

INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW FORM  
12.981(a)(1),  
JOINT PETITION FOR ADOPTION BY STEPPARENT

**When should this form be used?**

This form should be used when a stepparent is adopting his or her **spouse**'s biological child. Both the stepparent and his or her spouse must sign this **petition**. In addition, you must obtain the written consent of the other birth parent or notify him or her of this proceeding. You must also obtain the written consent of the child, if he or she is 12 years of age or older.

This form should be typed or printed in black ink. The name to be given to the child(ren) **after** the adoption should be used in the heading of the petition. The stepparent is the **petitioner**, because he or she is the one who is asking the court for legal action. After completing this form, you and your spouse must sign it before a **notary public** or **deputy clerk**. You should then **file** the original and 1 copy with the **clerk of the circuit court** in the county where either you or the child live and keep a copy for your records.

**What should I do next?**

For your case to proceed, you must have the written consent of the other birth parent **or** properly notify him or her of the petition and hearing. If you know where he or she lives, you should use **personal service**. If you absolutely do not know where he or she lives, you may use **constructive service**. For more information about personal and constructive service, you should refer the "**General Instructions for Self-Represented Litigants**" found at the beginning of these forms and the instructions to **O'** Florida Family Law Rules of Procedure Forms 12.910(a) and 12.913(b) and **O'** Florida Supreme Court Approved Family Law Form 12.913(a). However, the law regarding constructive service is very complex and you may wish to consult an attorney regarding that issue.

The **court** may choose not to require consent to an adoption in some circumstances. For more information about situations where consent may not be required, see section 63.072, Florida Statutes.

When you have filed all of the required forms and met the requirements for consent as outlined above, you are ready to set a **hearing** on your petition. You should check with the clerk of court, **family law intake staff** or the **judicial assistant** to set a **final hearing**. **Notice of Hearing (General)**, **O'** Florida Supreme Court Approved Family Law Form 12.923, along with a copy of the petition, must be mailed or hand delivered to all of the following:

- C anyone from whom consent is required if they did not give consent, or if they gave consent but later withdrew it.
- C any grandparent who already has court-ordered visitation rights.
- C a birth father whose consent is not required, by order of the court.

**Where can I look for more information?**

**Before proceeding, you should read "General Information for Self-Represented Litigants" found at the beginning of these forms.** See chapter 63, Florida Statutes, and Florida Family Law Rule 12.200(a)(2) for further information.

**Special notes...**

With this petition you must file the following:

- C **Uniform Child Custody Jurisdiction Act (UCCJA) Affidavit, O'** Florida Supreme Court Approved Family Law Form 12.902(d).
- C **Stepparent Adoption: Consent of Adoptee, O'** Florida Supreme Court Approved Family Law Form 12.981(b), if the child to be adopted is 12 years of age or older.
- C **Stepparent Adoption: Consent and Waiver by Parent, O'** Florida Supreme Court Approved Family Law Form 12.981(c)(1), if obtainable.
- C **Certified copy of noncustodial birth parent's death certificate, if that parent is deceased**
- C **Certified copy of child's birth certificate.**

These family law forms contain a **Final Judgment of Stepparent Adoption, O'** Florida Supreme Court Approved Family Law Form 12.981(g), which the judge may use. You should check with the clerk, family law intake staff, or judicial assistant to see if you need to bring a final judgment form with you to the hearing. If so, you should type or print the heading, including the circuit, county case number, division, and the child(ren)'s names, and leave the rest blank for the judge to complete at your hearing.

You should decide how many **certified copies** of the final judgment you will need and be prepared to obtain them after the hearing. There is a charge for certified copies, and the clerk can tell you how much. The file will be sealed after the final hearing, and then it will take an order from a judge to open the file and obtain a copy of the final judgment.

