notice of Related Cases
- Form Acknowledgment of Status Quo Temporary Domestic Relations Order
- Form Acknowledgment of Receipt

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: _____

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

FAMILY DIVISION

IN RE:

Petitioner,

CASE NO.:

FC

and

Respondent.

INCOME WITHHOLDING FOR SUPPORT ORDER AND FLORIDA ADDENDUM

- ORIGINAL INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)
- AMENDED IWO
- ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT
- TERMINATION of IWO Date: _____

Child Support Enforcement (CSE) Agency Court Attorney Private Individual/Entity (Check One)

NOTE: This IWO must be regular on its face. Under certain circumstances you must reject this IWO and return it to the sender (see IWO instructions http://www.acf.hhs.gov/programs/cse/forms/OMB-0970-0154_instructions.pdf). If you receive this document from someone other than a State or Tribal CSE agency or a Court, a copy of the underlying order must be attached.

State/Tribe/Territory FLORIDA Remittance Identifier (include w/payment) _____
 City/County/Dist./Tribe MIAMI-DADE Order Identifier _____
 Private Individual/Entity _____ CSE Agency Case Identifier _____

_____ Employer/Income Withholder's Name	RE: _____ Employee/Obligor's Name (Last, First, Middle)
_____ Employer/Income Withholder's Address	_____ Employee/Obligor's Social Security Number
_____ Employer/Income Withholder's FEIN	_____ Custodial Party/Obligee's Name (Last, First, Middle)
Child(ren)'s Names(s) (Last, First, Middle) _____ _____ _____ _____ _____	Child(ren)'s Birth Date(s) _____ _____ _____ _____ _____

ORDER INFORMATION: This document is based on the support or withholding order from FLORIDA (State). You are required by law to deduct these amounts from the employee/obligor's income until further notice.

\$ Per current child support
\$ Per past-due child support-Arrears greater than 12 weeks? yes no
\$ Per current cash medical support
\$ Per past-due cash medical support
\$ Per current spousal support
\$ Per past-due spousal support
\$ Per other (must specify)
for a Total Amount to Withhold of \$ per

AMOUNTS TO WITHHOLD: You do not have to vary your pay cycle to be in compliance with the Order Information. If your pay cycle does not match the ordered payment cycle, withhold one of the following amounts:

\$ per weekly pay period \$ per semimonthly pay period (twice a month)
\$ per biweekly pay period (every two weeks) \$ per monthly pay period
Lump Sum Payment: Do not stop any existing IWO unless you receive a termination order.

REMITTANCE INFORMATION: If the employee/obligor's principal place of employment is FLORIDA (State), you must begin withholding no later than the first pay period that occurs 14 days after the date of service of this IWO. Send payment within 2 working days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, withhold up to 65% of disposable income for all orders. If the employee/obligor's principal place of employment is not FLORIDA (State), obtain withholding limitations, time requirements, and any allowable employer fees at http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm for the employee/obligor's principal place of employment.

For electronic payment requirements and centralized payment collection and disbursement facility information (State Disbursement Unit [SDU]), see http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm.

Include the Remittance Identifier with the payment and if necessary this FIPS code:

Remit payment to STATE OF FLORIDA DISBURSEMENT UNIT (SDU/Tribal Order Payee)
at P.O. BOX 8500, TALLAHASSEE, FL 32314-8500 (SDU/Tribal Payee Address)

Return to Sender [Completed by Employer/Income Withholder]. Payment must be directed to an SDU in accordance with 42 USC §666(b)(5) and (b)(6) or Tribal Payee (see Payments to SDU below). If payment is not directed to an SDU/Tribal Payee or this IWO is not regular on its face, you must check this box and return the IWO to the sender.

Signature of Judge/Issuing Official (if required by State or Tribal law):
Print Name of Judge/Issuing Official:
Title of Judge/Issuing Official:
Date of Signature:

SEE PAGE 7
BELOW

If the employee/obligor works in a State or for a Tribe that is different from the State or Tribe that issued this order, a copy of this IWO must be provided to the employee/obligor.

If checked, the employer/income withholder must provide a copy of this form to the employee/obligor.

ADDITIONAL INFORMATION FOR EMPLOYERS/INCOME WITHHOLDERS

State-specific contact and withholding information can be found on the Federal Employer Services website located at:
http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm

Priority: Withholding for support has priority over any other legal process under State law against the same income (USC 42 §666(b)(7)). If a Federal tax levy is in effect, please notify the sender.

