

**INSTRUCTIONS FOR FILING FOR DETERMINATION OF
PATERNITY, PARENTING PLAN AND CHILD SUPPORT**

(where the two parties are in agreement)

Information You Need to Know:

- You need this packet if you were never married to the other parent and you want to establish all of the following: 1) Paternity; 2) Parental Responsibility; 3) Parenting Plan/Time Sharing Schedule; and 4) Child Support.
- If Paternity and/or Child Support has already been established by a Court of Law with a Final Order, **DO NOT** use this packet. Ask for the Petition to Determine Parental Responsibility, Parenting Plan and Time Sharing Schedule packet for these issues. If the Child Support amount is already established by law and you want to change the Child Support amount, ask for the Modification of Child Support Packet.
- The child must have been living in the State of Florida for at least 6 months before filing your action.

**YOU CANNOT CHANGE THE NAME OF A FATHER ON A CHILD'S
BIRTH CERTIFICATE WITHOUT INCLUDING BOTH MEN.**

- If you have minor children, you and the other parent are required to attend a four hour parenting class. (see Form C-5)
- You must have your forms reviewed by appointment. You can make an appointment either in person or by calling 305-349-7800.
- You must submit any order/final judgment of paternity to the Bureau of Vital Statistics by calling (904) 359-6900, Extension 9005 or e-mailing VitalStats@doh.state.fl.us.
- You might want to consult an attorney before deciding to represent yourself.
- If at any time before or after you file your case you decide that you no longer want to represent yourself, you may hire a lawyer.

If you are not sure whether the Courts are open because of a possible Hurricane, please call the 11th Judicial Circuit Hotline at 305-349-7777.

IMPORTANT INFORMATION!!!!

PLEASE READ!!!!

The Day of Your Self-Help Appointment

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

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

It is best for both the Plaintiff and the Respondent to attend the Self Help Appointment because there will be calculations made that should be placed on the Paternity Settlement Agreement that is signed by both parties.

Bring the following:

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

If You and the Other Party are in Agreement

Step 1: Complete the following documents:

Petitioner

Cover Sheet [Form H]

Petition for Determination of Paternity [Form A-3]

Financial Affidavit [Form I]

UCCJEA [Form J]

Notice of Social Security [Form K]

Parties Information Sheet [Form A-4]

Paternity Settlement Agreement [Form E-2]

Acknowledgment of Courses [Form C-5]

Notice of Related Cases

Index of Forms

Acknowledgment of Status Quo Temporary Domestic Relations Order

Acknowledgment of Receipt

Designation of Current Address and E-mail Address

Respondent

Answer and Waiver [Form L-2]

Financial Affidavit [Form I]

Notice of Social Security [Form K]

Designation of Current E-Mail

Both Parties: Paternity Settlement Agreement [E-2] and No Hearing Special Affidavit

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

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

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

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

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

Fee Schedule		
Self-Help Service Fee	\$85.00	<i>cash, credit card or money order</i>
Filing Fee	\$301.00	<i>cash, credit card or money order</i>

SELF-HELP PARALEGAL APPOINTMENT REVIEW OPTIONS

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

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

Paralegal Appointment Review Types

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

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

First Time Visit (In-person appointment required)

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

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

Packet Completion Assistance (In person appointment required)

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

Example: To make an appointment for a Paternity Agreement packet, you will select **Packet Completion Assistance-Paternity Agreement**

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

SELF-HELP PACKET REVIEW VIA MAIL

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

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

Self-Help Program

**Lawson E. Thomas Courthouse Center
Center**

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

Miami, FL 33128

Self-Help Program

South Dade Government

10710 SW 211th St Room

Miami, FL 33189

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

SELF HELP SERVICE FEE

- \$85 Dissolution of Marriage (Divorce),
- MAKE MONEY ORDER PAYABLE TO: **MIAMI DADE COUNTY**
***Processing Fee includes Copies, Postage and any additional documents required for your remote hearing with the Judge or receive Administrative Final Judgement without a hearing.**

Select one of the following options below regarding filing type to determine additional applicable fees:

Agreement

FEES DUE IF BOTH PARTIES ARE IN AGREEMENT

- Self-Help Service Fee (see Self-Help service fee section)
- Clerk of Court Filing Fee see fee schedule on our Self-Help website or in packet instructions.
MAKE MONEY ORDER PAYABLE TO: **CLERK OF COURT**

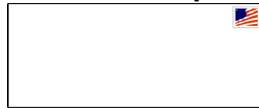
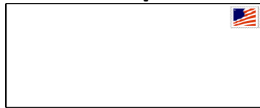
Important Information Regarding Your Self-Help Appointment

Need help completing your packet?

A Packet Completion Assistance is offered at the Self-Help Program to help you complete your forms and notarize them. If you would like to participate in this service, Make your appointment online: <https://www.jud11.flcourts.org/Family-Court-Self-Help-Program> (Fee \$125 agreement or \$100 not in agreement)

Please have the following information below with your packet.

- ❖ **Copy of Petitioner and Respondents Driver's (copies must be enlarged and clear)**
- ❖ **Affidavit of Corroborating Witness Form (*if applicable*) Affidavit form must be accompanied by a copy of your witness Florida Driver's License or Florida Identification**
- ❖ **2 regular envelopes with 2 post office stamps**



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

Several useful definitions from Florida Statutes 61.046:

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

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

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

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

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

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

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

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

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

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

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

FAMILY DIVISION

_____ Petitioner, **CASE NO.:**

and

_____ **PARTIES INFORMATION**
Respondent.

PETITIONER:

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

RESPONDENT:

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

MINOR CHILDREN:

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

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

FAMILY DIVISION

IN RE

Petitioner,

CASE NO.:

and

Respondent.