**AS AN ADOPTIVE STEPPARENT, YOU MAY BE LIABLE FOR CHILD SUPPORT IN THE EVENT OF A LATER DIVORCE AND COULD BE LIABLE IN LITIGATION FOR THE ACTIONS OF THE ADOPTEE(S). THIS ADOPTION MAY ALSO AFFECT THE ADOPTEE'S INHERITANCE.**

Remember, a person who is NOT an attorney is called a nonlawyer. If a nonlawyer helps you fill out these forms, that person must give you a copy of a **Disclosure from Nonlawyer, O'** Florida Family Law Rules of Procedure Form 12.900 (a), before he or she helps you. A nonlawyer helping you fill out these forms also **must** put his or her name, address, and telephone number on the bottom of the last page of every form he or she helps you complete.

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

Case No.: \_\_\_\_\_  
Division: \_\_\_\_\_

IN RE: THE ADOPTION OF

\_\_\_\_\_  
{use name to be given to child(ren)}  
Adoptee(s).

**JOINT PETITION FOR ADOPTION BY STEPPARENT**

Petitioner, {full legal name} \_\_\_\_\_, being sworn,  
joined by the birth ( ) mother ( ) father, {full legal name} \_\_\_\_\_,  
being sworn, files this joint petition for adoption of the above-named minor child(ren), under chapter 63,  
Florida Statutes.

1. This is an action for adoption of a minor child(ren) by his/her (their) stepparent.
2. I desire to adopt the following child(ren):

	<b>Child's Current Name</b>	<b>Birth date</b>	<b>Birthplace</b>
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____
e.	_____	_____	_____
f.	_____	_____	_____

A certified copy of the birth certificate(s) of the child(ren) to be adopted is (are) attached.

3. The child(ren) has (have) resided in my care and custody since {date} \_\_\_\_\_.  
I wish to adopt the child(ren) because I would like to establish legally the parent-child relationship  
already existing between the child(ren) and me. Since the above date, I have been able to provide  
adequately for the material needs of the child(ren) and am able to continue doing so in the future,  
as well as to provide for the child(ren)'s mental and emotional well-being. My facilities and  
resources are as described here:  
a. Facilities: {describe residence} \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
b. Resources: {describe employment, income and other financial resources} \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. I am \_\_\_\_\_ years old, and have resided at {street address}, \_\_\_\_\_  
{city} \_\_\_\_\_, {county} \_\_\_\_\_ Florida for \_\_\_\_ years.
5. I married the birth ( ) father or ( ) mother of the child(ren) on {date} \_\_\_\_\_,  
in {city} \_\_\_\_\_ {county} \_\_\_\_\_, Florida. The following are the dates and

places of my divorces, if any:

**Date of Divorce**

**Place of Divorce**

- a. \_\_\_\_\_
- b. \_\_\_\_\_

6. The adoptee's name(s) shall be:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_

7. A completed Uniform Child Custody Jurisdiction Affidavit (UCCJA), **O**" Florida Supreme Court Approved Family Law Form 12.902(d), is filed with this petition.

8. The adoptee's birth father is: \_\_\_\_\_

Father's Name	Birth date
Address	

9. The adoptee's birth mother is: \_\_\_\_\_

Mother's Name	Birth date
Address	

10. A description and estimate of the value of any property of the adoptee is as follows:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. **Notice.** If you already have given any notice to the birth parent(s) of this adoption, explain:

\_\_\_\_\_

\_\_\_\_\_

12. **Consent.**

[ / all that apply]

\_\_\_\_\_ a. The following are the names and addresses of persons whose consent to the adoption is required, but who have not consented:

<b>Name</b>	<b>Address</b>
-------------	----------------

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

\_\_\_\_\_ b. The consent of the birth father is not required because:

[ / one only]

- \_\_\_\_\_ 1. The minor child(ren) is (are) not the birth father's because the child(ren) was (were) previously adopted by someone else.
- \_\_\_\_\_ 2. The mother and father were never married, and the minor child(ren) has (have) not been established by court proceeding or valid acknowledgment of paternity to be his child(ren).

