

**INSTRUCTIONS FOR DISSOLUTION OF MARRIAGE where there
are no children born of the marriage, no assets and no debts to be
divided by the court and the parties are in agreement**

- ***To get a divorce in Florida, you must be a resident of the State of Florida for at least 6 months before you file your petition. Florida Statute §61.021***

You must have a Florida Driver's License, Florida ID or Florida Voter's Registration Card showing that you have been a resident of the State of Florida for 6 months prior to the date you file your Petition for Dissolution. If you do not have one of the those identifications, you must have someone who knows you complete the Affidavit of Corroborating Witness [Form VV], have it notarized and then file it with the Clerk of the Court.

- If you do not know the date of your marriage (Petition page 1) please go to 601 NW 1st Court, Suite 1900, Marriage License Bureau, to obtain..
- 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 of Your Self-Help Appointment on 24th Floor

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

Bring the following:

1. Completed forms in English and black ink. **(please type or print legibly!)**
2. Pen (please use black ink only) **(please type or print legibly!)**
3. Driver's License, State ID, or Passport
4. **Bring a copy of a valid Florida Driver's License or Florida ID for both parties**
5. Applicable Fees
6. Keep in mind the Clerk's Office hours are from 9:00a.m. to 4:00p.m.

**If You and Your Spouse are in Agreement and
No Children, No Assets and No Debts**

Step 1: Complete the following documents:

Petitioner

Cover Sheet [Form H]

Parties Information Sheet [Form A-3]

Petition for Dissolution of Marriage [Form A-1]

Notice of Social Security [Form K]

Notice of Final Hearing [Form II]

Notice of Related Cases

Index of Forms (top portion only)

Acknowledgment of Receipt Status Quo Temporary Domestic Relations Order

Self-Help Acknowledgment of Receipt

Designation of Current Mailing and E-mail Address

Respondent

Answer and Waiver [Form L-2]

Notice of Social Security [Form K]

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

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

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

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

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

Fee Schedule

Self-Help Service Fee: \$105.00	<i>cash, credit card or money order</i>
Packet Completion Assistance (optional) \$100.00 each	<i>cash, credit card or money order</i>
Filing Fee: \$409.00	<i>cash, credit card or money order</i>
Certified Copies: \$1.00 + \$1.50 per page	<i>cash or credit card</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.

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 Divorce Simple**

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-Divorce Simple**

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

SELF-HELP PACKET REVIEW VIA MAIL

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

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

Self-Help Program

**Lawson E. Thomas Courthouse Center
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 drivers license or valid ID along with any of the required supporting documents. (Packet Instructions include the required supporting documents needed)
- **IMPORTANT: A Self-Help Paralegal will contact you either via phone or email to confirm THAT YOUR PACKET HAS BEEN received and THAT PROCESSING IS UNDERWAY. (Please allow about two weeks FROM THE MAILING DATE of your packet to receive notification from the Self-Help Paralegal.)**

SELF HELP SERVICE FEE

- **\$105.00** Dissolution of Marriage (Divorce),
- MAKE MONEY ORDER PAYABLE TO: **MIAMI DADE COUNTY**
***Processing Fee includes Copies, Postage and any additional documents required for your hearing with the Judge or receive Administrative Final Judgement without a hearing.**

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

Agreement

FEES DUE IF BOTH PARTIES ARE IN AGREEMENT

- Self-Help Service Fee (see Self-Help service fee section)
- Clerk of Court Filing Fee **\$409.00** MAKE MONEY ORDER PAYABLE TO: **Clerk of Court and Comptroller**

Important Information Regarding Your Self-Help Appointment

Need help completing your packet?

A \$100.00 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>

You will need the information below for your Divorce Simple appointment.