**PETITION FOR THE DETERMINATION OF PATERNITY, PARENTAL
RESPONSIBILITY, PARENTING PLAN, TIME SHARING SCHEDULE,
AND CHILD SUPPORT**

1. This is an action for the determination of paternity, parental responsibility, parenting plan, time sharing schedule and child support under chapter 742, Florida Statutes.
2. Petitioner currently lives at: *{street address, city, state}* _____

3. Respondent currently lives at: *{street address, city, state}* _____

4. **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.
5. **CHILDREN:** Petitioner is the () mother () father of the following minor children:

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

6. PATERNITY FACTS (check all boxes that apply)

- a. Paternity has NOT been previously established as a matter of law or by court.
- b. The parties engaged in sexual intercourse with each other during the following time period *{list months and years}* _____.
As a result of the sexual intercourse, Petitioner Respondent conceived and gave birth to the minor child(ren) named in paragraph 5.
 Petitioner Respondent *{name}* _____ is the natural father of the minor child(ren). The Natural father’s name is already on the child(ren)’s birth certificate:
 Yes No, If “no”, the name of the natural father should be placed onto the birth certificate of the child(ren).

7. The minor child(ren) currently reside(s) with () Mother () Father () Other: _____

8. PARENTAL RESPONSIBILITY, PARENTING PLAN, TIME SHARING SCHEDULE & OTHER RELIEF

a. Jurisdiction

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

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

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

Venue is proper in Miami Dade County.

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

b. Parental Responsibility It is in the child(ren)’s best interests that parental responsibility should be:

- shared
- not shared and *{name}* _____ should be given sole parental responsibility because _____

c. **Child Support** Child Support should be awarded in accordance with Florida’s child support guidelines to:

- the Mother**
- the Father**
- Other** _____

The Petitioner requests that the Court order that: (1) The support be paid through the State Disbursement Unit or Central Depository, whichever is applicable; (2) The support be paid by income deduction; and (3) Any payment not made through the appropriate State Disbursement Unit or Central Depository may be considered unpaid and delinquent, and the Obligor may be subject to a delinquency judgment and further proceedings.

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

- the Mother
- the Father
- Shared by the parties

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

f. Life insurance to secure child support should be provided by:

- the Mother
- the Father
- Shared by the parties

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

- given to the Mother
- given to the Father
- alternated between the parties.

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

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

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

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

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

All other time not listed above should be spent with the

- mother**
- father**

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

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

9. **NAME CHANGE** The minor child(ren) should receive a change of name as follows:

<u>Present Name(s)</u>	<u>Name To Be Changed To</u>
_____	_____
_____	_____
_____	_____
_____	_____

10. Other relief: _____

_____.

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

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

Dated: _____

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

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

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

NOTARY PUBLIC or DEPUTY CLERK

_____ Personally known

_____ Produced identification: _____ Petition

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

FAMILY DIVISION

IN RE:

Petitioner,
and

Respondent.
_____ /

CASE NO.:

ACKNOWLEDGMENT OF COURSES

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

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

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

Parent Education and Family Stabilization Course Providers

COURSE NAME	CLASS LOCATION	REGISTRATION/PROVIDER CONTACT INFORMAION	COURSE INFORMATION
A Child's Life	Serving all counties; dates, times and locations to be announced	Life Works Parenting Tools Sue Dockerill (772) 288-9886 www.lwpt.org	Classroom setting in English Indigent Status Accepted
Divorce With Children	Contact for exact location	Joy Pyngolil, Ph.D. (772) 633-5728 jpyngolil@gmail.com	Individual appointment in English Indigent Status not Accepted
Children of Divorcing Parents	Miami-Dade Community College Call campus where you would like to attend the course	Kendall - (305) 237-2142, North - (305) 237-1019, Interamerican - (305) 237-6138, Wolfson - (305) 237-3120	Classroom setting and online in English/Spanish Indigent Status Accepted
Assisting Parents Through Divorce	Email or call for Miami-Dade, Broward or Palm Beach locations at Parentingisjob1@aol.com or 954-456-2850 or 305-899-9910	Taught by Jerome R. Tabas, B.S., M.S., J.D., Florida Supreme Court Certified Family Mediator, Qualified Parenting Coordinator, Divorce and Litigation Consultant	Classroom setting, individual appointment or correspondence course in English Materials available in Spanish Indigent Status not Accepted