- \_\_\_ 3. To my knowledge, the birth father has not signed a voluntary statement of paternity in the presence of competent witnesses and has not filed such a statement with the Bureau of Vital Statistics.
  - \_\_\_ 4. The birth father has not provided the child(ren) with support in a repetitive and customary manner.
  - \_\_\_ 5. The birth father did not provide the mother, during her pregnancy, with emotional and financial support.
- \_\_\_ c. The consent of the birth parent should be excused for the following reason:  
[ / one only]
- \_\_\_ 1. The birth parent has deserted the child(ren) without providing a means of his/her identification or has abandoned the child(ren).
  - \_\_\_ 2. The birth parent's parental rights have been terminated by a court order. A copy of the order is attached.
  - \_\_\_ 3. The birth parent has been declared incapacitated by a court order, and restoration of capacity is medically improbable. A copy of the order is attached.
  - \_\_\_ 4. The legal guardian or lawful custodian of the child(ren), other than a parent, has failed to respond in writing to a request for consent for a period of 60 days, or his/her reasons for withholding consent are unreasonable.
  - \_\_\_ 5. The former spouse's or birth parent's consent should be excused because of prolonged, unexplained absence, unavailability, incapacity, or another circumstance constituting unreasonable withholding of consent. *{Explain}*: \_\_\_\_\_  
\_\_\_\_\_.
- \_\_\_ d. The minor child(ren) is (are) 12 years of age or over, and his or her (their) consent is (are) attached.
- \_\_\_ e. The noncustodial birth parent died on *{date}* \_\_\_\_\_, in \_\_\_\_\_ County, *{state}* \_\_\_\_\_. A certified copy of the death certificate is attached.

WHEREFORE, I request that this Court enter a Final Judgment of Adoption of the minor child(ren) by Petitioner Stepparent and change the name of the adoptee(s).

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

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Stepparent  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to or affirmed and signed before me on \_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC or DEPUTY CLERK

\_\_\_\_\_  
[Print, type, or stamp commissioned name of notary or  
deputy clerk.]

\_\_\_\_ Personally known  
\_\_\_\_ Produced identification  
\_\_\_\_ Type of identification produced \_\_\_\_\_

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

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of birth ( ) mother ( ) father  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to or affirmed and signed before me on \_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC or DEPUTY CLERK

\_\_\_\_\_  
[Print, type, or stamp commissioned name of notary or  
deputy clerk.]

\_\_\_\_ Personally known  
\_\_\_\_ Produced identification  
\_\_\_\_ Type of identification produced \_\_\_\_\_

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE  
BLANKS BELOW: [ N fill in all blanks]**

I, *{full legal name and trade name of nonlawyer}* \_\_\_\_\_,  
a nonlawyer, located at *{street}* \_\_\_\_\_, *{city}* \_\_\_\_\_,  
*{state}* \_\_\_\_\_, *{phone}* \_\_\_\_\_, helped *{name}* \_\_\_\_\_,  
who is the petitioner, fill out this form.

INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW FORM  
12.981(a)(2),  
PETITION FOR ADOPTION OF ADULT BY STEPPARENT

**When should this form be used?**

This form should be used when a stepparent is adopting his or her **spouse's adult** child. You must obtain the written consent of the adult child to be adopted, as well as the written consent of his or her birth parents and spouse (if married).

This form should be typed or printed in black ink. The name to be given to the adoptee **after** the adoption should be used in the heading of the **petition**. The stepparent is the **petitioner**, because he or she is the one who is asking the court for legal action. You must have your signature witnessed by a **notary public** or **deputy clerk**.

After completing this form, you should **file** the original with the **clerk of the circuit court** in the county where either you or the adoptee live and keep a copy for your records.