- Please have your Divorce Workshop packet (no kids, no property, no debts)
- **Copy of Marriage License** (*If your Marriage License is in a foreign language, you must also submit a full English translation. The translator must sign a certification that the English language translation is complete and accurate, and that he or she is competent to translate from the foreign language into English. The certification must include the translator's signature.*)
- 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
- 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

IN RE: THE MARRIAGE OF:

_____,
Petitioner,
and

CASE NO.:

_____,
Respondent.
_____ /

PETITION FOR DISSOLUTION OF MARRIAGE

(No Children, No Assets, No Debts)

1. This is an action for dissolution of marriage between the parties.
2. The Petitioner Spouse's name is _____.
3. The Respondent Spouse's name is _____.
4. **RESIDENCY:** ☐ Petitioner Spouse ☐ Respondent Spouse has been a resident of the State of Florida for at least 6 months before the filing of this Petition for Dissolution of Marriage.
5. **MARRIAGE HISTORY**
 - a. Date of Marriage {month, day, year}: _____
 - b. Place of Marriage {city, state, country}: _____
 - c. Date of Separation {month, year}: _____
 - d. Place of Separation {city, state, country}: _____
6. **MILITARY / NON-MILITARY AFFIDAVIT**
 - a. ☐ Both parties are over the age of 18 and neither has been a person in the military services of the United States as defined by the Amended Soldiers' and Sailors' Civil Relief Act of 1940 in the last 30 days.

- b. ☐ Both parties are over the age of 18 and _____ is a member of the military services of the United States.

7. **CHILDREN:** (check all boxes that apply)

- a. ☐ There are no minor or dependent children common to both parties and neither spouse is pregnant with a child common to both parties.
- b. ☐ There are minor children born during the marriage that are not the children of both parties. The biological father of the following children is _____:

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

- c. ☐ The _____ spouse is pregnant and the child is not common to both parties. The biological father of the expected child is _____ and the due date is _____.

8. **GROUND:** This Petition for Dissolution of Marriage should be granted because:

- a. ☐ The marriage is irretrievably broken.
- b. ☐ One of the parties has been adjudged mentally incapacitated for a period of 3 years before the filing of this petition. A copy of the Judgment of Incapacity is attached.

9. **EQUITABLE DISTRIBUTION:** There are no marital assets or liabilities to be divided by the Court.

10. **ALIMONY:** Alimony is needed by the ☐Petitioner Spouse ☐Respondent Spouse and the other party is able to pay such alimony.

11. **NAME RESTORATION:** ☐ The _____ spouse(s) wants to be known by their former name(s): _____.

12. Other relief: _____

 _____.

WHEREFORE, the Petitioner requests the following relief from the Court:

- A. ☒ That the dissolution of marriage be granted;
- B. ☐ That alimony be awarded;
- C. ☐ That the ☐ Petitioner Spouse's ☐ Respondent Spouse's former name be restored; and
- D. ☐ That the Court grant any other relief as specified in paragraph 12 or deemed necessary.

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

Dated: _____

Signature of Party: _____

Printed Name: _____

Street Address: _____

City, State, Zip: _____

Telephone No.: _____

Fax Number: _____

Email Address: _____

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

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. _____
5) _____ D.O.B. _____

FAMILY COURT COVER SHEET

Case Style: IN RE:

CIRCUIT COURT OF THE ELEVENTH
JUDICIAL CIRCUIT, IN AND FOR
MIAMI DADE COUNTY, FLORIDA_____
Petitioner,
and

Case No.: _____

Respondent.

Judge: _____

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

☒ Initial Action/Petition☐ Reopening Case☐ Modification/Supplemental Petition☐ Motion for Civil Contempt/Enforcement☐ Other _____

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

☐ Simplified Dissolution☐ Other Family Court _____☒ Dissolution of Marriage☐ Name Change☐ Support IV-D (Dept of Revenue, CSE)☐ Paternity/Disestablish Paternity☐ Support Non-IV-D (NOT Dept of Rev)☐ Petition for Dependency☐ UIFSA IV-D (Dept of Revenue, CSE)☐ CINS/FINS☐ UIFSA Non-IV-D (NOT Dept of Revenue, CSE)

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

☐ No, to the best of my knowledge, no related cases exist.☐ Yes, all related cases are listed on RELATED CASES form.**PARTY SIGNATURE**

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

Party Signature_____
(Type or print your name)_____
Date

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

FAMILY DIVISION

IN RE: THE MARRIAGE OF:

_____,
Petitioner,
and
_____,
Respondent.
_____ /

CASE NO.:

NOTICE OF SOCIAL SECURITY

I, {full legal name} _____, certify that my
social security number is _____, as required by the applicable section of the Florida
Statutes. My date of birth is _____.