COURSE NAME	CLASS LOCATION	REGISTRATION/PROVIDER CONTACT INFORMAION	COURSE INFORMATION
Children in the Middle	13200 SW 128th Street Unit F2 Miami, FL 33186	Metamorphosis – Transforming Lives, One Family at a Time Bettina M. Lozzi-Toscano, Ph.D. drbltatmetmorph@aol.com (305) 964-7598	Classroom setting in English/Spanish, Indigent Status Accepted
Healthy Marriages/Matrimonios Saludables	8180 NW 36 Street Unit F 2 Miami, FL 33186	Dr. Gina Diaz or Nicolas Diaz 786-229-9868 or 786-536-5260 www.tumatrimoniosaludable.org ogdiaz08@gmail.com	Classroom setting in Spanish In English upon request Indigent Status Accepted
MDM Counseling and Mediation Services	MDM Counseling and Mediation Services 7100 SW 99 Avenue Suite 203 Miami 33173	Dr. Maria D. Martinez (305) 215-7501 drmdmartinez@yahoo.com drmartinezcounselingservices.com	Classroom setting and correspondence course in English. Indigent Status Accepted.
Parent Education and Family Stabilization Course	Pastoral Care Institute 18191 NW 68 th Ave Suite 212 Miami 33015	Dorcas Iris De Jesus (786) 413-8487 www.pastoralcareinstitute.com irisdejesus@gmail.com	Classroom setting and online in English/Spanish Indigent Status Accepted
Transparenting	Call for location and time	Dr. Sheryl Ferguson (954) 476-0255 www.thepsychcenter.net thepsychcenter@bellsouth.net	Classroom setting in English/Spanish
A Parenting & Divorce Course Education Programs	Citrus Health Network (Family Health Center Room 420-A) 4125 W. 20th Ave (Entrance on 20th Ave) Hialeah 33012	(800) 767-8193 www.educationprograms.com www.onlinedivorceprogram.com ep@educationprograms.com	Classroom setting, online and correspondence course in English/Spanish Indigent Status Accepted
Parenting for Divorce	Counseling and Empowerment Group 10031 Pines Blvd. #242 Pembroke Pines 33024	Dr. Percy Ricketts (954) 438-5661 or (866) 438-5661. www.parentingfordivorce.com percyricks@msn.com	Classroom setting and online in English Indigent Status Accepted
Pro-Active Parenting and Divorce	7401 Wiles road Coral Springs 33067	Family Therapy Associates (954) 341-2555 www.FYIclass.com info@FYIclass.com	Classroom setting, individual appointment in English Materials available in Spanish/French Online in English/Spanish Correspondence course in English/Spanish/French. Indigent Status accepted – reduced fee.

COURSE NAME	CLASS LOCATION	REGISTRATION/PROVIDER CONTACT INFORMAION	COURSE INFORMATION
Surviving Divorce: A Parent's Guide	510 East 41st Street Hialeah	(877) 695-4377 (561) 324-3450 Jorgegomez65@hotmail.com	Classroom Setting in English. Online in English at www.parentssupportnetwork.com and in Online in Spanish at www.padresparasiempre.com Correspondence available in Creole Indigent Status Accepted
2 Parents 2 Homes	1666 Kennedy Causeway Suite 207 North Bay Village 7601 E Treasure Drive Suite Ground Floor Cu-6 North Bay Village 33141 9620 NE 2 nd Ave Suite 205 Miami Shores 33138 735 NE 72 St Miami 33138 1390 S Dixie Hwy Suite 1106 Coral Gables 33146	Yazmine Marimon, LMHC 1-800-397-1898 www.2parents2homes.com Maritza Montano, MS, PhD 1-800-397-1898 www.2parents2homes.com Rosemary DeFaria, LCSW 1-800-397-1898 www.2parents2homes.com Iris Pitaluga, MS 1-800-397-1898 www.2parents2homes.com	Classroom setting in English Indigent Status on case by case basis

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

SIGNATURE

date

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

FAMILY DIVISION

IN RE

_____,
Petitioner,

CASE NO.:

and

_____,
Respondent.

_____ /

PATERNITY SETTLEMENT AGREEMENT

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

WITNESSETH:

WHEREAS, the parties are the natural parents of the following minor child(ren):

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

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

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

THEREFORE, it is agreed between the Mother and Father as follows:

1. 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.

2. Paternity Facts: (check all boxes that apply)

a. Paternity has NOT been previously established as a matter of law or by court.

b. The parties engaged in sexual intercourse with each other during the following time period *{list months and years}* _____.

As a result of the sexual intercourse, Petitioner Respondent conceived and gave birth to the minor child(ren) named in paragraph 5.

Petitioner Respondent *{name}* _____ is the natural father of the minor child(ren). The Natural father's name is already on the child(ren)'s birth certificate:

Yes No, If "no", the name of the natural father should be placed onto the birth certificate of the child(ren).

3. Parental Responsibility It is in the child(ren)'s best interests that parental responsibility should be: (choose one box)

shared

not shared and *{name}* _____ should be given sole parental responsibility because _____

4. **CHILD SUPPORT** The parties agree that the following child support is awarded to the _____ in accordance with the Florida Child Support Guidelines:

a. Child support is being based on the Father’s monthly net income of \$_____ and the Mother’s monthly net income of \$_____. The Florida Child Support Guidelines suggest a minimum child support obligation of \$_____ per month, with the Father being responsible for _____% and the Mother being responsible for _____%. Therefore, the () Father () Mother (Payor) shall pay to the () Father () Mother (Payee) \$_____ per _____, which includes any medical, dental and day care expenses for the minor child(ren). The obligor’s child support obligation shall continue until modified by court order, the youngest child turns 18, enters the military service, becomes emancipated, marries, dies, or otherwise becomes self-supporting. Payment of the full amount shall be reset as below when a child is no longer eligible for support. The first ongoing child support payment is due on _____ in the amount of _____ per _____.