**What should I do next?**

For your case to proceed, you must have the written consent of the adoptee, his or her spouse if married, and the birth parents **or** properly notify each of them of the petition and hearing. If you know where they live, you must use **personal service**. If you absolutely do not know where they live, you may use **constructive service**. For more information about personal and constructive service, you should refer the **“General Instructions for Self-Represented Litigants”** found at the beginning of these forms and the instructions to **O'** Florida Family Law Rules of Procedure Forms 12.910(a) and 12.913(b) and **O'** Florida Supreme Court Approved Family Law Form 12.913(a). However, the law regarding constructive service is very complex and you may wish to consult an attorney regarding that issue.

The **court** may choose not to require consent to an adoption in some circumstances. For more information about situations where consent may not be required, see section 63.072, Florida Statutes.

When you have filed all of the required forms and met the requirements for consent as outlined above, you are ready to set a **hearing** on your petition. You should check with the clerk of court, **family law intake staff**, or **judicial assistant** to set a **final hearing**, and notify the other party(ies) using a **Notice of Hearing (General)**, **O'** Florida Supreme Court Approved Family Law Form 12.923, or other appropriate notice of hearing form.

**Where can I look for more information?**

**Before proceeding, you should read “General Information for Self-Represented Litigants” found at the beginning of these forms.** See chapter 63, Florida Statutes, and Florida Family Law Rule 12.200(a)(2) for further information.

**Special notes...**

With this petition you must file the following:

- C Stepparent Adoption: Consent of Adoptee, O'** Florida Supreme Court Approved Family Law Form 12.981(b)
- C Stepparent Adoption: Consent of Adult Adoptee's Spouse, O'** Florida Supreme Court Approved Family Law Form 12.981(c)(2)
- C Stepparent Adoption: Consent of Adult Adoptee's Birth Parents, O'** Florida Supreme Court Approved Family Law Form 12.981(c)(3), if obtainable
- C Certified copy of Adoptee's Birth Parents' death certificates, if deceased.**

**THIS ADOPTION MAY AFFECT THE ADOPTEE'S INHERITANCE.**

Remember, a person who is NOT an attorney is called a nonlawyer. If a nonlawyer helps you fill out these

forms, that person must give you a copy of a **Disclosure from Nonlawyer, O'** Florida Family Law Rules of Procedure Form 12.900 (a), before he or she helps you. A nonlawyer helping you fill out these forms also **must** put his or her name, address, and telephone number on the bottom of the last page of every form he or she helps you complete.



IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

Case No.: \_\_\_\_\_

Division: \_\_\_\_\_

IN RE: THE ADOPTION OF

\_\_\_\_\_,  
{use name to be given to adult} Adoptee.

**PETITION FOR ADOPTION OF ADULT BY STEPPARENT**

Petitioner, {full legal name} \_\_\_\_\_, files this petition  
for adoption of the above-named adult, pursuant to chapter 63, Florida Statutes, and states:

1. This is an action for adoption of an adult by the adult's stepparent, Petitioner.
2. I desire to adopt {adult's full legal name} \_\_\_\_\_,  
who was born on {date} \_\_\_\_\_, at {city, county and state} \_\_\_\_\_  
\_\_\_\_\_.
3. I desire to adopt the adult because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.
4. I am \_\_\_\_\_ years old, and I have resided at {address} \_\_\_\_\_,  
Florida for \_\_\_\_\_ years.
5. The adoptee's name shall be: \_\_\_\_\_.
6. The adoptee's birth parents are:  
Father's Name \_\_\_\_\_ Birth date \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Birth date \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_
7. **Notice.** Notice to the birth parents was made by: \_\_\_\_\_.
8. **Consent.**  
[ / all that apply]  
\_\_\_\_ a. The consent of the adoptee is attached.  
\_\_\_\_ b. The adoptee is married to {full legal name of adoptee's spouse} \_\_\_\_\_.

