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. **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
2. **Pen (black ink only) (please type or print legibly!)**
3. **White Correction Tape or White Correction Fluid**
4. **Driver's License, State ID, or Passport**
5. **Applicable Fees**
   Clerk of the Court Filing Fee……$50.00
   ***Some or all of these fees may apply.
6. **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

Step 1: Complete the following documents:

a. Petition to Relocate
b. Answer and Waiver
c. Agreement
d. Notice of Related Cases
e. Index of Forms (top portion only)
f. Acknowledgment of Receipt
g. Acknowledgment of Status Quo Temporary Domestic Relations Order

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		
Filing Fee	$50.00	*cash, credit card or money order*
Certified Copies	$1.00 + $1.50 per page	*cash or credit card*

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

SELF-HELP 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 Relocation 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-Relocation Agreement**

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

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

SELF-HELP PACKET REVIEW VIA MAIL

The Family Self-Help Program provides you with 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
175 NW 1st Ave Suite 2441
Miami, FL 33128

Self-Help Program
South Dade Government Center
10710 SW 211th St Room 1400
Miami, FL 33189

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

SELF HELP SERVICE FEE
• $105.00 Relocation • 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.**

Agreement

FEES DUE IF BOTH PARTIES ARE IN AGREEMENT
• Self-Help Service Fee **(see Self-Help service fee section)** • Clerk of Court Filing Fee $50**.00** MAKE MONEY ORDER PAYABLE TO: **Clerk of Court and Comptroller**

Important Information Regarding Your Self-Help Appointment

Need help completing your packet?

A $150.00 each party for 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 workshop, Make your appointment online https://www.jud11.flcourts.org/Family-Court-Self-Help-Program

Information you need to know for your Relocation packet completion 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

Form A-3

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

FAMILY DIVISION

CASE NO.:

_____
Petitioner,

and

_____
Respondent

PARTIES INFORMATION

PETITIONER:

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

RESPONDENT:

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

MINOR CHILDREN:

1)_____D.O.B._____
2)_____D.O.B._____
3)_____D.O.B._____
4)_____D.O.B._____

Form A-12

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.
_____/

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)
□ Monday from	_____to_____	□each week □every other week
□ Tuesday from	_____to_____	□each week □every other week
□ Wednesday from	_____to_____	□each week □every other week
□ Thursday from	_____to _____	□each week □every other week
□ Friday from	_____to _____	□each week □every other week
□ Saturday from	_____to _____	□each week □every other week
□ Sunday from	_____to _____	□each week □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 INERESTS OF THE CHILD, WITHOUT FURTHER NTOICE 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.: _____
Email: _____

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

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

_____
NOTARY PUBLIC or DEPUTY CLERK

_____ Personally known
_____ Produced identification: _____

RULES FOR COMPLETING A MOTION

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

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

REGLAS PARA COMPLETAR UNA MOCION

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

1. Escriba en Inglés y en tinta negra o azúl.
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 refiriendose 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** (**Mocion de Emergencia**), depende completamente del Sr./Sra. Juez el determinar si la moción és o no es una emergencia y cuando seria celebrada la Audiencia. El/la Juez puede exigir que la otra parte sea notificacada (Due Process) Proceso Debido antes de celebrar la Audiencia.

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

FAMILY DIVISION

IN RE:

_____,
Petitioner,

and

_____,
Respondent.
_____/

CASE NO.: **FC**

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: _____

Form L-2

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: _____

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)
□ Monday from	_____to_____	□each week □every other week
□ Tuesday from	_____to_____	□each week □every other week
□ Wednesday from	_____to_____	□each week □every other week
□ Thursday from	_____to _____	□each week □every other week
□ Friday from	_____to _____	□each week □every other week
□ Saturday from	_____to _____	□each week □every other week
□ Sunday from	_____to _____	□each week □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: _____
_____

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):

_____
_____
_____

l. 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, **CASE NO.:** **FC**

and

_____,
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: _____

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.
_____/

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

☐ Form Acknowledgment of Status Quo Temporary Domestic Relations Order

☐ Form Designation of Current Address and E-mail (Petitioner)

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

FAMILY DIVISION

IN RE:

CASE NO.:

_____,
Petitioner,
and

NOTICE OF RELATED CASES

_____,
Respondent.
_____/

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: _____

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,

CASE NO.:

and

_____,
Respondent.
_____/

SELF-HELP ACKNOWLEDGMENT OF RECEIPT

NOTICE OF LIMITATION OF SELF-HELP SERVICES PROVIDED

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

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

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

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

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

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

_____I CAN READ ENGLISH.
_____I CANNOT READ ENGLISH. THIS NOTICE WAS READ TO ME BY
_____*{NAME}* IN _____*{LANGUAGE}* .
SIGNATURE OF LITIGANT_____

SIGNATURE OF SELF HELP STAFF_____

ACUSE DE RECIBO

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

Litigant FIRMA_____

Self Help FIRMA_____

AKIZE RESEPSYON

AVI SOU LIMITASYON
SÈVIS YO FOUNI YO

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

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

PÈSONÈL NAN PWOGRAM *"SELF-HELP"* SA A PA KA DI W KI KALITE DWA LEGAL OUBYEN SOLISYON OU GENYEN, NI REPREZANTE W NAN TRIBINAL LA, OUBYEN DI W 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 PWOBLÈM 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,

CASE NO.:

and

_____,
Respondent.
_____/

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: _____