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

b. The Child support shall be paid directly to the Payee until the entry of the Final Judgment. Thereafter, the child support payments shall be paid to the Central Depository and by Income Deduction. Whenever a child support payment is not automatically deducted from the Payor’s income, the Payor shall be personally responsible for making the child support payment directly to the Payee prior to the entry of the Final Judgment and directly to the Central Depository after the entry of the Final Judgment.

c. Child support shall be paid through the Central Depository and the fee for that service shall be paid as follows: (choose one box)

- i. By the Father
- ii. By the Mother
- iii. Shared as follows: _____

d. The parties agree that there are child support arrears due and owing in the amount of \$_____. as of _____. The arrears are to be paid as follows: _____

_____, with the first arrears payment being due on _____

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

the Mother the Father Shared by the parties

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

the Mother the Father Shared by the parties

7. Life insurance to secure child support should be provided by:

the Mother the Father Shared by the parties

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

given to the Mother given to the Father alternated between the parties.

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

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

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

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

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

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

All other time not listed above should be spent with the

mother **father**

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

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

New Year's Eve

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

New Year's Day

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

Martin Luther King Jr. Birthday

Mother: 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.

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

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

12. 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):

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

14. **NAME CHANGE** The minor child(ren) should receive a change of name as follows:

<u>Present Name(s)</u>	<u>Name To Be Changed To</u>
_____	_____
_____	_____
_____	_____
_____	_____

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

16. Other Relief: _____

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

Dated: _____

Father's Signature: _____

Printed Name: _____

Street Address: _____

City, State, Zip: _____

Telephone No.: _____

Email: _____

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

Sworn to or affirmed and signed before me on _____ by

_____.

NOTARY PUBLIC or DEPUTY CLERK

_____ Personally known

_____ Produced identification: _____

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

Dated: _____

Mother's Signature: _____

Printed Name: _____

Street Address: _____

City, State, Zip: _____

Telephone No.: _____

Email: _____

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

Sworn to or affirmed and signed before me on _____ by

_____.

NOTARY PUBLIC or DEPUTY CLERK

_____ Personally known

_____ Produced identification: _____

FAMILY COURT COVER SHEET

Case Style: IN RE:

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

Petitioner,
and

Case No.: _____

Respondent.

Judge: _____

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

Initial Action/Petition

Reopening Case

Modification/Supplemental Petition

Motion for Civil Contempt/Enforcement

Other _____

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

Simplified Dissolution

Other Family Court _____

Dissolution of Marriage

Name Change

Support IV-D (Dept of Revenue, CSE)

Paternity/Disestablish Paternity

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

Petition for Dependency

UIFSA IV-D (Dept of Revenue, CSE)

CINS/FINS

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

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

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

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

PARTY SIGNATURE

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

Party Signature

(Type or print your name)

Date

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

FAMILY DIVISION

IN RE:

_____,
Petitioner,
and
_____,
Respondent.
_____ /

CASE NO.:

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

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

My Occupation: _____ Employed by: _____

Business Address: _____

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

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

SECTION I. PRESENT MONTHLY GROSS INCOME

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

PRESENT MONTHLY DEDUCTIONS:

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

SECTION II. AVERAGE MONTHLY EXPENSES

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

SUMMARY

- 29. TOTAL PRESENT MONTHLY NET INCOME**
(from line 27 of SECTION I. INCOME) 29. \$ _____
- 30. TOTAL MONTHLY EXPENSES** (from line 28) 30. \$ _____
- 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"/> ✓ here if additional pages are attached.			
Total Assets (add Current Fair Market Value Column)	\$		

B. LIABILITIES:

DESCRIPTION OF ITEM(S). List a description of each separate debt owed by you (and/or your spouse, if this is a petition for dissolution of marriage). LIST ONLY LAST 4 DIGITS OF ACCOUNT NUMBERS. <input 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"/>			
<input type="checkbox"/> Other			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> <input type="checkbox"/> here if additional pages are attached.			
Total Debts (add Current Amount Owed Column)	\$		

C. CONTINGENT ASSETS AND LIABILITIES:

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

Contingent Assets <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"/>			
Total Contingent Assets	\$		

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"/>			
Total Contingent Debts	\$		

SECTION IV. CHILD SUPPORT GUIDELINES WORKSHEET

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

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

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

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

Dated: _____

Signature of Party: _____

Printed Name: _____

Street Address: _____

City, State, Zip: _____

Telephone No.: _____

Email: _____

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

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

NOTARY PUBLIC or DEPUTY CLERK

_____ Personally known

_____ Produced identification: _____

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

FAMILY DIVISION

IN RE:

_____,
Petitioner,
and
_____,
Respondent.
_____ /

CASE NO.:

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

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

My Occupation: _____ Employed by: _____

Business Address: _____

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

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

SECTION I. PRESENT MONTHLY GROSS INCOME

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

PRESENT MONTHLY DEDUCTIONS:

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

SECTION II. AVERAGE MONTHLY EXPENSES

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

SUMMARY

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

SECTION III. ASSETS AND LIABILITIES

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

A. ASSETS:

DESCRIPTION OF ITEM(S). List a description of each separate item owned by you (and/or your spouse, if this is a petition for dissolution of marriage). LIST ONLY LAST 4 DIGITS OF ACCOUNT NUMBERS. ✓ the box next to any asset(s) which you are requesting the judge award you.	Current Fair Market Value	Nonmarital (✓ correct column)	
		husband	wife
<input type="checkbox"/> Cash (on hand)	\$		
<input type="checkbox"/> Cash (in banks or credit unions)			
<input type="checkbox"/> Stocks, Bonds, and Notes			
<input type="checkbox"/> Real Estate: (Home)			
<input type="checkbox"/> (Other)			
<input type="checkbox"/> Automobiles			
<input type="checkbox"/> Other Personal Property			
<input type="checkbox"/> Retirement Plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)			
<input type="checkbox"/> Other			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> ✓ here if additional pages are attached.			
Total Assets (add Current Fair Market Value Column)	\$		