(Check all boxes that apply)

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

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

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

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

Dated: _____

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

Notice of Social Security

Form K

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

FAMILY DIVISION

IN RE: THE MARRIAGE OF:

_____,
Petitioner,
and
_____,
Respondent.
_____ /

CASE NO.:

NOTICE OF SOCIAL SECURITY

I, {full legal name} _____, certify that my social security number is _____, as required by the applicable section of the Florida Statutes. My date of birth is _____.

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

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

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

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

Dated: _____

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

Notice of Social Security

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

FAMILY DIVISION

IN RE: THE MARRIAGE OF:

_____,
Petitioner,

and

_____,
Respondent.

CASE NO.:

FC

ANSWER AND WAIVER
(No Children)

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

1. I have read the Petition. Everything stated in it is true, correct, and accurate to the best of my knowledge and belief. I further admit all the allegations contained in the Petition.
2. I admit all the allegations stated in the SPECIAL AFFIDAVIT FOR UNCONTESTED DISSOLUTION OF MARRIAGE WITHOUT A HEARING.
3. I am not in the military of the United States.
4. I waive 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.
5. Respondent requests her name 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: _____

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: _____

Answer and Waiver

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

FAMILY DIVISION

IN RE: THE MARRIAGE OF:

_____,
Petitioner,
and

CASE NO.:

FC

_____,
Respondent.

_____/

**SPECIAL AFFIDAVIT FOR UNCONTESTED DISSOLUTION OF MARRIAGE
WITHOUT A HEARING
(No Children)**

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

1. Petitioner's Name

_____.

I am now married to (Respondent's Name)

_____.

We were married on (date)

_____.

In the City/State/Country of

_____.

2. We have carefully re-read the Petition for Dissolution of Marriage. Everything stated in it is () true and correct and accurate to the best of our knowledge and belief **or**
() We make the following
corrections:_____

3. One of us at any time thirty days prior to the filing of the Petition for Dissolution of Marriage, was a member of the Armed Forces of the United States, National Guard, or reserve member on active duty, or an active duty commissioned officer of the Public Health Service or the National Oceanic and Atmospheric Administration?
() Yes () No
4. Have either you or your spouse resided in the State of Florida continuously as a permanent resident for more than six (6) months before the date the Petition was filed?
() Yes () No
Which spouse? (write "Petitioner", "Respondent", or "Both")
5. "Irretrievably broken" means that the marriage cannot be salvaged in any way, not even with the help of marriage counseling. Is your marriage irretrievably broken?
() Yes () No
6. Are there children born of this marriage who are still minors (under age 18 or still in high school with an anticipated date of graduation prior to age 19)?
() Yes () No
7. Is the Wife pregnant at this moment?
() Yes () No
8. Have both you and your spouse fully disclosed all assets, liabilities, and incomes to each other?
() Yes () No
9. Have you and your spouse **both** signed a **written notarized** agreement settling all of the issues in this case?
() Yes () No (if NO, please skip to question 15)
10. Do you recognize **both** your signature and the signature of your spouse on that agreement?
() Yes () No
11. Do you believe this agreement is fair?
() Yes () No
12. Did both you and your spouse sign this written agreement freely and voluntarily?
() Yes () No
13. Were either you or your spouse harassed, coerced or threatened by anyone into signing this agreement?

() Yes () No

14. Do you want the Court to adopt this agreement as part of the Final Judgment of Dissolution of Marriage?

() Yes () No

15. If there is no agreement, do you wish the Court to enter a Final Judgment of Dissolution of Marriage granting the relief requested in the Petition for Dissolution of Marriage?

() Yes () No

16. Is the Spouse asking the Court to restore her maiden name?

() Yes () No *(If NO, please skip to question 22)*

17. The Wife's wants her maiden name restored to: _____

18. The Spouse must choose one of the following:

a. _____ I have never been arrested for or charged with, pled guilty or nolo contendere to, or been found to have committed a criminal offense, regardless of adjudication.

or

b. _____ I have a criminal history. In the past I have been arrested for or charged with, pled guilty or nolo contendere to, or been found to have committed a criminal offense, regardless of adjudication. The details of my criminal history are:

Date	City/State	Event (arrest, charge, plea, or adjudication)
_____	_____	_____
_____	_____	_____
_____	_____	_____

19. The Wife must choose one of the following:

a. _____ I have never been adjudicated bankrupt.

or

b. _____ I was adjudicated bankrupt on {date} _____, in {city} _____, {county} _____, {state} _____.

