

**INSTRUCTIONS FOR MODIFICATION OF PARENTAL
RESPONSIBILITY, PARENTING PLAN/TIME SHARING SCHEDULE
AND IF DESIRED CHILD SUPPORT OF FINAL JUDGMENT -
(where the parties are in agreement)**

- You need this packet to modify the Parental Responsibility and/or Parenting Plan/Timesharing Schedule provisions contained in your Final Judgment or Final Order because of a substantial change in circumstance and the parties are in **agreement**.

 - 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.
-

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.

Bring the following:

1. Completed forms in English and black ink. **(please type or print legibly!)**
2. Pen (black ink) **(please type or print legibly!)**
3. Driver's License, State ID, or Passport
4. Applicable Fees
5. Keep in mind the Clerk's Office hours are from 9:00a.m. to 4:00p.m.

Who is your Judge?

Look at your case number, match the number following the FC with the Judge:

For example if: 2004-12345 FC 14 Then look at Section 14

	SECTION	JUDGE	ROOM	TELEPHONE
<input type="checkbox"/>	01	Judge Ivonne Cuesta	Room 2926	(305) 349-6162
<input type="checkbox"/>	02	Judge Stacy D. Glick	Room 2128	(305) 349-6110
<input type="checkbox"/>	07	Judge Oscar Rodriguez-Fontz	Room 2926	(305) 349-5681
<input type="checkbox"/>	12	Judge David Young	Room 1915	(305) 349-5738
<input type="checkbox"/>	16	Judge George A. Sarduy	Room 2015	(305) 349-5680
<input type="checkbox"/>	17	Judge M. Fernandez Karavetsos	Room 2222	(305) 349-5729
<input type="checkbox"/>	18	Judge Aby Cynamon	Room 2214	(305) 349-5753
<input type="checkbox"/>	19	Judge Veronica Diaz	Room 2227	(305) 349-5723
<input type="checkbox"/>	28	Judge Samantha Ruiz Cohen	Room 2815	(305) 349-5744
<input type="checkbox"/>	29	Judge Marcia Del Rey	Room 1925	(305) 349-5735
<input type="checkbox"/>	33	Judge Christina Diraimondo	Room 2826	(305) 349-6240
<input type="checkbox"/>	38	Judge Victoria Del Pino	Room 2114	(305) 349-5726
<input type="checkbox"/>	39	Judge Spencer Multack	Room 2915	(305) 349-5732
<input type="checkbox"/>	47	Judge Diana Vizcaino	Room 2025	(305) 349-6001

I. If You and the Other Party are in Agreement

Step 1: Complete the following documents:

Person Filing Modification

Cover Sheet [Form H]

Petition for Modification [Form A-2]

Financial Affidavit [Form I]

UCCJEA [Form J]

Notice of Related Cases

Index of Forms

Acknowledgment of Receipt

Designation of Current Address and Email Address

Other Party

Answer and Waiver [Form L-3]

Financial Affidavit [Form I]

Both Parties: Agreed Modification of Settlement Agreement [Form E-12]

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

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

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

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

Fee Schedule		
Self-Help Service Fee:	\$50.00	<i>cash, credit card or money order</i>
Filing Fee:	\$50.00	<i>cash, credit card or money order</i>

SELF-HELP PARALEGAL APPOINTMENT REVIEW OPTIONS

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

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

Paralegal Appointment Review Types

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

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

First Time Visit (In-person appointment required)

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

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

Packet Completion Assistance (In person appointment required)

Need assistance completing your packet prior to filing? The Self-Help Program offers packet completion assistance with a Self-Help Paralegal at a nominal fee ([see fee schedule](#)) to help you complete your documents. **To make your appointment visit:** <https://www.jud11.flcourts.org/Family-Court-Self-Help-Program/Appointments>

Example: To make an appointment for a Paternity Agreement packet, you will select **Packet Completion Assistance-Modification No Agreement**

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

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.