B. LIABILITIES:

DESCRIPTION OF ITEM(S). List a description of each separate debt owed by you (and/or your spouse, if this is a petition for dissolution of marriage). LIST ONLY LAST 4 DIGITS OF ACCOUNT NUMBERS. <input checked="" type="checkbox"/> the box next to any asset(s) which you are requesting the judge award you.	Current Amount Owed	Nonmarital (<input checked="" type="checkbox"/> correct column)	
		husband	wife
<input type="checkbox"/> Mortgages on real estate: First mortgage on home	\$		
<input type="checkbox"/> Second mortgage on home			
<input type="checkbox"/> Other mortgages			
<input type="checkbox"/>			
<input type="checkbox"/> Auto loans			
<input type="checkbox"/>			
<input type="checkbox"/> Charge/credit card accounts			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Other			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> <input checked="" type="checkbox"/> here if additional pages are attached.			
Total Debts (add Current Amount Owed Column)	\$		

C. CONTINGENT ASSETS AND LIABILITIES:

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

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

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

SECTION IV. CHILD SUPPORT GUIDELINES WORKSHEET

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

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

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

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

Dated: _____

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

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

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

NOTARY PUBLIC or DEPUTY CLERK

_____ Personally known
_____ Produced identification: _____

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

FAMILY DIVISION

_____,
Petitioner,
and

CASE NO.:

_____,
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: _____
 E-mail: _____

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.:

NOTICE OF SOCIAL SECURITY

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

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

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

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

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

Dated: _____

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

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

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

NOTARY PUBLIC or DEPUTY CLERK

_____ Personally known
_____ Produced identification: _____

Notice of Social Security

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.:

NOTICE OF SOCIAL SECURITY

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

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

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

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

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

Dated: _____

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

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

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

NOTARY PUBLIC or DEPUTY CLERK

_____ Personally known
_____ Produced identification: _____

Notice of Social Security

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

_____,
and _____,

Respondent(s).

ANSWER AND WAIVER

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

1. Respondent has received a copy of the Petition and admits all the allegations contained therein. By admitting all of the allegations in the petition, respondent agrees to all relief requested in the petition including any requests regarding parenting and timesharing, child support, and temporary relief.

2. Respondent acknowledges that if this case involves child support and/or alimony, the Court may order that: (1) The support be paid through the State Disbursement Unit or Central Depository, whichever is applicable; (2) The support be paid by income deduction; and (3) Any payment not made through the appropriate State Disbursement Unit or Central Depository may be considered unpaid and delinquent, and the Obligor may be subject to a delinquency judgment and further proceedings.

3. Respondent states that he/she is not in the military of the United States.

- 4. Respondent waives service of process and the 20 day requirement for setting the matter in the above styled case for Final Hearing.

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

Other party or his/her attorney:

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

Dated: _____

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

STATE OF FLORIDA)
 COUNTY OF MIAMI-DADE)

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

 NOTARY PUBLIC or DEPUTY CLERK

_____ Personally known
 _____ Produced identification: _____

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

FAMILY DIVISION

IN RE:

Petitioner,

CASE NO.:

FC

and

Respondent.

_____ /

**SPECIAL AFFIDAVIT FOR UNCONTESTED PETITION FOR THE
DETERMINATION OF PATERNITY, PARENTAL RESPONSIBILITY,
PARENTING PLAN, TIME SHARING SCHEDULE, AND CHILD SUPPORT
WITHOUT A HEARING**

We, the undersigned, under oath and under penalty of perjury, swear or affirm as follows:

1. Petitioner's Name

Petitioner's Current Address:

Respondent's Name

Respondent's Current Address:

2. The Petitioner and Respondent are the natural parents of the following child(ren)

Name	Date of Birth	Sex
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. The Child(ren) have resided in the State of Florida continuously for more than six (6) months before the date the Petition was filed?

() Yes () No

5. **Paternity Facts:** (check all that apply)

- a. Paternity has NOT been previously established as a matter of law or by court.
- b. The parties engaged in sexual intercourse with each other during the following time period *{list months and years}*
_____. As a result of the sexual intercourse,
Petitioner Respondent conceived and gave birth to the minor child(ren)
named in paragraph 5.
- Petitioner Respondent *{name/}* _____ is the
natural father of the minor child(ren). The Natural father's name is already on
the child(ren)'s birth certificate:
- Yes No, If "no", the name of the natural father should be
placed onto the birth certificate of the child(ren).

6. Have **both Petitioner and Respondent** signed a **written notarized** agreement settling all of the issues in this case? (**Paternity Agreement has been filed**)
() Yes () No

7. Did both parties sign this written agreement freely and voluntarily?
() Yes () No

8. Do you want the Court to adopt this agreement as part of the Final Judgment of Paternity?
() Yes () No

9. Is there anything you believe the Court should know that has not been covered above?
If so, briefly state: () Everything is true and correct **or** () The Court should know the following: _____

By signing this Special Affidavit, we understand that a final hearing will NOT be set in this case. The Judge assigned to this case may enter a Final Judgment closing the case without our presence at any future hearings.

