

**INSTRUCTIONS FOR MODIFICATION OF PARENTING PLAN/TIME SHARING SCHEDULE AND IF DESIRED CHILD SUPPORT OF FINAL JUDGMENT where the parties do NOT agree- you will need to serve a summons**

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

**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 Maria E. Dennis	Room 2314	(305) 349-5681
<input type="checkbox"/>	12	Judge David Young	Room 1915	(305) 349-5738
<input type="checkbox"/>	14	Judge Bertila Soto	Room 3045	(305) 349-5720
<input type="checkbox"/>	16	Judge George A. Sarduy	Room 2015	(305) 349-5680
<input type="checkbox"/>	17	Judge Spencer Multack	Room 2826	(305) 349-5729
<input type="checkbox"/>	18	Judge Bernard Shapiro	Room 2214	(305) 349-5753
<input type="checkbox"/>	28	Judge Scott M. Bernstein	Room 2815	(305) 349-5744
<input type="checkbox"/>	29	Judge Marcia Del Rey	Room 1925	(305) 349-5735
<input type="checkbox"/>	33	Judge Samantha Ruiz Cohen	Room 2222	(305) 349-6240
<input type="checkbox"/>	38	Judge Victoria del Pino	Room 2114	(305) 349-5726
<input type="checkbox"/>	39	Judge Migna Sanchez-Llorens	Room 2915	(305) 349-5732
<input type="checkbox"/>	47	Judge Maria Elena Verde	Room 2025	(305) 349-6001

## **I. If 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]
  - 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
2. Make your appointment online <https://www.jud11.flcourts.org/Family-Court-Self-Help-Program> to review and notarize your documents. Please read the Self-Help Appointment Types sheet before scheduling your appointment.

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

3. After your Self-Help appointment, make 2 copies of all your documents:
  - a. Original: File with the Clerk at 175 N.W. 1<sup>st</sup> Avenue, 12<sup>th</sup> Floor and pay the filing fee of \$50.00 (payable by cash, money order or credit card) and \$10.00 summons issue fee.
  - b. 1<sup>st</sup> Copy: For the Sheriff to formally serve the other party.
  - c. 2<sup>nd</sup> Copy: Send to the State Attorney – Child Support Section, 100 S. Biscayne Blvd., Suite 3100, Miami, FL 33131.
  - d. 3<sup>rd</sup> Copy: Keep for your records and bring to the hearing.
4. 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. 1<sup>st</sup> Court, 9<sup>th</sup> Floor 33136 and pay the service fee of \$40.00 (payable by *cash, credit card or money order*) OR you may use a private process server. <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.
5. You will receive a "Return of Service" by mail. File it with the Clerk at 175 N.W. 1<sup>st</sup> Avenue, 12<sup>th</sup> 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 21<sup>st</sup> 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.

<b>Fee Schedule</b>		
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>

## II. Child Support Enforcement Modifications

1. Complete the following documents:
  - c. Cover Sheet *[Form H]*
  - d. Parties Information Sheet *[Form A-3]*
  - e. Petition for Modification *[Form A-2]*
  - f. Summons *[Form G]*
  - g. Financial Affidavit (one for yourself) *[Form I]*
  - h. UCCJEA *[Form J]*
  - i. Related Cases
  - j. Index of Forms
  - k. 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. 1<sup>st</sup> Avenue, 12<sup>th</sup> Floor* and pay the filing fee of \$50.00 (payable by cash, money order or credit card) and \$10.00 summons issue fee.
  - b. 1st Copy: For the Sheriff to formally serve the other party. (See Step 4)
  - c. 2<sup>nd</sup> Copy: Send to the *State Attorney – Child Support Section, 100 S. Biscayne Blvd., Suite 3100, Miami, FL 33131*.
  - d. 3<sup>rd</sup> 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 *140 W. Flagler Street, 8<sup>th</sup> Floor* and pay the service fee of \$21.00 (payable by cash or money order).
  - 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, 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, 100 S. Biscayne Blvd., Suite 3100, Miami, Florida 33131*.
4. You will receive a “Return of Service” by mail. File it with the Clerk at *175 N.W. 1<sup>st</sup> Avenue, 12<sup>th</sup> 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 21<sup>st</sup> 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.

<b>Fee Schedule</b>		
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 Agreement**

Please note that if both parties are not in agreement you must select “**Workshop-Modification No Agreement**” when making your appointment.

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

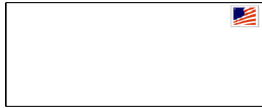
## **Important Information Regarding Your Self-Help Appointment**

Need help completing your packet?

A \$80.00 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

\_\_\_\_\_  
**PARTIES INFORMATION**  
Respondent.

