

**INSTRUCTIONS FOR FILING A PETITION TO
RELOCATE where the parties are in agreement and there will
be a written agreement**

Information You Need to Know:

- You may want to consult an attorney before deciding to represent yourself.
- If at any time before or after you file your case you decide that you no longer want to represent yourself, you may hire a lawyer.

The Day You Have Your Forms Reviewed

Bring the following:

1. **Payment of \$65.00 Self-Help Service Fee and all other applicable fees.**
2. **Completed forms in English and black ink (please type or print legibly!)**
All of your forms must be completed with the correct information prior to having your forms reviewed
3. **Pen (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. **Applicable Fees**
Clerk of the Court Filing Fee.....\$50.00
***Some or all of these fees may apply.
7. **Keep in mind the Clerk's Office hours are from 9:00a.m. to 4:00p.m.**

The Day of Your Final Hearing

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

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

If You and the other party are in written agreement

1. Complete the following documents in black ink:
 - a. Petition to Relocate
 - b. Parties Information Sheet
 - c. Answer & Waiver
 - d. Relocation Agreement
 - e. Notice of Related Cases
 - f. Index of Forms (top portion only)
 - g. Acknowledgment of Receipt
2. Make your appointment online <https://www.jud11.flcourts.org/Family-Court-Self-Help-Program> to review and notarize your documents. Please read the Self-Help Appointment Types sheet before scheduling your appointment.

STOP HERE - DO NOT GO TO STEP 3 UNTIL AFTER YOUR FORMS ARE REVIEWED AT THE SELF HELP PROGRAM

3. After your Self-Help appointment, make 2 copies of all your documents:
 - a. Original: File with the Clerk at 175 N.W. 1st Avenue, 12th Floor at the NEW FILINGS window and pay the filing fee of \$ 50.00 (payable by cash, money order or credit card).
 - b. Each party keeps a copy for their records and to bring to the Final Hearing.
4. After the Clerk stamps all of your documents, return to Self-Help with the **Notice of Final Hearing, Final Judgment of Relocation** and 2 self-addressed stamped envelopes..
5. You will receive the date of your Final Hearing in the mail in about 4 to 8 weeks.

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

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.

SCHEDULE YOUR SELF-HELP APPOINTMENT ONLINE

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

Please note that scheduling the incorrect appointment type can subject you to being rescheduled for another date. All SHP appointments are scheduled for specific dates and times depending on appointment type. After you schedule your appointment online, you will be receiving a confirmation via email and text with appointment details.

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

Example.: To make your appointment online you will select **First-Time Visit Relocation**

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

Example.: To make a Workshop appointment for a Relocation Agreement packet, you will select **Workshop-Relocation**

- **All Self-Help Fees and applicable fees can be paid at time of your Self-Help appointment.**

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

Important Information Regarding Your Self-Help Appointment

Need help completing your packet?

A \$80.00 Workshop is offered at the Self Help Program to help you complete your forms and notarize them. If you would like to participate in this workshop, Make your appointment online <https://www.jud11.flcourts.org/Family-Court-Self-Help-Program>

Information you need to know for your Relocation Workshop appointment or Self-Help appointment (First Time)

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



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

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

FAMILY DIVISION

_____ Petitioner, **CASE NO.:**

and

_____ **PARTIES INFORMATION**

Respondent.

PETITIONER:

Name: _____

Home Address: _____

City, State: _____ Zip: _____

D.O.B.: _____

Home Telephone Number: _____

Employment Number: _____

E-mail Address: _____

RESPONDENT:

Name: _____

Home Address: _____

City, State: _____ Zip: _____

D.O.B.: _____

Home Telephone Number: _____

Employment Number: _____

Attorney: _____

Attorney's Address: _____

Telephone Number: _____

E-mail Address: _____

MINOR CHILDREN:

1) _____ D.O.B. _____

2) _____ D.O.B. _____

3) _____ D.O.B. _____

4) _____ D.O.B. _____

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

FAMILY DIVISION

IN RE:

Petitioner,
and

CASE NO.:

FC

Respondent.
_____ /

PETITION TO RELOCATE

Petitioner/Respondent _____ files this Petition to Relocate and states as follows:

1. A description of the location of the intended new residence is as follows:

State _____
City _____
Street Address _____
Other _____

If the mailing address of the intended new residence is different from the physical street address, list the mailing address: _____

2. The home telephone number of the intended new residence is _____.
 Unknown

3. The date of the intended move or proposed relocation is _____.

4. The specific reasons for the proposed relocation are as follows:

I have been offered a job in writing, a copy of which is attached.