Dated: _____ **Petitioner's Signature:** _____

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: _____

Dated: _____ **Respondent's Signature:** _____

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.:

and

_____,
Respondent.

INDEX OF FORMS

- Form A-3 Petition for the Determination of Paternity, etc.
- Form A-4 Parties Information Sheet
- Form C-5 Acknowledgment of Courses
- Form E-2 Paternity Settlement Agreement
- Form H Civil Cover Sheet
- Form I Family Law Financial Affidavit (Short Form) (Petitioner's)
- Form I Family Law Financial Affidavit (Short Form) (Respondent's)
- Form J Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)
- Form K Notice of Social Security (Petitioner's)
- Form K Notice of Social Security (Respondent's)
- Form L-2(P) Answer and Waiver
- Form Notice of Related Cases
- Form No Hearing Special Affidavit
- Form Acknowledgment of Status Quo Temporary Domestic Relations Order
- Form Acknowledgment of Receipt
- Form Designation of Current Address and E-mail Address (Petitioner)
- Form Designation of Current Address and E-mail Address (Respondent)

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 Paternity Settlement Agreement)

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

January

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

February

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

March

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

Special Occasions/ Holidays

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

Special Occasions/ Holidays

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

Special Occasions/ Holidays

Spring Break
 Other: _____
 Other: _____
 Other: _____

April

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

May

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

June

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

Special Occasions/ Holidays

Easter
 Spring Break
 Other: _____
 Other: _____

Special Occasions/ Holidays

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

Special Occasions/ Holidays

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

OVERNIGHT CALENDAR WORKSHEET (Cont.)

July

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

Special Occasions/ Holidays

Independence Day
Summer Break
Other: _____
Other: _____

August

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

Special Occasions/ Holidays

Summer Break
Other: _____
Other: _____
Other: _____

September

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

Special Occasions/ Holidays

Labor Day
Rosh Hashanah
Yom Kippur
Other: _____

October

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

Special Occasions/ Holidays

Columbus Day
Other: _____
Other: _____
Other: _____

November

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

Special Occasions/ Holidays

Veterans Day
Thanksgiving
Other: _____
Other: _____

December

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

Special Occasions/ Holidays

Christmas Eve
Christmas Day
December School Break
Other: _____

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

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

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

FAMILY DIVISION

IN RE:

Petitioner,

CASE NO.:

and

Respondent.

_____ /

**ACKNOWLEDGMENT OF STATUS QUO TEMPORARY
DOMESTIC RELATIONS ORDER**

EXHIBIT "A"

**IN THE CIRCUIT COURT OF THE 11TH JUDICIAL CIRCUIT
IN AND FOR MIAMI-DADE COUNTY, FLORIDA**

ISSUED PURSUANT TO ADMINISTRATIVE ORDER NO. 14-13

**STATUS QUO TEMPORARY DOMESTIC RELATIONS
ORDER, WITH OR WITHOUT MINOR CHILDREN**

The following Status Quo Temporary Domestic Relations Order, With or Without Minor Children (hereinafter "Order") shall apply to both parties in an original dissolution of marriage or paternity action. This Order shall be in effect with regard to the petitioner upon filing of the petition; and with regard to the respondent, upon service of the summons and petition or upon waiver and acceptance of service. The Order shall remain in effect during the pendency of the action unless modified, terminated, or amended by further order of presiding judge in the action.

It is in the best interests of the parties in a dissolution of marriage or paternity action to learn about the problems, duties and responsibilities that may arise during their dissolution or paternity proceeding. It is also important for the parties to preserve their assets, act in the best interests of their children and comply with Court rules and orders. Therefore, the parties are hereby advised:

1. **NO RELOCATION OF CHILDREN:** Unless there is a prior court order, domestic violence injunction (permanent or temporary) or agreement signed by both parties, to the contrary, neither party will permanently remove, cause to be removed, nor permit the removal of any minor children of the parties from their current county of residence. The intent of this restriction is not to prohibit temporary travel within the State of Florida. Neither party shall apply for any passport nor passport services on behalf of the children, without an order of the court from the presiding judge.

2. **CHILD SUPPORT:** Unless there is a prior court order, domestic violence injunction (permanent or temporary) or agreement signed by both parties, if the parties have minor children and choose to live apart while the action is pending, the parent with whom the children are not residing for a majority of the time should make voluntary payments of child support to the other parent, prior to the entry of an order requiring payment of child support. Child support should be in an amount as determined by the Uniform Child Support Guidelines, Section 61.30, Florida Statutes. Since child support can be ordered retroactive to the date of filing the petition, it is advisable that the party making payment keep proof of the payments and bring them to court. Signed receipts should be obtained for any cash payments. Parent/child access and child support are separate and distinct under the law. Accordingly, a child's right to access to his or her parent is not contingent upon the payment of child support.

3. **SHARED PARENTING GUIDELINES:** These guidelines apply unless there is a prior court order, domestic violence injunction (permanent or temporary) or agreement of the parties to the contrary. The safety, financial security, and mental well-being of the children involved in these cases are of paramount concern. It is mandatory that parents complete a parenting class and know, understand, and follow the court's guidelines for parents in dissolution cases with children. The parties are ordered to abide by the principles of shared parental responsibility, which means:

3.1 Both parents shall confer with each other so that major decisions affecting the welfare of the children shall be determined jointly. Such decisions include, but are not limited to, education, discipline, religion, medical, and general upbringing.

3.2 Each parent shall exercise, in the utmost good faith, his and her best efforts at all times to encourage and foster the maximum relations, love, and affection between the minor children of the parties and the other parent. Neither parent shall impede, obstruct, or interfere with the exercise by the other parent of his or her right to companionship with the minor children.

3.3 Each parent shall have access to records and information pertaining to the minor children, including, but not limited to, medical, dental, and school records.