20. The Wife must choose one of the following:

a. _____ I have never had a money judgment entered against me by a creditor.

or

b. _____ The following creditor(s)' money judgment(s) have been entered against me:

21. _____ I have no ulterior or illegal purpose for filing this petition, and granting it will not in any manner invade the property rights of others, whether partnership, patent, good will, privacy, trademark, or otherwise.

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

NOTE: You must show proof that either the Husband or Wife has been a permanent or continuous resident of the State of Florida. Residency cannot be less than six (6) months prior to the date the Petition was filed with the Clerk. You may do this in one of two ways:

A. By submitting an **enlarged**, readable photocopy of a valid Florida driver's license or voter's registration. The **date of issue** must prove your residency. If it does not, you have failed to prove residency and your case will be held up until proper proof is received; or

B. By submitting an Affidavit of Corroborating Witness, Florida Supreme Court Approved Family Law Form 12.902(i). The witness must be someone other than a party to this action and an adult who is a Florida resident.

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

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

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

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

NOTARY PUBLIC or DEPUTY CLERK

☐ Personally known

☐ Produced identification: _____

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

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

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

NOTARY PUBLIC or DEPUTY CLERK

☐ Personally known

☐ Produced identification: _____

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

FAMILY DIVISION

IN RE: THE MARRIAGE OF:

_____,
Petitioner,
and

CASE NO.: FC

_____,
Respondent.
_____ /

**AFFIDAVIT OF CORROBORATING
WITNESS**

I {witness full legal name}_____, being sworn, certify
that the following statements are true:

I am a resident of the State of Florida;

I have known {party name}_____ since {approximate date}_____
to the best of my understanding the petition in this action was filed on {date}_____; and
I know of my own personal knowledge that this person has resided in the State of Florida for at
least six (6) months immediately before the petition in this action was filed.

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

Dated: _____

Signature of Witness: _____
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: _____

Affidavit of Corroborating Witness

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

FAMILY DIVISION

IN RE: THE MARRIAGE OF:

_____,
Petitioner,
and

CASE NO.:

_____,
Respondent.
_____ /

VI. INDEX OF FORMS

- Form A Petition for Dissolution of Marriage
- Form A-3 Parties Information Sheet
- Form H Civil Cover Sheet
- Form K Notice of Social Security (Petitioner)
- Form K Notice of Social Security (Respondent)
- Form L-2 Answer and Waiver (Respondent)
- Form Special Affidavit UCD
- Form Notice of Related Cases
- Form Acknowledgment of Receipt Status Quo Temporary
Domestic Relations Order
- Form Acknowledgment of Receipt
- Form Designation of Current Address and E-mail (Petitioner)
- Form Designation of Current Address and E-mail (Respondent)
- Form VV Affidavit of Corroborating Witness

Index of Forms Dissolution (Simple) Agreement

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

FAMILY DIVISION

IN RE:

CASE NO.:

_____,
Petitioner,
and

_____,
Respondent.
/

NOTICE OF RELATED CASES

In compliance with Florida Rule of Judicial Administration 2.545(d), the petitioner in a family case must file with the court a **Notice of Related Cases**, if related cases are known or reasonably ascertainable. A related case may be an open or closed civil, criminal, family, guardianship, domestic violence, juvenile delinquency, juvenile dependency, or domestic relations case. A case is "related" to this family case if:

- (A) it involves any of the same parties, children, or issues and it is pending at the time the party files a family case; or
- (B) it affects the court's jurisdiction to proceed; or
- (C) an order in the related case may conflict with an order on the same issues in the new case; or
- (D) an order in the new case may conflict with an order in the earlier litigation.