**PETITIONER:**

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

**RESPONDENT:**

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

**MINOR CHILDREN:**

- 1) \_\_\_\_\_ D.O.B. \_\_\_\_\_
- 2) \_\_\_\_\_ D.O.B. \_\_\_\_\_
- 3) \_\_\_\_\_ D.O.B. \_\_\_\_\_
- 4) \_\_\_\_\_ D.O.B. \_\_\_\_\_
- 5) \_\_\_\_\_ D.O.B. \_\_\_\_\_

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

FAMILY DIVISION

IN RE:

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"/> <b>overnight</b> |
| <input type="checkbox"/> Tuesday from _____ to _____   | <input type="checkbox"/> each week <input type="checkbox"/> every other week <input type="checkbox"/> <b>overnight</b> |
| <input type="checkbox"/> Wednesday from _____ to _____ | <input type="checkbox"/> each week <input type="checkbox"/> every other week <input type="checkbox"/> <b>overnight</b> |
| <input type="checkbox"/> Thursday from _____ to _____  | <input type="checkbox"/> each week <input type="checkbox"/> every other week <input type="checkbox"/> <b>overnight</b> |
| <input type="checkbox"/> Friday from _____ to _____    | <input type="checkbox"/> each week <input type="checkbox"/> every other week <input type="checkbox"/> <b>overnight</b> |
| <input type="checkbox"/> Saturday from _____ to _____  | <input type="checkbox"/> each week <input type="checkbox"/> every other week <input type="checkbox"/> <b>overnight</b> |
| <input type="checkbox"/> Sunday from _____ to _____    | <input type="checkbox"/> each week <input type="checkbox"/> every other week <input type="checkbox"/> <b>overnight</b> |

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:**

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**Holidays/Special Occasions/School Breaks** should be shared as follows: (check appropriate boxes to include whether the 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.: \_\_\_\_\_

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.

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

FAMILY DIVISION

IN RE:

\_\_\_\_\_,

Petitioner,

**CASE NO.:**

**FC**

and

\_\_\_\_\_,

Respondent.

\_\_\_\_\_/

**MOTION** \_\_\_\_\_

\_\_\_\_\_

( )Petitioner ( ) Respondent, {name} \_\_\_\_\_, files  
this Motion \_\_\_\_\_

and in support alleges the following:

1. I am filing this motion because: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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2. I request the following from the Court: \_\_\_\_\_

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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: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Dated: \_\_\_\_\_

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

STATE OF FLORIDA)  
COUNTY OF MIAMI-DADE)

Sworn to or affirmed and signed before me on \_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC or DEPUTY CLERK

\_\_\_\_\_ Personally known  
\_\_\_\_\_ Produced identification: \_\_\_\_\_

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

FAMILY DIVISION

IN RE:

\_\_\_\_\_,  
Petitioner,

**CASE NO.:** \_\_\_\_\_ **FC**

And

\_\_\_\_\_,  
Respondent.

**REQUEST FOR HEARING**

1. Motion for which hearing is requested:

\_\_\_\_\_

2. Amount of time requested: \_\_\_\_\_

3. Check one of the below:

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

OR

\_\_\_\_\_ I have been unable to confer with opposing party because:

\_\_\_\_\_

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

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

**Other party or his/her attorney:**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

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) ( <input type="checkbox"/> Attach sheet itemizing such income and expenses.) | 3. _____                   |
| 4. Monthly disability benefits / SSI                                                                                                                                                                                                                                                           | 4. _____                   |
| 5. Monthly Worker's Compensation                                                                                                                                                                                                                                                               | 5. _____                   |
| 6. Monthly Unemployment Compensation                                                                                                                                                                                                                                                           | 6. _____                   |
| 7. Monthly pension retirement or annuity payments                                                                                                                                                                                                                                              | 7. _____                   |
| 8. Monthly Social Security benefits                                                                                                                                                                                                                                                            | 8. _____                   |
| 9. Monthly alimony actually received                                                                                                                                                                                                                                                           |                            |
| 9a. From this case \$ _____                                                                                                                                                                                                                                                                    |                            |
| 9b. From other case(s) \$ _____                                                                                                                                                                                                                                                                | 9. _____                   |
| 10. Monthly interest and dividends                                                                                                                                                                                                                                                             | 10. _____                  |
| 11. Monthly rental income (gross receipts minus ordinary and necessary expenses required to produce income) ( <input type="checkbox"/> Attach sheet itemizing such income and expenses.)                                                                                                       | 11. _____                  |
| 12. Monthly income from royalties, trusts, or estates                                                                                                                                                                                                                                          | 12. _____                  |
| 13. Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses                                                                                                                                                                                   | 13. _____                  |
| 14. Monthly gains derived from dealing in property (not including nonrecurring gains)                                                                                                                                                                                                          | 14. _____                  |
| 15. Any other income of a recurring nature (list source) _____                                                                                                                                                                                                                                 | 15. _____                  |
| 16. _____                                                                                                                                                                                                                                                                                      | 16. _____                  |
| <b>17. PRESENT MONTHLY GROSS INCOME (Add lines 1-16)</b>                                                                                                                                                                                                                                       | <b>TOTAL: 17. \$ _____</b> |