3.4 Neither parent shall make any disparaging remarks about the other parent or quiz the children as to the other parent's private life. It is the children's right to be spared from experiencing and witnessing any animosity or ill-feeling, if any should occur, between the parents, and the minor children should be encouraged to maintain love, respect, and affection for both parents.

3.5 The relationship between the parents shall be courteous and respectful as possible, relatively formal, low-key, and public.

3.6 Each parent has a duty to communicate directly with the children concerning his/her relationship with them to the extent warranted by their age and maturity. Neither parent can expect the other parent to continually act as a "buffer" or "go-between." For example, should either parent be unable to exercise time-sharing, that parent should explain this directly to the child.

3.7 Both parents shall be entitled to participate in and attend special activities in which the minor children are engaged, such as religious activities, school programs, sports events and other extracurricular activities, and important social events in which the children participate. Each parent should keep the other notified of these events.

3.8 The children shall not be referred to by any other last name than the one listed on their birth certificate.

3.9 Each parent has a duty to discuss with the other parent the advantages and disadvantages of all major decisions regarding the children and to work together in an effort to reach a joint decision. For example, this duty would include an obligation to discuss a decision to remove a child from public school in order to enroll the child in private school.

3.10 Neither parent shall conceal the whereabouts of the children, and each parent will keep the other advised at all times of the residential address and phone numbers where the children will be staying while with the other parent. Each parent shall notify the other immediately of any emergency pertaining to any child of the parties.

3.11 Each party shall provide to the other party his or her residence address, residence, work, and cellular telephone numbers, and e-mail address. Each party shall notify the other party, in writing, of any and all changes in his or her residence address and residence, work, and cellular telephone numbers, and e-mail address. Such notification shall be done within five (5) days of any such change and shall include the complete new address or complete new telephone number(s) and/or e-mail address.

4. REQUIRED ATTENDANCE IN A 4-HOUR PARENTING COURSE: SECTION 61.21, FLORIDA STATUTES. All parties to dissolution of marriage proceedings with minor children or to paternity proceedings shall be required to complete the Parent Education and Family Stabilization Course prior to the entry by the court of a final judgment, as follows:

4.1 Required Attendance. The Petitioner must complete the course within 45 days after the filing of the petition, and all other parties must complete the course within 45 days after service of the petition. The presiding judge may excuse a party from attending the parenting course for good reason. The programs are educational programs designed to assist parents and children in making transitions during and after the divorce. A certificate of completion for each party must be filed with the Clerk of Court.

4.2 Cost. Each party shall pay their respective cost of the Certified Parenting Course. The cost is determined by the agencies providing the different programs. No person shall be refused permission to attend because of inability to pay.

4.3 Non-Compliance. If either party does not attend and complete the Certified Parenting Course, upon filing of an affidavit of non-compliance, the presiding judge will enter an Order to Show Cause and will schedule a hearing date. At the hearing, the non-complying party will demonstrate why he or she has not attended the Parenting Education and Family Stabilization Course. The presiding judge may impose sanctions, including a Stay of Proceedings, or any other sanction the presiding judge finds just.

5. **MEDIATION:** Unless there is a prior court order, domestic violence injunction (permanent or temporary) or agreement signed by both parties, the parties are required to attend mediation prior to any final hearing or as otherwise ordered by the Court. The parties may utilize the mediation services provided by this Circuit's in-house mediators or the services of a private mediator.

6. **CONDUCT OF THE PARTIES DURING THE CASE:** Both parties are ordered to refrain from physical, verbal, or any other form of harassment of the other, including, but not limited to, acts done in person or by telephone, email, or text messaging at their residence or at work.

7. **DISPOSITION OF ASSETS AND CASE:** Neither party in a dissolution of marriage action will conceal, damage, nor dispose of any asset, whether jointly or separately owned, nor will either party dissipate the value of any asset (for example, by adding a mortgage to real estate), except by written consent of the parties or an order of court. Neither party will cancel nor cause to be canceled any utilities, including telephone, electric, or water and sewer. Notwithstanding, the parties may spend their income in the ordinary course of their business, personal, and family affairs. Neither party will conceal, hoard, nor waste jointly-owned funds, whether in the form of cash, bank accounts, or other highly liquid assets, except that said funds can be spent for the necessities of life. The use of funds or income after separation must be accounted for and justified as reasonable and necessary for the necessities of the party or to preserve marital assets or pay marital debts. Attorney's fees and costs are necessities and must be accounted for by each party. Both parties are accountable for all money or property in their possession after separation and during the dissolution of marriage proceedings. Any party who violates this provision will be required to render an accounting and may be later sanctioned for wasting a marital asset. To the extent there are pending contracts or transactions affected by this paragraph, the affected party may seek relief from the presiding judge, on an expedited basis, if the parties are unable to resolve the issue.

8. **PERSONAL AND BUSINESS RECORDS:** Neither party will, directly nor indirectly, conceal from the other or destroy any family records, business records, or any records of income, debt, or other obligations.

9. **INSURANCE POLICIES:** Any insurance policies in effect at the time the petition was filed, shall not be terminated, allowed to lapse, modified, borrowed against, pledged, or otherwise encumbered by either of the parties or at the direction of either party. This includes medical, hospital and/or dental insurance for the other party or the minor children. Neither party shall change the beneficiaries of any existing life insurance policies, and each party shall maintain all existing insurance policies in full force and effect, without change of their terms, unless agreed to in writing by both parties. All policy premiums will continue to be paid in full on a timely basis, unless there is an order of the court by the presiding judge or written agreement of the parties to the contrary. In order to modify this provision, or any other provision, the party must follow the procedure set forth in Paragraph 12.