Have you ever had contact with the **Department of Children and Families** regarding children included in this Petition? ☐ Yes ☐ No

(check one only)

- ☐ There are no related cases.
- ☐ The following are the related cases (add additional pages if necessary)

Related Case No. 1

Case Type: ☐ Criminal ☐ Juvenile Dependency/Delinquency ☐ Child Support Enforcement
☐ Domestic/Sexual/Dating/Repeat Violence or Stalking Injunctions ☐ Unified Family Court
☐ Dissolution of Marriage ☐ Paternity ☐ Adoption ☐ Other _____

Case Number: _____

County/State/Court: _____

☐ Pending ☐ or ☐ Closed ☐? If closed, date closed _____

Title of last Court Order/Judgment: _____

Date of Court Order/Judgment: _____

Relationship of cases (check all that apply)

- ☐ pending case involves same parties, children, or issues;
- ☐ may affect court's jurisdiction;
- ☐ order in related case may conflict with an order in this case.
- ☐ order in this case may conflict with previous order in related case

Statement as to the relationship of the cases: _____

Related Case No. 2

Case Type: ☐ Criminal ☐ Juvenile Dependency/Delinquency ☐ Child Support Enforcement
☐ Domestic/Sexual/Dating/Repeat Violence or Stalking Injunctions ☐ Unified Family Court
☐ Dissolution of Marriage ☐ Paternity ☐ Adoption ☐ Other _____

Case Number: _____

County/State/Court: _____

☐ Pending ☐ or ☐ Closed ☐? If closed, date closed _____

Title of last Court Order/Judgment: _____

Date of Court Order/Judgment: _____

Relationship of cases (check all that apply)

- ☐ ☐ pending case involves same parties, children, or issues;
☐ ☐ may affect court's jurisdiction;
☐ ☐ order in related case may conflict with an order in this case.
☐ ☐ order in this case may conflict with previous order in related case

Statement as to the relationship of the cases: _____

Related Case No. 3

Case Type: ☐ Criminal ☐ Juvenile Dependency/Delinquency ☐ Child Support Enforcement
☐ Domestic/Sexual/Dating/Repeat Violence or Stalking Injunctions ☐ Unified Family Court
☐ Dissolution of Marriage ☐ Paternity ☐ Adoption ☐ Other _____

Case Number: _____

County/State/Court: _____

☐ Pending ☐ or ☐ Closed ☐? If closed, date closed _____

Title of last Court Order/Judgment: _____

Date of Court Order/Judgment: _____

Relationship of cases (check all that apply)

- ☐ ☐ pending case involves same parties, children, or issues;
☐ ☐ may affect court's jurisdiction;
☐ ☐ order in related case may conflict with an order in this case.
☐ ☐ order in this case may conflict with previous order in related case

Statement as to the relationship of the cases: _____

The Petitioner acknowledges a continuing duty to inform the court of any cases in this or any other state that could affect the current proceeding.

I attest to the truthfulness of the claims made in this affidavit.

Dated: _____

Signature of Party: _____

Printed Name: _____

Street Address: _____

City, State, Zip: _____

Telephone No.: _____

I certify that a copy of the foregoing was mailed or served to the other party listed below on

Date: _____

Other party:

Name: _____

Street Address: _____

City, State, Zip: _____

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

_____,
Petitioner,
and

CASE NO.:

_____,
Respondent.

SELF-HELP ACKNOWLEDGMENT OF RECEIPT

I UNDERSTAND THAT EITHER THE PETITIONER OR RESPONDENT MUST BE A
RESIDENT OF THE STATE OF FLORIDA FOR SIX (6) MONTHS PRIOR TO THE DATE THE
PETITION IS FILED. MY FL LICENSE/ ID WAS ISSUED ON:_____ MY
SPOUSE'S (if known) ON_____.

AT THE FINAL HEARING, I WILL BRING EITHER: ()MY or () MY SPOUSE'S VALID
FLORIDA LICENSE/ID SHOWING RESIDENCY FOR 6 MONTHS PRIOR TO FILING THE PETITION
or () FORM VV-AFFIDAVIT OF CORROBORATING WITNESS FOR ()ME ()SPOUSE.