SELF-HELP PACKET REVIEW VIA MAIL

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

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

Self-Help Program

**Lawson E. Thomas Courthouse Center
Center**

**175 NW 1st Ave Suite 2441
1400**

Miami, FL 33128

Self-Help Program

South Dade Government

10710 SW 211th St Room

Miami, FL 33189

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

SELF HELP SERVICE FEE

- **\$85.00** Petition for Modification
- MAKE MONEY ORDER PAYABLE TO: **MIAMI DADE COUNTY**
***Processing Fee includes Copies, Postage and any additional documents required for your remote hearing with the Judge or receive Administrative Final Judgement without a hearing.**

Please read below regarding paralegal review via mail additional fees:

Agreement

FEES DUE IF BOTH PARTIES ARE IN AGREEMENT

- Self-Help Service Fee (see above)
- Clerk of Court Filing Fee **\$50.00**
MAKE MONEY ORDER PAYABLE TO: **CLERK OF COURT**

Important Information Regarding Your Self-Help Appointment

Need help completing your packet?

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

Please have the following information below with your packet.

- ❖ **Copy of Final Judgment or Order you are requesting to modify.**
- ❖ **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**



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

FAMILY DIVISION

Petitioner, **CASE NO.:**

and

PARTIES INFORMATION

Respondent.

PETITIONER:

Name: _____

Home _____

Address: _____

City, State: _____ Zip: _____

D.O.B.: _____

Home Telephone Number: _____

Employment Number: _____

E-mail Address: _____

RESPONDENT:

Name: _____

Home _____

Address: _____

City, State: _____ Zip: _____

D.O.B.: _____

Home Telephone Number: _____

Employment Number: _____

Attorney: _____

Attorney's Address: _____

Telephone Number: _____

E-mail Address: _____

MINOR CHILDREN:

1) _____ D.O.B. _____

2) _____ D.O.B. _____

3) _____ D.O.B. _____

4) _____ D.O.B. _____

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.
_____ /

PETITION FOR MODIFICATION OF
 PARENTAL RESPONSIBILITY
 PARENTING PLAN/TIME SHARING
 CHILD SUPPORT
 OTHER: _____

() Petitioner () Respondent files this Petition for Modification and, being sworn, certifies that the following information is true:

1. 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.

2. This is an action to modify a final judgment or the last modification entered on {date} _____ on the following issues:

- Parental Responsibility
- Parenting Plan/ Time Sharing Schedule
- Child Support
- Other: _____

3. The Final Judgment or last modification describes the present arrangement as follows:

4. Since the Final Judgment or last modification, there has been a substantial change in circumstances, requiring a modification. Those substantial changes are as follows:

CASE NO.: _____

5. I ask the court to modify the () parental responsibility () parenting plan/time sharing schedule () child support () other: _____ as follows

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

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):**

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

6. This modification is in the best interests of the child(ren) because: _____

7. A completed Family Law Financial Affidavit is being filed with this petition.

8. A completed uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) Affidavit is filed with this petition.

9. Other: _____

WHEREFORE, () Petitioner () Respondent requests that the Court grant the modification and any other relief deemed necessary.

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.: _____

Email: _____

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.

_____ /

AGREED MODIFICATION OF SETTLEMENT AGREEMENT

THIS AGREEMENT, made this _____ Day of _____, 20____
by and between *{Petitioner’s full name}* _____
(hereinafter referred to as “Petitioner”), a resident of Miami-Dade County, Florida and
{Respondent’s full name} _____, (hereinafter referred
to as “Respondent”), resident of Miami-Dade County, Florida;

WITNESSETH:

WHEREAS, the parties entered into a () Marital / () Paternity Settlement
Agreement on *{date}*_____;

WHEREAS, the parties desire to redefine their obligations to each other on
certain issues and record their agreement;

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 Petitioner and Respondent:

1. The parties (check one) () Marital / () Paternity Settlement Agreement is modified as to the (check one) () Parental Responsibility, () Parenting Plan/Time Sharing Schedule, () Child Support, () Other: _____ and the modified agreement is as follows:

2.