- and the consent of the spouse is attached.
- c. The adoptee is not married.
- d. The consent of ( ) \_\_\_\_\_, the birth mother, and ( ) \_\_\_\_\_, the birth father, of the adult is (are) attached to this petition.
- e. The birth ( ) mother ( ) father is (are) absent, or does (do) not consent to the adoption, and proof of service of process of this petition on the birth ( ) mother ( ) father is attached.
- f. The birth ( ) mother ( ) father is (are) deceased. A certified copy of the death certificate(s) is (are) attached.

WHEREFORE, I request that this Court enter a Final Judgment of Adoption of the adult by Petitioner Stepparent and change the name of the adoptee.

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

Dated: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Party  
 Printed Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_

STATE OF FLORIDA  
 COUNTY OF \_\_\_\_\_

Sworn to or affirmed and signed before me on \_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
 NOTARY PUBLIC or DEPUTY CLERK

\_\_\_\_\_  
 [Print, type, or stamp commissioned name of notary or clerk.]

- Personally known
- Produced identification
- Type of identification produced \_\_\_\_\_

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [ N fill in all blanks]**

I, *{full legal name and trade name of nonlawyer}* \_\_\_\_\_,  
 a nonlawyer, located at *{street}* \_\_\_\_\_, *{city}* \_\_\_\_\_,  
*{state}* \_\_\_\_\_, *{phone}* \_\_\_\_\_, helped *{name}* \_\_\_\_\_,  
 who is the petitioner, fill out this form.

INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW FORM 12.981(b),  
STEPARENT ADOPTION: CONSENT OF ADOPTEE

**When should this form be used?**

This form must be completed and signed by the person being adopted, the adoptee, if he or she is **over 12 years of age**. It must be signed in the presence of a **notary public** or **deputy clerk** and two witnesses other than the notary public or deputy clerk.

This form should be typed or printed in black ink. After completing this form, you should **file** the original with the **clerk of the circuit court** in the county where the adoption **petition** is filed and keep a copy for your records.

**What should I do next?**

A copy of this form must be mailed **or** hand delivered to the people identified in the instructions for **Joint Petition for Stepparent Adoption, O'** Florida Family Law Form 12.981(a).

**Special notes...**

Remember, a person who is NOT an attorney is called a nonlawyer. If a nonlawyer helps you fill out these forms, that person must give you a copy of **Disclosure from Nonlawyer, O'** Florida Family Law Rules of Procedure Form 12.900 (a), before he or she helps you. A nonlawyer helping you fill out these forms also **must** put his or her name, address, and telephone number on the bottom of the last page of every form he or she helps you complete.

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

Case No.: \_\_\_\_\_  
Division: \_\_\_\_\_

IN RE: THE ADOPTION OF

\_\_\_\_\_,  
{use name to be given to child(ren)}  
Adoptee(s).

**STEPARENT ADOPTION: CONSENT OF ADOPTEE**

1. I, {full legal name} \_\_\_\_\_, being over the age of 12, consent to my adoption by {name} \_\_\_\_\_, to be his/her legal child and heir at law.
2. I consent to my name being legally changed to {specify} \_\_\_\_\_.

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

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Adoptee  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness  
Printed Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Social Security No.: \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness  
Printed Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Social Security No.: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to or affirmed and signed before me on \_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC or DEPUTY CLERK  
\_\_\_\_\_

\_\_\_\_\_

[Print, type, or stamp commissioned name of notary or clerk.]

\_\_\_\_\_ Personally known

\_\_\_\_\_ Produced identification

\_\_\_\_\_ Type of identification produced \_\_\_\_\_

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [ N fill in all blanks]**

I, *{full legal name and trade name of nonlawyer}* \_\_\_\_\_,  
a nonlawyer, located at *{street}* \_\_\_\_\_, *{city}* \_\_\_\_\_,  
*{state}* \_\_\_\_\_, *{phone}* \_\_\_\_\_, helped *{name}* \_\_\_\_\_,  
who is the adoptee, fill out this form.

INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW FORM  
12.981(c)(1),  
STEPPARENT ADOPTION: CONSENT AND WAIVER BY PARENT

**When should this form be used?**

This form is to be completed and signed by the birth parent who is giving up all rights to and custody of the child to be adopted.