10. **ADDITIONAL DEBT:** Neither party in a dissolution of marriage action may incur any unreasonable debts or additional personal debt which would bind the other spouse, including, but not limited to, further borrowing against any credit line secured by the family residence, further encumbering any assets, or unreasonably using credit/bank cards or cash advances against said cards, except with written consent of the parties or order of the court by the presiding judge. The parties are strongly urged to temporarily refrain from using joint credit cards, except for absolute necessities and only as a last resort. Abuse of credit, especially the other spouse's credit, offends the court's sense of equity and will be dealt with accordingly.

11. **SANCTIONS:** The presiding judge will sanction any party who fails, without good cause, to satisfactorily comply with the rules pertaining to the production of financial records and other documents, or fails, without good cause, to answer interrogatories or attend a deposition. When setting hearings, conferences, and depositions, an attorney must make a good faith effort to coordinate the date and time with opposing counsel.

12. **JUDICIAL ENFORCEMENT:** Failure to comply with the terms of this Order may result in appropriate sanctions against the offending party.

13. **SERVICE AND APPLICATION OF THIS ORDER:** The Petitioner or Petitioner's attorney shall serve a copy of this Order with a copy of the petition. This Order shall bind the Petitioner upon the filing of this action and shall become binding on the Respondent upon service of the initial pleading. This Order shall remain in full force and effect until further order of the court. Any part of this Order not changed by some later order or subsequent written agreement of the parties remains in effect. Nothing in this Order shall preclude either party from applying to the presiding judge for further temporary orders or any temporary injunction. Should either party wish to modify this Order, an appropriate motion must be filed with the Family Division of the Clerk's Office in the county where the action is pending, to be set on motion calendar for the court to determine the scheduling of a hearing. An evidentiary hearing on a motion seeking enforcement or modification of this Order shall be accorded priority on the court's calendar. This entire Order will terminate once a final judgment is entered.

DONE AND ORDERED at Miami-Dade County, Florida, on this 6th day of August, 2014.

**BERTILA SOTO, CHIEF JUDGE
ELEVENTH JUDICIAL CIRCUIT**

SIGNATURE OF LITIGANT

date

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

FAMILY DIVISION

IN RE:

Petitioner,
and

CASE NO.:

Respondent.
_____ /

SELF-HELP ACKNOWLEDGMENT OF RECEIPT

I UNDERSTAND THAT IF I HAVE A MINOR CHILD(REN), I WILL HAVE TO ATTEND A PARENTING COURSE. (see packet Form C 5).

NOTICE OF LIMITATION OF SELF-HELP SERVICES PROVIDED

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

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

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

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

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

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

_____ I CAN READ ENGLISH.

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

_____ {NAME} IN _____ {LANGUAGE} .

SIGNATURE OF LITIGANT _____

SIGNATURE OF SELF HELP STAFF _____

(Paternity)

page 1 of 3

ACUSE DE RECIBO

ENTIENDO QUE SI TENGO (UN/A) HIJO/A(S) MENOR(ES) , HABRÉ DE ASISTIR AL CURSO DE LOS PADRES. (vea el formulario C5 del conjunto).

**AVISO DE LIMITACION
DE SERVICIOS OFRECIDOS**

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

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

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

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

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

_____ **YO PUEDO LEER ESPANOL.**

_____ **YO NO PUEDO LEER ESPANOL. ESTE AVISO FUE LEIDO A MI POR**

_____ **{NOMBRE} EN _____ {IDIOMA} .**

Litigant FIRMA _____

Self Help FIRMA _____

AKIZE RESEPSYON

MWEN KONPRANN KE SI MWEN GEN PITIT KI MINÈ, MA GEN POU M PRAN YON KOU
POU APRANN YON BON PARAN. (gade pakèt Fòm C 5 la).

AVI SOU LIMITASYON SÈVIS YO FOUNI YO

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

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

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

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

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

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

_____ MWEN KAPAB LI ANGLÈ.

_____ MWEN PA KAPAB LI ANGLÈ. SE

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

SIYATI PLEYAN AN _____

SIYATI ANPLWAYE “*SELF HELP*” LA _____

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

FAMILY DIVISION

IN RE:

_____,
Petitioner,
and
_____,
Respondent.
_____ /

CASE NO.:

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

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

MAILING ADDRESS:

My current mailing address is:

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

E-MAIL ADDRESS:

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

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

Email address: _____

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

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

Other party or his/her attorney:

Name: _____

Address: _____

City, State, Zip: _____

Designated E-mail Address(es): _____

Signature of Party (Petitioner)

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

Sworn to or affirmed and signed before me on _____ by

_____.

NOTARY PUBLIC or DEPUTY CLERK

Personally known

Produced identification: _____

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

FAMILY DIVISION

IN RE:

_____ ,

Petitioner,

and

_____ ,

Respondent.

CASE NO.:

_____ /

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

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

MAILING ADDRESS:

My current mailing address is:

{Street or Post Office Box} _____,

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

{Zip} _____.

{Telephone No.} _____

E-MAIL ADDRESS:

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

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

Email address: _____

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

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

Other party or his/her attorney:

Name: _____

Address: _____

City, State, Zip: _____

Designated E-mail Address(es): _____

Signature of Party (Respondent)

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

Sworn to or affirmed and signed before me on _____ by

_____.

NOTARY PUBLIC or DEPUTY CLERK

Personally known

Produced identification: _____