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

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: _____

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):**

CASE NO.: _____

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

10. This modification is in the best interests of the child(ren) because: _____

11. A completed Family Law Financial Affidavit is being filed with this petition.

12. A completed uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) Affidavit is filed with this petition.

13. Other: _____

CASE NO.: _____

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

Dated: _____

Petitioner's Signature: _____

Printed Name: _____

Street Address: _____

City, State, Zip: _____

Telephone No.: _____

Email: _____

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 agreement. I am satisfied with this agreement and intend to be bound by it.

Dated: _____

Respondent's Signature: _____

Printed Name: _____

Street Address: _____

City, State, Zip: _____

Telephone No.: _____

Email: _____

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: _____

RULES FOR COMPLETING A MOTION

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

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

REGLAS PARA COMPLETAR UNA MOCION

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

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

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

FAMILY DIVISION

IN RE:

_____,
Petitioner,
and

CASE NO.: **FC**

_____,
Respondent.
_____ /

MOTION _____

() Petitioner () Respondent, *{name}* _____, files
this Motion _____
and in support alleges the following:

- 1. I am filing this motion because: _____

2. I request the following from the Court: _____

3.

4.

5.

6.

7.

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

Other party or his/her attorney:

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

Dated: _____

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

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: _____

Email: _____

Dated: _____

Signature of Party: _____

Printed Name: _____

Street Address: _____

City, State, Zip: _____

Telephone No.: _____

Email: _____

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:

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

SECTION II. AVERAGE MONTHLY EXPENSES

- A. HOUSEHOLD:**
 - Mortgage or rent \$ _____
 - Property taxes _____
 - Utilities _____
 - Telephone _____
 - Food _____
 - Meals outside home _____
 - Maintenance/Repairs _____
 - Other: _____
- B. AUTOMOBILE**
 - Gasoline \$ _____
 - Repairs _____
 - Insurance _____
- C. CHILD(REN)'S EXPENSES**
 - Day Care \$ _____
 - Lunch money _____
 - Clothing _____
 - Grooming _____
 - Gifts for holidays _____
 - Medical/dental (uninsured) _____
 - Other: _____
- D. INSURANCE**
 - Medical/dental \$ _____
 - Child(ren)'s medical/dental _____
 - Life _____
 - Other: _____
- E. OTHER EXPENSES NOT LISTED**
 - Clothing \$ _____
 - Medical/dental (uninsured) _____
 - Grooming _____
 - Entertainment _____
 - Gifts _____
 - Religious organizations _____
 - Miscellaneous _____
 - Other: _____
- F. PAYMENTS TO CREDITORS**

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

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

SUMMARY

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

SECTION III. ASSETS AND LIABILITIES

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

A. ASSETS:

DESCRIPTION OF ITEM(S). List a description of each separate item owned by you (and/or your spouse, if this is a petition for dissolution of marriage). LIST ONLY LAST 4 DIGITS OF ACCOUNT NUMBERS. ✓ the box next to any asset(s) which you are requesting the judge award you.	Current Fair Market Value	Nonmarital (✓ correct column)	
		husband	wife
<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.: _____

Email: _____

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

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

NOTARY PUBLIC or DEPUTY CLERK

_____ Personally known

_____ Produced identification: _____

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

FAMILY DIVISION

IN RE:

_____,
Petitioner,
and
_____,
Respondent.
_____ /

CASE NO.:

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

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

My Occupation: _____ Employed by: _____

Business Address: _____

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

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

SECTION I. PRESENT MONTHLY GROSS INCOME

- 1. Monthly gross salary or wage 1. \$ _____
- 2. Monthly bonuses, commissions, allowances, overtime, tips, and similar payments 2. _____
- 3. Monthly business income from sources such as self-employment, partnerships, close corporations, and/or independent contracts (gross receipts minus ordinary and necessary expenses required to produce income) (Attach sheet itemizing such income and expenses.) 3. _____
- 4. Monthly disability benefits / SSI 4. _____
- 5. Monthly Worker's Compensation 5. _____
- 6. Monthly Unemployment Compensation 6. _____
- 7. Monthly pension retirement or annuity payments 7. _____
- 8. Monthly Social Security benefits 8. _____
- 9. Monthly alimony actually received
 - 9a. From this case \$ _____
 - 9b. From other case(s) \$ _____
 9. _____
- 10. Monthly interest and dividends 10. _____
- 11. Monthly rental income (gross receipts minus ordinary and necessary expenses required to produce income) (Attach sheet itemizing such income and expenses.) 11. _____
- 12. Monthly income from royalties, trusts, or estates 12. _____
- 13. Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses 13. _____
- 14. Monthly gains derived from dealing in property (not including nonrecurring gains) 14. _____
- 15. Any other income of a recurring nature (list source) _____ 15. _____
- 16. _____ 16. _____
- 17. PRESENT MONTHLY GROSS INCOME (Add lines 1-16) TOTAL: 17. \$ _____**

PRESENT MONTHLY DEDUCTIONS:

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

SECTION II. AVERAGE MONTHLY EXPENSES

- | | | | | | | | | | | | | | | | | | | | | | |
|--|--|------------------|-----------------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| <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</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">CREDITOR:</td> <td style="width: 40%;">PAYMENT:</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> </tr> </table> <p>28. TOTAL MONTHLY EXPENSES (add ALL monthly amounts in A through F above) 28. \$ _____</p> | CREDITOR: | PAYMENT: | _____ | \$ _____ | _____ | \$ _____ | _____ | \$ _____ | _____ | \$ _____ | _____ | \$ _____ | _____ | \$ _____ | _____ | \$ _____ | _____ | \$ _____ | _____ | \$ _____ |
| CREDITOR: | PAYMENT: | | | | | | | | | | | | | | | | | | | | |
| _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | |
| _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | |
| _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | |
| _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | |
| _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | |
| _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | |
| _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | |
| _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | |
| _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | |

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. ✓ the box next to any asset(s) which you are requesting the judge award you.	Current Amount Owed	Nonmarital (✓ 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"/> ✓ here if additional pages are attached.			
Total Debts (add Current Amount Owed Column)	\$		

C. CONTINGENT ASSETS AND LIABILITIES:

INSTRUCTIONS: If you have any POSSIBLE assets (income potential, accrued vacation or sick leave, bonus, inheritance, etc.) or POSSIBLE liabilities (possible lawsuits, future unpaid taxes, contingent tax liabilities, debts assumed by another, you must list them here.

Contingent Assets ✓ the box next to any contingent assets which you are requesting the judge award you.	Possible Value	Nonmarital (✓ correct column)	
		husband	wife
<input type="checkbox"/>	\$		
<input type="checkbox"/>			
Total Contingent Assets	\$		

Contingent Liabilities ✓ the box next to any contingent debts which you believe you should be responsible.	Possible Amount Owed	Nonmarital (✓ correct column)	
		husband	wife
<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.: _____

Email: _____

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

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

NOTARY PUBLIC or DEPUTY CLERK

_____ Personally known

_____ Produced identification: _____

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

FAMILY DIVISION

IN RE:

Petitioner,
and

CASE NO.:

Respondent.
_____ /

**NOTICE OF READINESS FOR
UNCONTESTED POST JUDGMENT
MODIFICATION HEARING**

() Petitioner () Respondent files this Notice of Readiness for Uncontested Post Judgment Modification Hearing and states that all issues have been agreed to by the parties and this cause is ready for hearing.