It must be signed in the presence of a **notary public** or **deputy clerk** and two witnesses other than the notary or clerk. You should **file** this form with the **petition** for adoption.

This form should be typed or printed in black ink. After completing this form, you should file the original with the **clerk of the circuit court** in the county where the petition was filed and keep a copy for your records.

**What should I do next?**

A copy of this form must be mailed **or** hand delivered to the people identified in the instructions for **Joint Petition for Stepparent Adoption, O'** Florida Family Law Form 12.981(a).

**Special notes...**

Remember, a person who is NOT an attorney is called a nonlawyer. If a nonlawyer helps you fill out these forms, that person must give you a copy of **Disclosure from Nonlawyer, O'** Florida Family Law Rules of Procedure Form 12.900 (a), before he or she helps you. A nonlawyer helping you fill out these forms also **must** put his or her name, address, and telephone number on the bottom of the last page of every form he or she helps you complete.

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

Case No.: \_\_\_\_\_

Division: \_\_\_\_\_

IN RE: THE ADOPTION OF

\_\_\_\_\_,  
{use name to be given to child(ren)}  
Adoptee(s).

**STEPPARENT ADOPTION:  
CONSENT AND WAIVER BY PARENT**

1. I, {full legal name} \_\_\_\_\_, am the [ / one only] ( ) father or ( ) mother of the above-named child(ren), who was (were) born on {date} \_\_\_\_\_, at {city, county, and state} \_\_\_\_\_. I relinquish all rights to and custody of this (these) minor child(ren), {name(s)} \_\_\_\_\_, and consent to the adoption by Petitioner, {name} \_\_\_\_\_ with full knowledge of the legal effect of the stepparent adoption.
2. I understand my legal rights as a parent, and I understand that I do not have to sign this consent and release of my parental rights. I acknowledge that this consent is being given knowingly, freely, and voluntarily. I further acknowledge that my consent is not given under fraud or duress. I understand that there is no "grace period" in Florida during which I may revoke my consent. I understand that, in signing this consent, I am permanently and forever giving up all my parental rights to and interest in this (these) child(ren). I voluntarily, permanently relinquish all my parental rights to this (these) child(ren).
3. I understand pursuant to section 63.182, Florida Statutes, that: "After one year of the entry of judgment of adoption, any irregularity or procedural defect in the proceedings is cured, and the validity of the judgment of adoption shall not be subject to direct collateral attack because of any irregularity or procedural defect. Any defect or irregularity of, or objection to, a consent that could have been cured had it been made during the proceedings shall not be questioned after the time for taking an appeal has expired."
4. I consent, release, and give up permanently, of my own free will, my parental rights to this (these) child(ren), for the purpose of adoption.
5. I waive any further notice of this adoption proceeding.

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

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness  
Printed Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Social Security No.: \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness  
Printed Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Social Security No.: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to or affirmed and signed before me on \_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC or DEPUTY CLERK

\_\_\_\_\_  
[Print, type, or stamp commissioned name of notary or  
deputy clerk.]

\_\_\_\_ Personally known  
\_\_\_\_ Produced identification  
\_\_\_\_ Type of identification produced \_\_\_\_\_

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE  
BLANKS BELOW: [ N fill in all blanks]**

I, *{full legal name and trade name of nonlawyer}* \_\_\_\_\_,  
a nonlawyer, located at *{street}* \_\_\_\_\_, *{city}* \_\_\_\_\_,  
*{state}* \_\_\_\_\_, *{phone}* \_\_\_\_\_, helped *{name}* \_\_\_\_\_,  
fill out this form.



INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW FORM  
12.981(c)(2),  
STEPPARENT ADOPTION: CONSENT OF ADULT ADOPTEE'S SPOUSE

**When should this form be used?**

This form must be completed by the **spouse** of an adult who is being adopted.

