

INSTRUCTIONS FOR MODIFICATION OF FINAL JUDGMENT
where the parties do NOT agree - you will need to serve a summons on
the other party

- You need this packet to modify any provision contained in your Final Judgment or Final Order because of a substantial change in circumstance.

 - This packet includes a summons to be served at a known address of the other party.

 - 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.
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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. **Payment of \$65.00 Self-Help Service Fee and all other applicable fees.**
2. Completed forms in English and **black** ink (please type or print legibly!)
3. Pen (please use **black** ink only) (please type or print legibly!)
4. Driver's License, State ID, or Passport
5. Applicable Fees
6. Keep in mind the Clerk's Office hours are from 9:00a.m. to 4:00p.m.

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.

STEPS ON PETITION FOR MODIFICATION
where you need to serve the other party a summons

1. Complete the following documents:
 - a. Cover Sheet [*Form H*]
 - b. Parties Information Sheet [Form A-3]
 - c. Petition for Modification [*Form A-2*]
 - d. Summons [*Form G*] to be served on the other party
 - e. Financial Affidavit (one for yourself) [*Form I*]
 - f. UCCJEA [*Form J*]
 - g. Notice of Related Cases
 - h. Index of Forms
 - i. Acknowledgment of Receipt

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 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

2. After your Self-Help appointment, make 3 copies of all your documents:
 - a. Original: File with the Clerk at 175 N.W. 1st Avenue, 12th Floor and pay the filing fee of \$50.00 (payable by cash, money order or credit card).

 - b. 1st Copy: For the Sheriff to formally serve the other party. (**See Step 4**)

 - c. 2nd Copy: Send to the *State Attorney – Child Support Section, Overtown Transit Village, South Tower, 601 NW 1st Ct, 12th Floor, Miami, FL 33136.*

 - d. 3rd Copy: Keep for your records and bring to the hearing

3. You must serve the other party formally with your documents.
 - a. If the other party lives in Miami-Dade County, Take one of the copies to the Sheriff at 601 N.W. 1st Court, 9th Floor 33136 and pay the service fee of \$40.00 (payable by *cash, credit card or money order*) and \$10.00 summons issue fee.
 OR you may use a private process server. A list is at:
<http://www.jud11.flcourts.org/ProcessServer.aspx?pid=390>
 - b. If the other party lives outside of Miami-Dade County, you must find the address and telephone number of the Sheriff’s Office or private process server in that county. Contact them to obtain service information.
 - c. If you do not know the other party’s address, ask the Self Help Program for the letters to make a Diligent Search to find their address. If the Diligent Search is unsuccessful, the State Attorney will accept service. Instead of the other party’s address, insert the address of the State Attorney on the Summons [*Form G*]: *State Attorney – Child Support Section, Overtown Transit Village, South Tower, 601 NW 1st Ct, 12th Floor, Miami, FL 33136.*
 It is up to the Court to determine whether proper service was perfected.
4. You will receive a “Return of Service” by mail. File it with the Clerk at *175 N.W. 1st Avenue, 12th Floor, Miami, Florida 33128.* The other party has 20 days to answer your **Petition**.
 - a. If no **Answer** has been filed by the other party on the 21st day, return to the Self-Help Program to obtain a **Motion for Default and Default**. Bring two (2) blank envelopes with postage stamps affixed.
 - b. If the other party files an **Answer**, return to the Self-Help Program to obtain your hearing. Bring the **Answer** with you and two (2) blank envelopes with postage stamps affixed.
5. You will receive a date for your hearing or further instructions in the mail.

Fee Schedule		
Self-Help Fee	\$65.00	<i>cash or credit card or money order</i>
Filing Fee	\$50.00	<i>cash, credit card or money order</i>
Summons Issue Fee	\$10.00	<i>cash, credit card or money order</i>
Service Fee	\$40.00	<i>cash, credit card or money order</i>

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 Modification**

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 Modification CSE Agreement packet, you will select **Workshop-Modification**

Please note that if both parties are in agreement you must select "**Workshop-Modification Agreement**" when making your appointment. You will need agreement packet.

- **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 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 your Modification Workshop appointment or Self-Help appointment (First Time)

- Please have your recent pay stubs and income tax returns for the last two years
- A valid Florida Driver's License, Florida ID or U.S. Passport and also bring a valid copy for each party (copies need to be enlarged and clear)
- A valid address for you and your spouse, if known
- A copy of the Final Judgement
- Social Security number and date of birth for both you and your spouse
- All applicable fees (please read the fees that apply in your packet)
- A pen in blue or black ink **(please type or print legibly!)**
- Correction tape or correction fluid
- **2 regular envelopes with 2 post office stamps**



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

**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. _____

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

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:

_____ 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 () child support () other:

as follows: _____

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.: _____

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: _____

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.

