

Form

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,

**VERIFIED EMERGENCY MOTION FOR \_\_\_\_\_  
(CHILDREN'S ISSUES)**

Petitioner  Respondent, \_\_\_\_\_, files this

VERIFIED EMERGENCY MOTION and in support alleges the following:

This is a pre-judgment matter.

This is a post judgment matter.

**I. Child(ren) Issues:**

**This section below MUST be completed if your Verified Emergency Motion involves a Minor Child(ren).**

**Please submit corresponding AFFIDAVIT IN SUPPORT OF EMERGENCY MOTION AND SEEKING AN EMERGENCY HEARING (Child(ren)'s Issues).**

**Minor Child(ren) Information Required**

1. Name of child(ren), d.o.b., sex of each child:

\_\_\_\_\_  
\_\_\_\_\_

2. Is/are the child(ren) currently in your physical custody? \_\_\_\_\_ Yes \_\_\_\_\_ No



**II. Children's Financial Issues**

**This section below MUST be completed only if your Verified Emergency Motion is being filed because there is a financial issue, where the child is threatened with harm, including:**

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**Financial Information Required**

**Initial each line that is applicable:**

1. \_\_\_\_\_ I do not have access to funds or credit cards, or access has been reduced and the following expenses/costs have not or cannot be paid:
- a. \_\_\_\_\_ Utilities: (i.e., electricity and/or water) not paid and the last notice has been received and if the balance owed is not paid the service will be discontinued in less than (3) days;
  - b. \_\_\_\_\_ Health/Medication: Inability to pay for or facilitate necessary or Court Ordered surgeries, medical procedures, prescription medication (fill or refill) within the next (3) days;
  - c. \_\_\_\_\_ Food: Inability to pay for food for minor child(ren); and/or
  - d. \_\_\_\_\_ Other economic circumstances.

Please explain any further details: \_\_\_\_\_

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2. As a result of the above described emergency I am requesting the Court to:

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**Any documents or photographs to support your claim may be presented to the Judge at the hearing. Do not attach evidence to this motion.**

**I hereby certify that this matter should be heard on an emergency basis on the grounds reflected in this Verified Emergency Motion.**

**I hereby certify that the information contained herein is true and accurate, to the best of my knowledge, and this Verified Emergency Motion is filed in good faith.**

**I understand that the filing of this motion is not a substitute for a Temporary Injunction including those filed under section 741.30, Florida Statutes, and no temporary injunction be issued as a result.**

**I UNDERSTAND THAT I AM SWEARING OR AFFIRMING UNDER OATH TO THE TRUTHFULNESS OF THE CLAIMS MADE ABOVE AND THAT I MAY BE SUBJECT TO SANCTIONS, CONTEMPT, AND ATTORNEY'S FEES AND COSTS FOR ANY FALSE AND/OR MISLEADING ALLEGATIONS.**

**I HEREBY CERTIFY** that a true copy of the foregoing was [ ] electronically served in compliance with Florida Rule of General Practice and Judicial Administration 2.516 and Administrative Order SC13-49 through the Florida Courts E-filing Portal or [ ] filed with the Clerk of Courts this \_\_\_\_\_ day of \_\_\_\_\_ 202\_\_.

**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: \_\_\_\_\_