Combining Payments: When remitting payments to an SDU or Tribal CSE agency, you may combine withheld amounts from more than one employee/obligor's income in a single payment. You must, however, separately identify each employee/obligor's portion of the payment.

Payments To SDU: You must send child support payments payable by income withholding to the appropriate SDU or to a Tribal CSE agency. If this IWO instructs you to send a payment to an entity other than an SDU (e.g., payable to the custodial party, court, or attorney), you must check the box above and return this notice to the sender. Exception: If this IWO was sent by a Court, Attorney, or Private Individual/Entity and the initial order was entered before January 1, 1994 or the order was issued by a Tribal CSE agency, you must follow the "Remit payment to" instructions on this form.

Reporting the Pay Date: You must report the pay date when sending the payment. The pay date is the date on which the amount was withheld from the employee/obligor's wages. You must comply with the law of the State (or Tribal law if applicable) of the employee/obligor's principal place of employment regarding time periods within which you must implement the withholding and forward the support payments.

Multiple IWOs: If there is more than one IWO against this employee/obligor and you are unable to fully honor all IWOs due to Federal, State, or Tribal withholding limits, you must honor all IWOs to the greatest extent possible, giving priority to current support before payment of any past-due support. Follow the State or Tribal law/procedure of the employee/obligor's principal place of employment to determine the appropriate allocation method.

Lump Sum Payments: You may be required to notify a State or Tribal CSE agency of upcoming lump sum payments to this employee/obligor such as bonuses, commissions, or severance pay. Contact the sender to determine if you are required to report and/or withhold lump sum payments.

Liability: If you have any doubts about the validity of this IWO, contact the sender. If you fail to withhold income from the employee/obligor's income as the IWO directs, you are liable for both the accumulated amount you should have withheld and any penalties set by State or Tribal law/procedure.

Anti-discrimination: You are subject to a fine determined under State or Tribal law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against an employee/obligor because of this IWO.

Employer's Name: _____ Employer FEIN: _____
Employee/Obligor's Name: _____
CSE Agency Case Identifier: _____ Order Identifier: _____

Withholding Limits: You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (CCPA) (15 U.S.C. 1673(b)); or 2) the amounts allowed by the State or Tribe of the employee/obligor's principal place of employment (see *REMITTANCE INFORMATION*). Disposable income is the net income left after making mandatory deductions such as: State, Federal, local taxes; Social Security taxes; statutory pension contributions; and Medicare taxes. The Federal limit is 50% of the disposable income if the obligor is supporting another family and 60% of the disposable income if the obligor is not supporting another family. However, those limits increase 5% - to 55% and 65% - if the arrears are greater than 12 weeks. If permitted by the State or Tribe, you may deduct a fee for administrative costs. The combined support amount and fee may not exceed the limit indicated in this section.

For Tribal orders, you may not withhold more than the amounts allowed under the law of the issuing Tribe. For Tribal employers/income withholders who receive a State IWO, you may not withhold more than the lesser of the limit set by the law of the jurisdiction in which the employer/income withholder is located or the maximum amount permitted under section 303(d) of the CCPA (15 U.S.C. 1673 (b)).

Depending upon applicable State or Tribal law, you may need to also consider the amounts paid for health care premiums in determining disposable income and applying appropriate withholding limits.

Arrears greater than 12 weeks? If the *Order Information* does not indicate that the arrears are greater than 12 weeks, then the Employer should calculate the CCPA limit using the lower percentage.

Additional Information: _____

NOTIFICATION OF EMPLOYMENT TERMINATION OR INCOME STATUS: If this employee/obligor never worked for you or you are no longer withholding income for this employee/obligor, an employer must promptly notify the CSE agency and/or the sender by returning this form to the address listed in the Contact Information below:

This person has never worked for this employer nor received periodic income.

- This person no longer works for this employer nor receives periodic income.
- This person no longer works for this employer nor receives periodic income.

Please provide the following information for the employee/obligor:

Termination date: _____ Last known phone number: _____

Last known address: _____

Final payment date to SDU/ Tribal Payee: _____ Final payment amount: _____

New employer's name: _____

New employer's address: _____

CONTACT INFORMATION:

To Employer/Income Withholder: If you have any questions, contact _____ (Issuer name) by phone at _____, by fax at _____, by email or website at: _____.

Send termination/income status notice and other correspondence to: _____ (Issuer address).

To Employee/Obligor: If the employee/obligor has questions, contact _____ (Issuer name) by phone at _____, by fax at _____, by email or website at _____.