This form should be typed or printed in black ink. After completing this form, the spouse of the adoptee should sign the form before a **notary public** or **deputy clerk**. You should **file** the original with the **clerk of the circuit court** in the county where the **petition** for adoption of an adult was filed and keep a copy for your records.

**Special notes...**

Remember, a person who is NOT an attorney is called a nonlawyer. If a nonlawyer helps you fill out these forms, that person must give you a copy of **Disclosure from Nonlawyer, O'** Florida Family Law Rules of Procedure Form 12.900 (a), before he or she helps you. A nonlawyer helping you fill out these forms also **must** put his or her name, address, and telephone number on the bottom of the last page of every form he or she helps you complete.

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

Case No.: \_\_\_\_\_

Division: \_\_\_\_\_

IN RE: THE ADOPTION OF

\_\_\_\_\_,  
{use name to be given to child(ren)}

Adoptee(s).

**STEPARENT ADOPTION: CONSENT OF ADULT ADOPTEE'S SPOUSE**

1. I, {full legal name} \_\_\_\_\_, am the ( ) wife ( ) husband of {full legal name} \_\_\_\_\_, who Petitioner, {full legal name} wishes to adopt.
2. I consent to the adoption of my spouse by Petitioner.

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

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to or affirmed and signed before me on \_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC or DEPUTY CLERK

\_\_\_\_\_  
[Print, type, or stamp commissioned name of notary or deputy clerk.]

- \_\_\_\_\_ Personally known
- \_\_\_\_\_ Produced identification
- \_\_\_\_\_ Type of identification produced \_\_\_\_\_

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE  
BLANKS BELOW: [ N fill in all blanks]**

I, *{full legal name and trade name of nonlawyer}* \_\_\_\_\_,  
a nonlawyer, located at *{street}* \_\_\_\_\_, *{city}* \_\_\_\_\_,  
*{state}* \_\_\_\_\_, *{phone}* \_\_\_\_\_, helped *{name}* \_\_\_\_\_,  
who is the \_\_\_\_\_, fill out this form.

INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW FORM  
12.981(c)(3),  
STEPPARENT ADOPTION: CONSENT OF ADULT ADOPTEE'S BIRTH PARENT(S)

**When should this form be used?**

This form must be completed by the birth parents of an adult who is being adopted.

This form should be typed or printed in black ink. After completing this form, the birth parents of the adoptee should sign the form before a **notary public** or **deputy clerk**. You should **file** the original with the **clerk of the circuit court** in the county where the **petition** was filed and keep a copy for your records.

**Special notes...**

Remember, a person who is NOT an attorney is called a nonlawyer. If a nonlawyer helps you fill out these forms, that person must give you a copy of **Disclosure from Nonlawyer, O'** Florida Family Law Rules of Procedure Form 12.900 (a), before he or she helps you. A nonlawyer helping you fill out these forms also **must** put his or her name, address, and telephone number on the bottom of the last page of every form he or she helps you complete.

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

Case No.: \_\_\_\_\_

Division: \_\_\_\_\_

IN RE: THE ADOPTION OF

\_\_\_\_\_,  
{use name to be given to child(ren)}  
Adoptee(s).

**STEPPARENT ADOPTION: CONSENT OF ADULT ADOPTEE'S BIRTH PARENT(S)**

1. I/We, {full legal name(s)} \_\_\_\_\_ and \_\_\_\_\_,  
are the birth ( ) mother ( ) father of {full legal name} \_\_\_\_\_,  
who is 18 or more years old, and who Petitioner, {full legal name} \_\_\_\_\_  
wishes to adopt.
2. I/We consent to the adoption by Petitioner.
3. I/We waive any further notice of this adoption proceeding.

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

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Birth Mother

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to or affirmed and signed before me on \_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC or DEPUTY CLERK

\_\_\_\_\_  
[Print, type, or stamp commissioned name of notary or  
deputy clerk.]