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

NOTICE OF LIMITATION OF SELF-HELP SERVICES PROVIDED

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

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

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

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

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

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

_____ I CAN READ ENGLISH.

_____ I CANNOT READ ENGLISH. THIS NOTICE WAS READ TO ME BY
_____ {NAME} IN _____ {LANGUAGE} .

SIGNATURE OF PETITIONER _____

SIGNATURE OF SELF-HELP STAFF _____

(Dissolution)

page 1 of 3

ACUSE DE RECIBO

ENTIENDO QUE EL/LA DEMANDANTE O EL/LA DEMANDADO/A DEBE HABER RESIDIDO EN EL ESTADO DE FLORIDA AL MENOS 6 (SEIS) MESES ANTES DE HABER PRESENTADO LA DEMANDA. MI LICENCIA/IDENTIFICACIÓN DE FLORIDA FUE EMITIDA EL: _____ . LA DE MI CÓNYUGE (si se conoce) EL: _____ .

EN LA AUDIENCIA FINAL, PORTARÉ UNA LICENCIA/IDENTIFICACIÓN VÁLIDA DE FLORIDA, MÍA () o DE MI CÓNYUGE (), QUE DEMUESTRE QUE HE/HA RESIDIDO EN EL ESTADO DURANTE SEIS (6) MESES ANTES DE LA PRESENTACIÓN DE LA DEMANDA o UNA DECLARACIÓN JURADA, FORMULARIO VV, DE UN TESTIGO CORROBORADOR MÍO () O DE MI CÓNYUGE ().

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

AVISO DE LIMITACION DE SERVICIOS OFRECIDOS

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

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

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

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

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

_____ YO PUEDO LEER ESPANOL.

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

Litigant FIRMA _____

Self Help FIRMA _____

(Dissolution)

page 2 of 3

AKIZE RESEPSYON

MWEN KONPRANN KE SWA MOUN KI PREZANTE DEMANN LAN OSWA MOUN K AP REPONN A DEMANN LAN FÈT POU L ABITE NAN ETA LAFLORID PANDAN OMWEN SIS (6) MWA ANVAN DAT PREZANTASYON DEMANN LAN. YO TE EMÈT LISANS/KAT DIDANTITE MWEN LE: _____ PA MARI/MADANM MWEN (si ou konnen) LE _____.

LAN ODYANS FINAL LA, MA VA VINI SWA AVÈK: () LISANS/KAT DIDANTITE MWEN oubyen avèk () LISANS/KAT DIDANTITE MARI/MADANM MWEN KI VALID NAN ETA LAFLORID E KI PWOUVE MWEN ABITE LA PANDAN 6 MWA ANVAN KE M TE PREZANTE DEMANN LAN oubyen () FÒM VV-DEKLARASYON SOU SÈMAN KE YON TEMWEN FÈ POU VERIFYE ENFÒMASYON AN POU () MWEN () MARI/MADANM MWEN.

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

AVI SOU LIMITASYON

SÈVIS YO FOUNI YO

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

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

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

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

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

DETOUTFASON, LI PI BON SI W KONSILTE PWÒP AVOKA W, SITOU SI KA W LA GENYEN 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 _____

(Dissolution)

page 3 of 3

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

FAMILY DIVISION

IN RE:

_____,
Petitioner,
and
_____,
Respondent.
_____ /

CASE NO.:

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

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

MAILING ADDRESS:

My current mailing address is:

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

E-MAIL ADDRESS:

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

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

Email address: _____

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

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

Other party or his/her attorney:

Name: _____

Address: _____

City, State, Zip: _____

Designated E-mail Address(es): _____

Signature of Party (Petitioner)

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

Sworn to or affirmed and signed before me on _____ by

_____.

NOTARY PUBLIC or DEPUTY CLERK

☐ Personally known

☐ Produced identification: _____

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

FAMILY DIVISION

IN RE:

_____,
Petitioner,
and
_____,
Respondent.
_____ /

CASE NO.:

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

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

MAILING ADDRESS:

My current mailing address is:

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

E-MAIL ADDRESS:

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

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

Email address: _____

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

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

Other party or his/her attorney:

Name: _____

Address: _____

City, State, Zip: _____

Designated E-mail Address(es): _____

Signature of Party (Respondent)

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

Sworn to or affirmed and signed before me on _____ by

_____.

NOTARY PUBLIC or DEPUTY CLERK

☐ Personally known

☐ Produced identification: _____