IMPORTANT: The person completing this form is advised that the information may be shared with the employee/obligor.

FLORIDA ADDENDUM

THE PAYOR, {name} _____, **IS HEREBY NOTIFIED** that, under sections 61.13 and 61.1301, Florida Statutes, you have the responsibilities and rights set forth below with regard to the Income Withholding Order/Notice for Support:

1. The Income Withholding Order/Notice for Support is enforceable against employers specifically listed upon the form as well as **all subsequent employers/payors** of Obligor, {name} _____, {address} _____.
2. You are required to deduct from the obligor’s income the amount specified in the income withholding order, and in the case of a delinquency the amount specified in the notice of delinquency, and to pay that amount to the State of Florida Disbursement Unit. The amount actually deducted plus all administrative charges shall not be excess of the amount allowed under s. 303(b) of the Consumer Credit Protection Act, 15 U.S.C. §1673(b), as amended.
3. You must implement income deduction no later than the first payment date which occurs more than 14 days after the date the income deduction order was served on you, and you shall conform the amount specified in the income withholding order to the obligor’s pay cycle. The court should request at the time of the order that the payment cycle will reflect that of the obligor.
4. You must forward, within 2 days after each date the obligor is entitled to payment from you, to the State of Florida Disbursement Unit, the amount deducted from the obligor’s income, a statement as to whether the amount totally or partially satisfies the periodic amount specified in the income withholding order, and the specific date each deduction is made. If the IV-D agency is enforcing the order, you shall make these notifications to the agency.
5. If you fail to deduct the proper amount from the obligor’s income, you are liable for the amount you should have deducted, plus costs, interest, and reasonable attorneys’ fees.
6. You may collect up to \$5 against the obligor’s income to reimburse you for administrative costs for the first income deduction and up to \$2 for each deduction thereafter.
7. The Income Withholding Order/Notice for Support is binding on you until further notice by court order or until you no longer provide income to the obligor.
8. When you no longer provide income to the obligor, you shall notify the obligee, {name} _____ {address} _____, and provide the obligor’s last known address and the name and address of the obligor’s new payor, if known utilizing the form contained within the Income Withholding Order/Notice for Support. If you violate this provision, you are subject to a civil penalty not to exceed \$250 for the first violation or \$500 for any subsequent violation. If the IV-D agency is enforcing the order, you shall make these notifications to the agency instead of the obligee. Penalties shall be paid to the obligee or the IV-D agency, whichever is enforcing the income deduction order.
9. You shall not discharge, refuse to employ, or take disciplinary action against an obligor because of the requirement for income deduction. A violation of this provision subjects you to a civil penalty not to exceed \$250 for the first violation or \$500 for any subsequent violation. Penalties shall be paid to the obligee or the IV-D agency, whichever is enforcing the income deduction, if any alimony or child support obligation is owing. If no alimony or child support obligation is owing, the penalty shall be paid to the obligor.
10. The obligor may bring a civil action in the courts of this state against a payor who refuses to employ, discharges, or otherwise disciplines an obligor because of income deduction. The obligor is entitled to reinstatement of all wages and benefits lost, plus reasonable attorneys’ fees and costs incurred.
11. In a Title IV-D case, if an obligation to pay current support is reduced or terminated due to the emancipation of a child and the obligor owes an arrearage, retroactive support, delinquency, or costs, income deduction continues at the rate in effect immediately prior to emancipation until all arrearages, retroactive support, delinquencies, and costs are paid in full or until the amount of withholding is modified.
12. All notices to the obligee shall be sent to the address provided in this notice to payor, or anyplace thereafter the obligee requests in writing.

- 13. An employer who employed 10 or more employees in any quarter during the preceding state fiscal year or who was subject to and paid tax to the Department of Revenue in an amount of \$20,000 or more shall remit support payments deducted pursuant to an income deduction order or income deduction notice and provide associated case data to the State Disbursement Unit by electronic means approved by the department. Payors who are required to remit support payments electronically can find more information on how to do so by accessing the State Disbursement Unit’s website at www.floridasdu.com and clicking on “Payments.” Payment options include Expert Pay, Automated Clearing House (ACH) credit through your financial institution, www.myfloridasdu.com, or Western Union. Payors may contact the SDU Customer Service Employer telephone line at 1-888-883-0743.
- 14. The amount of arrears owed, if any, is \$_____. You must withhold an additional twenty percent (20%) or more of the ongoing periodic obligation towards same at the rate of \$_____ per _____ until full payment is made of any arrearage, attorney's fees and costs – provided that no deduction shall be applied to attorney's fees and costs until the full amount of any arrearage is paid. If a delinquency accrues after the order establishing, modifying, or enforcing support has been entered and there is no existing order for repayment of the delinquency or a pre-existing arrearage, a payor shall deduct \$_____ per _____ (which represents an additional twenty percent (20%) of the current support obligation, or other amount agreed to by the parties) until the delinquency and any attorneys’ fees and costs are paid in full. No deduction may be applied to attorneys’ fees and costs until the delinquency is paid in full.
- 15. Pursuant to sections 61.13 and 61.1301, Florida Statutes, the amounts listed for payment on the Income Withholding Order must be varied by the employer/payor for bonus income, or similar one-time payment.