**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><b>A. HOUSEHOLD:</b></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>B. AUTOMOBILE</b></p> <p>Gasoline \$ _____</p> <p>Repairs _____</p> <p>Insurance _____</p> <p><b>C. CHILD(REN)'S EXPENSES</b></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><b>D. INSURANCE</b></p> <p>Medical/dental \$ _____</p> <p>Child(ren)'s medical/dental _____</p> <p>Life _____</p> <p>Other: _____</p> | <p><b>E. OTHER EXPENSES NOT LISTED</b></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><b>F. PAYMENTS TO CREDITORS</b></p> <table border="0" style="width: 100%;"> <tr> <td style="width: 70%;"><b>MONTHLY CREDITOR:</b></td> <td style="width: 30%;"><b>PAYMENT:</b></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> | <b>MONTHLY CREDITOR:</b> | <b>PAYMENT:</b> | _____ | \$ _____ | _____ | \$ _____ | _____ | \$ _____ | _____ | \$ _____ | _____ | \$ _____ | _____ | \$ _____ | _____ | \$ _____ | _____ | \$ _____ | _____ | \$ _____ |
| <b>MONTHLY CREDITOR:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>PAYMENT:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                 |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                 |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                 |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                 |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                 |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                 |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                 |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                 |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                 |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                 |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
- 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.			
<b>Total Assets</b> (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 type="checkbox"/> the box next to any asset(s) which you are requesting the judge award you.	Current Amount Owed	Nonmarital ( <input 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"/> here if additional pages are attached.			
<b>Total Debts</b> (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 type="checkbox"/> the box next to any contingent assets which you are requesting the judge award you.	Possible Value	Nonmarital ( <input type="checkbox"/> correct column)	
		husband	wife
<input type="checkbox"/>	\$		
<input type="checkbox"/>			
<b>Total Contingent Assets</b>	\$		

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



**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. 1<sup>st</sup> Avenue, 12<sup>th</sup> 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. 1<sup>st</sup> Avenue, 12<sup>th</sup> 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. 1<sup>st</sup> Avenue, 12<sup>th</sup> 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 6<sup>th</sup> 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. 1<sup>st</sup> Avenue, 12<sup>th</sup> Floor  
Miami, Florida 33128

Sweetwater Branch  
500 S.W. 109 Avenue, 3<sup>rd</sup> 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
- Form         Collaborative Law Information Sheet

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: \_\_\_\_\_

# 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	

### February

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

### March

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

**Special Occasions/ Holidays**

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

**Special Occasions/ Holidays**

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

**Special Occasions/ Holidays**

Spring Break
Other: _____
Other: _____
Other: _____

### April

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

### May

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

### June

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

**Special Occasions/ Holidays**

Easter
Spring Break
Other: _____
Other: _____

**Special Occasions/ Holidays**

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

**Special Occasions/ Holidays**

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

## OVERNIGHT CALENDAR WORKSHEET (Cont.)

### July

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

**Special Occasions/ Holidays**

Independence Day
Summer Break
Other: _____
Other: _____

### August

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

**Special Occasions/ Holidays**

Summer Break
Other: _____
Other: _____
Other: _____

### September

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

**Special Occasions/ Holidays**

Labor Day
Rosh Hashanah
Yom Kippur
Other: _____

### October

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

**Special Occasions/ Holidays**

Columbus Day
Other: _____
Other: _____
Other: _____

### November

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

**Special Occasions/ Holidays**

Veterans Day
Thanksgiving
Other: _____
Other: _____

### December

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

**Special Occasions/ Holidays**

Christmas Eve
Christmas Day
December School Break
Other: _____

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

**STEP 3:** Take 365 days and subtract the above number

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



**Voluntary Collaborative Law Information Sheet**

You are being given the opportunity to participate in a voluntary process called the COLLABORATIVE PROCESS to resolve the dispute you are currently having with your spouse or the parent of your child(ren). The Collaborative Process will be explained in further detail should you be selected and choose to participate in this program.

Please complete the following form to see if you qualify. The Project is completely free. If qualified you will receive the advice of a lawyer, accountant and therapist at no expense to you.

Name: \_\_\_\_\_

Type of case

\_\_\_\_\_ Paternity or \_\_\_\_\_ Divorce or Other \_\_\_\_\_

Prior Domestic Violence Case? \_\_\_\_\_ Yes or \_\_\_\_\_ No

Prior Incidents of Domestic Violence \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes please list all domestic violence case number(s) \_\_\_\_\_

Ongoing Child Support Case? \_\_\_\_\_ Yes or \_\_\_\_\_ No

If yes please list case number: \_\_\_\_\_

Number of minor children subject to this proceeding: \_\_\_\_\_

Income: \_\_\_\_\_ Less than \$50,000 or \_\_\_\_\_ over \$50,000

Decline to Participate Please Sign: \_\_\_\_\_ Date \_\_\_\_\_

**THE COLLABORATIVE LAW PROCESS IS ABOUT COOPERATION, NOT CONFRONTATION  
THE PROCESS ALLOWS A COUPLE TO:**

- Independently resolve disputes without going to court
- Make decisions for themselves, not have a judge dictate what they should do
- Keep their case confidential
- Utilize additional resources to assist them at no expense

**IF YOU QUALIFY FOR THIS PROGRAM, YOU WILL BE CONTACTED**

Agree to Participate Please Sign: \_\_\_\_\_ Date \_\_\_\_\_