5. The following is a proposal for the revised post relocation access and time sharing schedule for the non-relocating parent with the child(ren): _____

a. **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 _____

_____.

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

the Mother

the Father

Other

A child support order has previously been entered by a court under case number _____. Pursuant to that order, the _____ was ordered to pay \$_____ every

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

the Mother

the Father

shared by the parties as determined by the Court

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

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

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

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

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

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

g. **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) |
| <input type="checkbox"/> Monday from _____ to _____ | <input type="checkbox"/> each week <input type="checkbox"/> every other week |
| <input type="checkbox"/> Tuesday from _____ to _____ | <input type="checkbox"/> each week <input type="checkbox"/> every other week |
| <input type="checkbox"/> Wednesday from _____ to _____ | <input type="checkbox"/> each week <input type="checkbox"/> every other week |
| <input type="checkbox"/> Thursday from _____ to _____ | <input type="checkbox"/> each week <input type="checkbox"/> every other week |
| <input type="checkbox"/> Friday from _____ to _____ | <input type="checkbox"/> each week <input type="checkbox"/> every other week |
| <input type="checkbox"/> Saturday from _____ to _____ | <input type="checkbox"/> each week <input type="checkbox"/> every other week |
| <input type="checkbox"/> Sunday from _____ to _____ | <input type="checkbox"/> each week <input type="checkbox"/> every other week |

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)

New Year's Eve

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

New Year's Day

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

Martin Luther King Jr. Birthday

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

President's Day

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

Easter

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

Passover

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

Memorial Day

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

Independence Day

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

Labor Day

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

Yom Kippur

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

Columbus Day

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

Veterans Day

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

Thanksgiving

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

Christmas Eve

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

Christmas Day

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

Mother's Day

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

Father's Day

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

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

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

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

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

December School Break

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

Spring School Break

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

Summer School Break

Mother: Every Year Even Years Odd Years

Father: Every Year Even Years Odd Years

Other: _____

Teacher Work Days

Mother: Every Year Even Years Odd Years

Father: Every Year Even Years Odd Years

Other: _____

Other

Mother: Every Year Even Years Odd Years

Father: Every Year Even Years Odd Years

Other: _____

Other

Mother: Every Year Even Years Odd Years

Father: Every Year Even Years Odd Years

Other: _____

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

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

j. 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):**

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

6. The proposal for the post relocation transportation arrangements necessary to effectuate time sharing are as follows: _____

A RESPONSE TO THE PETITION OBJECTING TO RELOCATION MUST BE MADE IN WRITING, FILED WITH THE COURT, AND SERVED ON THE PARENT OR OTHER PERSON SEEKING TO RELOCATE WITHIN 20 DAYS AFTER SERVICE OF THIS PETITION TO RELOCATE IF YOU FAIL TO TIMELY OBJECT TO THE RELOCATION, THE RELOCATION WILL BE ALLOWED, UNLESS IT IS NOT IN THE BEST INTERESTS OF THE CHILD, WITHOUT FURTHER NOTICE AND WITHOUT A HEARING.

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

Dated: _____

Signature of Party: _____

Printed Name: _____

Street Address: _____

City, State, Zip: _____

Telephone No.: _____

E-mail: _____

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

Sworn to or affirmed and signed before me on _____ by

_____.

NOTARY PUBLIC or DEPUTY CLERK

_____ Personally known

_____ Produced identification: _____

RULES FOR COMPLETING A MOTION

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

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

REGLAS PARA COMPLETAR UNA MOCION

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

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

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

FAMILY DIVISION

IN RE:

_____,
Petitioner,

CASE NO.: _____ **FC**

and

_____,
Respondent.

_____/ **MOTION** _____

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

and in support alleges the following:

1. I am filing this motion because: _____

2. I request the following from the Court: _____

3.

4.

5.

6.

7.

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

Other party or his/her attorney:

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

Dated: _____

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

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

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

NOTARY PUBLIC or DEPUTY CLERK

_____ Personally known
_____ Produced identification: _____

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

FAMILY DIVISION

IN RE:

_____,
Petitioner,

CASE NO.: FC

And

_____,
Respondent.

REQUEST FOR HEARING

1. Motion for which hearing is requested:

2. Amount of time requested: _____

3. Check one of the below:

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

OR

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

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

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

Other party or his/her attorney:

Name: _____

Street Address: _____

City, State, Zip: _____

Telephone No.: _____

Dated: _____

Signature of Party: _____

Printed Name: _____

Street Address: _____

City, State, Zip: _____

Telephone No.: _____

E-mail: _____

Request for Hearing

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.