You shall deduct [Choose only **one**] (___) the full amount, (___) _____%, or (___) none of the income which is payable to the obligor in the form of a bonus or other similar one-time payment, up to the amount of arrearage reported in the Income Deduction Order or the remaining balance thereof, and forward the payment to the State of Florida Disbursement Unit. For purposes of this subparagraph, “bonus” means a payment in addition to an obligor's usual compensation and which is in addition to any amounts contracted for or otherwise legally due and shall not include any commission payments due an obligor.
- 16. Child Support Reduction/Termination Schedule. Child support amount listed on this IWO shall be automatically reduced or terminated as set forth in the following schedule:

Please list children by from eldest to youngest		Insert in this column the day, month, and year the child support obligation terminates for each designated child (see ions)		Insert in this column the amount of child support for all minor children remaining (including designated child)
Child 1 (Eldest) Initials & year of birth:	From the effective date of this Income Deduction Order until the following date:		child support for and all other younger child(ren) should be in the following amount:	
Child 2 Initials & year of birth:	After the date set forth in the row above until the following date:		child support for and all other younger child(ren) should be in the following amount:	
Child 3 Initials & year of birth:	After the date set forth in the row above until the following date:		child support for and all other younger child(ren) should be in the following amount:	
Child 4 Initials & year of birth:	After the date set forth in the row above until the following date:		child support for and all other younger child(ren) should be in the following amount:	

Child 5 Initials & year of birth:	After the date set forth the row above until the following date:		child support for Child and all other younger child(ren) should be the following monthly amount:	
Child 6 Initials & year of birth:	After the date set forth the row above until the following date:		child support for Child and all other younger child(ren) should be the following monthly amount:	

(Continue on additional pages for additional children)

NOTE: This change only relates to the amount of the ongoing child support obligation portion of the payments listed in the first page of this Income Withholding Order. If there is a child support arrearage in a Title IV-D case, the amount will not be reduced due to the child no longer being eligible for ongoing support pursuant to par. 11 above.

17. Additional information regarding the implementation of income deduction may be found at www.florida.sdu.com.

DONE AND ORDERED in Chambers at Miami-Dade County, Florida this

_____ day of _____, 20_____.

CIRCUIT COURT JUDGE

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

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

OVERNIGHT CALENDAR WORKSHEET (Attachment to Marital Settlement Agreement)

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

January

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

February

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

March

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

Special Occasions/ Holidays

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

Special Occasions/ Holidays

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

Special Occasions/ Holidays

Spring Break
Other: _____
Other: _____
Other: _____

April

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

May

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

June

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

Special Occasions/ Holidays

Easter
Spring Break
Other: _____
Other: _____

Special Occasions/ Holidays

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

Special Occasions/ Holidays

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

OVERNIGHT CALENDAR WORKSHEET (Cont.)

July

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

Special Occasions/ Holidays

Independence Day
Summer Break
Other: _____
Other: _____

August

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

Special Occasions/ Holidays

Summer Break
Other: _____
Other: _____
Other: _____

September

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

Special Occasions/ Holidays

Labor Day
Rosh Hashanah
Yom Kippur
Other: _____

October

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

Special Occasions/ Holidays

Columbus Day
Other: _____
Other: _____
Other: _____

November

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

Special Occasions/ Holidays

Veterans Day
Thanksgiving
Other: _____
Other: _____

December

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

Special Occasions/ Holidays

Christmas Eve
Christmas Day
December School Break
Other: _____

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

STEP 3: Take 365 days and subtract the above number
365 - _____ (above number) = _____, which is the total number of overnights of the parent with the most overnights.

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

FAMILY DIVISION

IN RE:

_____,

Petitioner,

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