2. I request the following from the Court: _____

3.

4.

5.

6.

7.

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

Other party or his/her attorney:

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

Dated: _____

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

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

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

NOTARY PUBLIC or DEPUTY CLERK

_____ Personally known
_____ Produced identification: _____

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

FAMILY DIVISION

IN RE:

_____,
Petitioner,

And

_____,
Respondent.

CASE NO.: FC

REQUEST FOR HEARING

1. Motion for which hearing is requested:

2. Amount of time requested: _____

3. Check one of the below:

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

OR

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

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

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

Other party or his/her attorney:

Name: _____

Street Address: _____

City, State, Zip: _____

Telephone No.: _____

Dated: _____

Signature of Party: _____

Printed Name: _____

Street Address: _____

City, State, Zip: _____

Telephone No.: _____

E-mail: _____

Request for Hearing

FAMILY COURT COVER SHEET

Case Style: IN RE:

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

Petitioner,
and

Case No.: _____

Respondent.

Judge: _____

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

Initial Action/Petition

Reopening Case

Modification/Supplemental Petition

Motion for Civil Contempt/Enforcement

Other _____

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

Simplified Dissolution

Other Family Court _____

Dissolution of Marriage

Name Change

Support IV-D (Dept of Revenue, CSE)

Paternity/Disestablish Paternity

Support Non-IV-D (NOT Dept of Rev)

Petition for Dependency

UIFSA IV-D (Dept of Revenue, CSE)

CINS/FINS

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

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

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

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

PARTY SIGNATURE

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

Party Signature

(Type or print your name)

Date

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

FAMILY DIVISION

IN RE:

_____,
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. \$ _____**

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 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

IN RE: **FAMILY DIVISION**

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

And

_____,
Respondent.
_____ /

**SUMMONS: PERSONAL SERVICE ON AN INDIVIDUAL
ORDEN DE COMPARECENCIA: SERVICIO PERSONAL EN UN INDIVIDUO
CITATION: L'ASSIGNATION PERSONAL SUR UN INDIVIDUEL**

TO: (other party's full legal name)

Name: _____

Street Address: _____

City, State, Zip: _____

IMPORTANT

A lawsuit has been filed against you. You have **20 calendar days** after this summons is served on you to file a written response to the attached petition with the Clerk of the Court, located at *175 N.W. 1st Avenue, 12th Floor, Miami, Florida 33128*. A phone call will not protect you. Your written response, including the case number and the names of the parties, must be filed if you want the Court to hear your side of the case.

If you do not file your written response on time, you may lose the case, and your wages, money, and property may be taken thereafter without further warning from the Court. There are other legal requirements. You may want to call an attorney right away. If you do not know an attorney, you may call an attorney referral service or a legal aid office (listed in the phone book).

If you choose to file a written response yourself, at the same time you file your written response to the Court, you must also mail or take a copy of your written response to the party serving this summons at:

Party Name: _____

Street Address: _____

City, State, Zip: _____

Copies of all court documents in this case, including orders, are available at the Clerk of the Court's office. You may review these documents upon request. You must keep the Clerk of the Court's office notified of your current address. Future papers in this lawsuit will be mailed to the address on record at the clerk's office.

WARNING: Rule 12.285, Florida Family Rules of Procedure, requires certain automatic disclosure of documents and information. Failure to comply can result in sanctions, including dismissal or striking of pleadings.

IMPORTANTE

Usted ha sido demandado legalmente. Tiene **20 días**, contados a partir del recibo de esta notificación, para contestar la demanda adjunta, pro escrito, y presentarla ante este tribunal. Localizado en *175 N.W. 1st Avenue, 12th Floor, Miami, Florida 33128*. Una llamada telefonica no lo protegera. Si usted desea que el tribunal considere su defensa, debe presentar su respuesta por escrito, incluyendo el numero del caso y los nombres de las partes interesadas. Si usted no contesta la demanda a tiempo, podiese perder el caso y podria ser despojado de sus ingresos y propiedades, o privado de sus derechos, sin previo aviso del tribunal. Existen otros requisitos legales. Si lo desea, usted puede consultar a un abogado inmediatamente. Si no conoce a un abogado, puede llamar a una de las oficinas de asistencia legal que aparecen en la guia telefonica.

Si desea responder a la demanda por su cuenta, al mismo tiempo en que presente su respuesta ante el tribunal, usted debe enviar por correo o entregar una copia de su respuesta a la persona denominada abajo.