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. : _____
Email: _____

Dated: _____

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

Notice of Readiness for Uncontested Post Judgment Modification Hearing

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

FAMILY DIVISION

CASE NO.:

_____,
Petitioner,

and

_____,
Respondent .
_____ /

**UNIFORM CHILD CUSTODY
JURISDICTION AND ENFORCEMENT ACT
(UCCJEA) AFFIDAVIT**

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

1. The number of minor child(ren) subject to this proceeding is _____. The name, place of birth, birth date, and sex of each child; the present address, periods of residence, and places where each child has lived within 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:

_____,
Petitioner,
and
_____,
Respondent.
_____ /

CASE NO.: FC

ANSWER AND WAIVER

() Petitioner () Respondent files this Answer and Waiver and states as follows:

1. That () Petitioner () Respondent has received a copy of the Petition and admits all the allegations contained therein. By admitting all of the allegations in the petition, all relief requested is agreed to including all requests regarding parental responsibility, parenting plan, time sharing schedule and child support.
2. Respondent waives service of process of the Petition for Modification.

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: _____
Email: _____

Dated: _____

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

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

Sworn to or affirmed and signed before me on _____ by

_____.

NOTARY PUBLIC or DEPUTY CLERK

_____ Personally known
_____ Produced identification: _____

Answer & Waiver

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.

IV. INDEX OF FORMS

- Form A-12 Petition for Modification
- Form A-3 Parties Information Sheet
- Form E-12 Agreed Modification of Settlement Agreement
- Form H Civil Cover Sheet
- Form I Family Law Financial Affidavit (Short Form)(Petitioner)
- Form I Family Law Financial Affidavit (Short Form)(Respondent)
- Form J UCCJEA
- Form L-3 Answer and Waiver
- Form Notice of Related Cases
- Form Acknowledgment of Receipt
- Form Designation of Current Mailing and E-mail Address (Petitioner)
- Form Designation of Current Mailing and E-mail Address (Respondent)

Index of Forms (Modification with Agreement)

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

FAMILY DIVISION

IN RE:

CASE NO.:

_____,
Petitioner,

and

_____,
Respondent.

NOTICE OF RELATED CASES

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

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

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

(check one only)

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

Related Case No. 1

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

Case Number: _____

County/State/Court: _____

Pending or Closed ? If closed, date closed _____

Title of last Court Order/Judgment: _____

Date of Court Order/Judgment: _____

Relationship of cases (check all that apply)

- pending case involves same parties, children, or issues;
- may affect court's jurisdiction;
- order in related case may conflict with an order in this case.
- order in this case may conflict with previous order in related case

Statement as to the relationship of the cases: _____

Related Case No. 2

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

Case Number: _____

County/State/Court: _____

Pending or Closed ? If closed, date closed _____

Title of last Court Order/Judgment: _____

Date of Court Order/Judgment: _____

Relationship of cases (check all that apply)

- pending case involves same parties, children, or issues;
- may affect court’s jurisdiction;
- order in related case may conflict with an order in this case.
- order in this case may conflict with previous order in related case

Statement as to the relationship of the cases: _____

Related Case No. 3

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

Case Number: _____

County/State/Court: _____

Pending or Closed ? If closed, date closed _____

Title of last Court Order/Judgment: _____

Date of Court Order/Judgment: _____

Relationship of cases (check all that apply)

- pending case involves same parties, children, or issues;
- may affect court’s jurisdiction;
- order in related case may conflict with an order in this case.
- order in this case may conflict with previous order in related case

Statement as to the relationship of the cases: _____

The Petitioner acknowledges a continuing duty to inform the court of any cases in this or any other state that could affect the current proceeding.

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

Dated: _____

Signature of Party: _____

Printed Name: _____

Street Address: _____

City, State, Zip: _____

Telephone No.: _____

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

Date: _____

Other party:

Name: _____

Street Address: _____

City, State, Zip: _____

OVERNIGHT CALENDAR WORKSHEET (Attachment to Petition for Modification)

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

Special Occasions/ Holidays

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

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

Special Occasions/ Holidays

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

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

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		

Special Occasions/ Holidays

Easter
 Spring Break
 Other: _____
 Other: _____

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						

Special Occasions/ Holidays

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

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

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.