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.
2. Respondent states that he/she is not in the military of the United States.
3. Respondent waives notice of any further proceedings in this action and the 20 day requirement for setting the matter in the above styled case for Final Hearing.
4. Respondent requests her name be restored to: _____

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

Other party or his/her attorney:

Name: _____
Street Address: _____
City, State, Zip: _____
E-mail: _____

Dated: _____

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

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

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

NOTARY PUBLIC or DEPUTY CLERK

_____ Personally known

_____ Produced identification: _____

Answer & Waiver

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

FAMILY DIVISION

IN RE:

_____,
Petitioner,

CASE NO.: FC

and

_____,
Respondent.

_____ /

AGREED RELOCATION AGREEMENT

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

WITNESSETH:

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

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

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

THEREFORE, it is agreed between the Petitioner and Respondent:

- 1. The parties (check one) () Marital / () Paternity Settlement Agreement is modified as to the (check all appropriate) () Parental Responsibility, () Parenting Plan/Time Sharing Schedule, () Child Support, () Location of the Party to _____ as follows:

2.

a. Jurisdiction

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

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

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

Venue is proper in Miami Dade County.

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

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

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

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

- the Mother
- the Father
- Other
- A child support order has previously been entered by a court under case number _____. Pursuant to that order, the _____ was ordered to pay \$_____ every

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

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

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

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

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

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

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

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

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

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

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

All other time not listed above should be spent with the

mother **father**

CASE NO.: _____

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

Holidays/Special Occasions/School Breaks should be shared as follows: (check appropriate boxes)

New Year's Eve

Mother: Every Year Even Years Odd Years

Father: Every Year Even Years Odd Years

Other: _____

New Year's Day

Mother: Every Year Even Years Odd Years

Father: Every Year Even Years Odd Years

Other: _____

Martin Luther King Jr. Birthday

Mother: Every Year Even Years Odd Years

Father: Every Year Even Years Odd Years

Other: _____

President's Day

Mother: Every Year Even Years Odd Years

Father: Every Year Even Years Odd Years

Other: _____

Easter

Mother: Every Year Even Years Odd Years

Father: Every Year Even Years Odd Years

Other: _____

Passover

Mother: Every Year Even Years Odd Years

Father: Every Year Even Years Odd Years

Other: _____

Memorial Day

Mother: Every Year Even Years Odd Years

Father: Every Year Even Years Odd Years

Other: _____

Independence Day

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

Labor Day

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

Yom Kippur

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

Columbus Day

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

Veterans Day

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

Thanksgiving

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

Christmas Eve

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

Christmas Day

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

Mother's Day

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

Father's Day

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

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

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

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

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

December School Break

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

Spring School Break

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

Summer School Break

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

Teacher Work Days

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

Other

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

Other

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

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

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

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

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

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

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

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

4. Other: _____

_____.

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

Dated: _____

Petitioner's Signature: _____

Printed Name: _____

Street Address: _____

City, State, Zip: _____

Telephone No.: _____

E-mail: _____

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

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

NOTARY PUBLIC or DEPUTY CLERK

_____ Personally known

_____ Produced identification: _____

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

Dated: _____

Respondent's Signature: _____

Printed Name: _____

Street Address: _____

City, State, Zip: _____

Telephone No.: _____

E-mail: _____

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

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

NOTARY PUBLIC or DEPUTY CLERK

_____ Personally known

_____ Produced identification: _____

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

FAMILY DIVISION

IN RE:

Petitioner,
and

CASE NO.: FC

Respondent.
_____ /

**MOTION TO GRANT RELOCATION AND INCORPORATE THE ACCESS AND
TIMESHARING SCHEDULE IN THE PETITION per 61.13001(3)(d)**

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

Motion and in support alleges the following:

1. I am filing this motion because the other party has filed an Answer and Waiver with the
PETITION TO RELOCATE.
2. I request that the Court grant, in an expedited manner without a hearing, the Petition to
Relocate and incorporate the access and timesharing schedule in the Petition.

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: _____

Dated: _____

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

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

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

NOTARY PUBLIC or DEPUTY CLERK

_____ Personally known
_____ Produced identification: _____
Motion to Grant Relocation

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.:

III. INDEX OF FORMS

- Form A-12 Petition to Relocate
- Form A-3 Parties Information Sheet
- Form Ex-Parte Motion to Grant...
- Form F Blank Motion
- Form Request For Hearing
- Form L-2 Answer and Waiver
- Form E-12 Agreed Relocation Agreement
- Form Notice of Related Cases
- Form Acknowledgment of Receipt

Index of Forms Petition to Relocate (WITH) Answer & Waiver

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: _____