Si usted elige presentar personalmente una respuesta por escrito, en el mismo momento que usted presente su respuesta por escrito al Tribunal, usted debe enviar por correo o llevar una copia de su respuesta por escrito a la parte entregando esta orden de comparecencia a:

Nombre: _____

Direccion: _____

Ciudad, Estado, Zip: _____

Copias de todos los documentos judiciales de este caso, incluyendo las ordenes, estan disponibles en la oficina del Clerk of the Court. Estos documentos pueden ser revisados a su solicitud.

Usted debe de manener informada a la oficina del Clerk of the Court de su direccion actual. Los papeles que se presenten en el futuro en esta demanda judicial seran enviados por correo a la direccion que este registrada en la oficina del Clerk.

ADVERTENCIA: Regla 12.285 del Florida Family Law Rules of Procedure, requiere cierta revelacion automatica de documentos e informacion. El incumpliment, puede resultar en sanciones, incluyendo la desestimacion o anulacion de los alegatos.

IMPORTANT

Des poursuites judiciaires ont ete enterprises contre vous. Vous avez **20 jours** consecutifs a partir de la date de l'assignation de cette citation pour deposer une reponse ecrite a la plainte ci-jointe aupres de ce tribunal. Qui se trouve a: *Clerk of the Court, 175 N.W. 1st Avenue, 12th Floor, Miami, Florida 33128*. Un simple coup de telephone est insuffisant pour vous proteger; vous etes obliges de deposer votre reponse ecrite, avec mention du numero de dossier ci-dessus et du nom des parties nommees ici, si vous souhaitez que le tribunal entende votre cause. Si vous ne deposez pas votre reponse ecrite dans le delai requis, vous risquez de perdre la cause ainsi que votre salaire, votre argent, et vos biens peuvent etre saisis par la suite, sans aucun preavis ulterieur de tribunal. Il y a d'autres obligations juridiques et vous pouvez requerir les services immediats d'un avocat. Si vous ne connaissez pas d'avocat, vous pourriez telephoner a un service de reference d'avocats ou a un bureau d'assistance juridique (figurant a l'annuaire de telephones).

Si vous choisissez de deposer vous-meme une reponse ecrite, il vous faudra egalement, en meme temps que cette formalite, faire parvenir ou expedier une copie au carbone ou une photocopie de votre reponse ecrite a la partie qui vous depose cette citation.

Nom: _____
Adresse: _____

Les photocopies de tous les documents tribunaux de cette cause, y compris des arrêts, sont disponible au bureau du greffier. Vous pouvez revue ces documents, sur demande.

Il faut aviser le greffier de votre adresse actuelle. Les documents de l'avenir de ce proces seront envoyer a l'adresse que vous donnez au bureau du greffier.

ATTENTION: La regle 12.285 des regles de procedure du droit de la famille de la Floride exige que l'on remette certains renseignements et certains documents 'a la partie adverse. Tout refus de les fournir pourra donner lieu a des sanctions, y compris le rejet ou la suppression d'un ou de plusieurs actes de procedure.

THE STATE OF FLORIDA

TO EACH SHERIFF OF THE STATE: You are commanded to serve this summons and a copy of the petition in this lawsuit on the above-named person.

DATED: _____

HARVEY RUVIN
CLERK OF THE CIRUIT COURT

By: _____
Deputy Clerk

Dade County Courthouse
73 West Flagler Street, Room 138
Miami, Florida 33130

Coral Gables District Court
3100 Ponce de Leon Blvd., Ste. 100
Coral Gables, Florida 33134

Joseph Caleb Center
5400 N.W. 22 Avenue, Ste. 205
Miami, Florida 33142

Hialeah District Court
11 East 6th Street
Hialeah, Florida 33010

Cutler Ridge District Court
10710 S.W. 211 Street, Room 224
Miami, Florida 33189

Miami Beach District Court
1130 Washington Ave., Ste. 224
Miami Beach, Florida 33139

North Dade Justice Center
15555 Biscayne Blvd., Ste. 100
Miami, Florida 33160

Lawson E. Thomas Courthouse
175 N.W. 1st Avenue, 12th Floor
Miami, Florida 33128

Sweetwater Branch
500 S.W. 109 Avenue, 3rd Fl.
Sweetwater, Florida 33174

**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

INDEX OF FORMS

- Form A-2 Petition for Modification
- Form A-3 Parties Information Sheet
- Form F Blank Motion and Request for Hearing
- Form G Summons: Personal Service on an Individual
- Form H Civil Cover Sheet
- Form I Family Law Financial Affidavit (Short Form)
- Form J UCCJEA
- Form Notice of Related Cases
- Form Acknowledgment of Receipt

Index of Forms (Modification where no 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: _____