SELF-HELP ACKNOWLEDGMENT OF RECEIPT

NOTICE OF LIMITATION OF SELF-HELP SERVICES PROVIDED

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

SELF-HELP PERSONNEL ARE NOT ACTING ON BEHALF OF THE COURT OR ANY JUDGE. THE PRESIDING JUDGE IN YOUR CASE MAY REQUIRE AMENDMENT OF A FORM OR SUBSTITUTION OF A DIFFERENT FORM. THE JUDGE IS NOT REQUIRED TO GRANT THE RELIEF REQUESTED IN A FORM.

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

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

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

IN ALL CASES, IT IS BEST TO CONSULT WITH YOUR OWN ATTORNEY, ESPECIALLY IF YOUR CASE PRESENTS SIGNIFICANT ISSUES REGARDING CHILDREN, CHILD SUPPORT, ALIMONY, RETIREMENT OR PENSION BENEFITS, ASSETS, OR LIABILITIES.

_____ I CAN READ ENGLISH.

_____ I CANNOT READ ENGLISH. THIS NOTICE WAS READ TO ME BY

_____ {NAME} IN _____ {LANGUAGE} .

SIGNATURE OF LITIGANT _____

SIGNATURE OF SELF HELP STAFF _____

(General)

page 1 of 3

AVISO DE LIMITACION DE SELF-HELP SERVICIOS OFRECIDOS

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

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

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

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

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

_____ **YO PUEDO LEER ESPANOL.**

_____ **YO NO PUEDO LEER ESPANOL. ESTE AVISO FUE LEIDO A MI POR**
_____ **{NOMBRE} EN** _____ **{IDIOMA} .**

Litigant FIRMA _____

Self Help FIRMA _____

AKIZE RESEPSYON AVI SOU LIMITASYON SÈVIS YO FOUNI YO

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

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

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

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

(General)

page 2 of 3

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

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

_____ MWEN KAPAB LI ANGLÈ.

_____ MWEN PA KAPAB LI ANGLÈ. SE

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

SIYATI PLEYAN AN _____

SIYATI ANPLWAYE “*SELF HELP*” LA _____

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

FAMILY DIVISION

IN RE:

_____,
Petitioner,
and
_____,
Respondent.
_____ /

CASE NO.:

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

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

MAILING ADDRESS:

My current mailing address is:

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

E-MAIL ADDRESS:

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

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

Email address: _____

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

I certify that a copy of this document was _____ e-mailed _____ mailed _____ faxed and mailed _____ hand-delivered to the person(s) listed below on *{date}* _____.

Other party or his/her attorney:

Name: _____

Address: _____

City, State, Zip: _____

Designated E-mail Address(es): _____

Signature of Party (Petitioner)

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

Sworn to or affirmed and signed before me on _____ by

_____.

NOTARY PUBLIC or DEPUTY CLERK

Personally known

Produced identification: _____

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

FAMILY DIVISION

IN RE:

_____,
Petitioner,

and

_____,
Respondent.

CASE NO.:

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

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

MAILING ADDRESS:

My current mailing address is:

{Street or Post Office Box} _____,

{City}, _____, *{State}*, _____,

{Zip} _____.

{Telephone No.} _____

E-MAIL ADDRESS:

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

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

Email address: _____

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

I certify that a copy of this document was _____ e-mailed _____ mailed _____ faxed and mailed _____ hand-delivered to the person(s) listed below on *{date}* _____.

Other party or his/her attorney:

Name: _____

Address: _____

City, State, Zip: _____

Designated E-mail Address(es): _____

Signature of Party (Respondent)

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

Sworn to or affirmed and signed before me on _____ by

_____.

NOTARY PUBLIC or DEPUTY CLERK

Personally known

Produced identification: _____