\_\_\_\_ Personally known  
\_\_\_\_ Produced identification  
\_\_\_\_ Type of identification produced \_\_\_\_\_

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

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Birth Father

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to or affirmed and signed before me on \_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC or DEPUTY CLERK

\_\_\_\_\_  
[Print, type, or stamp commissioned name of notary or deputy clerk.]

\_\_\_\_ Personally known  
\_\_\_\_ Produced identification  
\_\_\_\_ Type of identification produced \_\_\_\_\_

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [ N fill in all blanks]**

I, *{full legal name and trade name of nonlawyer}* \_\_\_\_\_,  
a nonlawyer, located at *{street}* \_\_\_\_\_, *{city}* \_\_\_\_\_,  
*{state}* \_\_\_\_\_, *{phone}* \_\_\_\_\_, helped *{name}* \_\_\_\_\_,  
who is the \_\_\_\_\_, fill out this form.

INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW FORM 12.981(d),  
STEPPARENT ADOPTION: AFFIDAVIT OF DILIGENT SEARCH

**When should this form be used?**

This form is to be used in a **Joint Petition for Adoption by Stepparent, O** Florida Supreme Court Approved Family Law Form 12.981(a)(1), to obtain **constructive service** (also called service by publication) in a stepparent adoption case.

This form includes a checklist of places you can look for information on the location of the birth parent. While you do not have to look in all of these places, the court must believe that you have made a very serious effort to get information about the birth parent's location and that you have followed up any information you received.

This form should be typed or printed in black ink. After completing this form, you should **file** the original with the **clerk of the circuit court** in the county where your **petition** was filed and keep a copy for your records.

**Where can I look for more information?**

**Before proceeding, you should read "General Information for Self-Represented Litigants" found at the beginning of these forms.** For further information, see rule 12.070, Florida Family Law Rules of Procedure and rule 1.070, Florida Rules of Civil Procedure.

**Special notes...**

Remember, a person who is NOT an attorney is called a nonlawyer. If a nonlawyer helps you fill out these forms, that person must give you a copy of a **Disclosure from Nonlawyer, O** Florida Family Law Rules of Procedure Form 12.900 (a), before he or she helps you. A nonlawyer helping you fill out these forms also **must** put his or her name, address, and telephone number on the bottom of the last page of every form he or she helps you complete.

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

Case No.: \_\_\_\_\_

Division: \_\_\_\_\_

IN RE: THE ADOPTION OF

\_\_\_\_\_,  
{use name to be given to child(ren)}  
Adoptee(s).

**STEPARENT ADOPTION: AFFIDAVIT OF DILIGENT SEARCH**

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

1. I am married to the child(ren)'s birth ( ) mother ( ) father, {name} \_\_\_\_\_.
2. The last known address of the child(ren)'s other birth parent {name} \_\_\_\_\_, as of {date} \_\_\_\_\_, was:

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

His/her last known employment, as of {date} \_\_\_\_\_, was:

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

3. The other birth parent is over the age of 18.
4. The other birth parent's address or location is not known and cannot be determined, although I have made a reasonable effort to locate him/her through the following:

[ / all that apply]

\_\_\_\_\_ United States Post Office inquiry through Freedom of Information Act for current address or any relocations.

\_\_\_\_\_ Last known employment of the other birth parent, including name and address of employer. You should also ask for any addresses to which W-2 Forms were mailed, and, if a pension or profit-sharing plan exists, then to what address any pension or plan payment is to be mailed.

\_\_\_\_\_ Unions from which the other birth parent may have worked or that governed particular trade or craft.

\_\_\_\_\_ Regulatory agencies, including professional or occupational licensing.

\_\_\_\_\_ Names and addresses of relatives and contacts with those relatives and inquiry as to the other birth parent's last known address. You are to follow up any leads of any addresses where the other birth parent may have moved. Relatives include, but are not limited to: parents, brothers, sisters, aunts, uncles, cousins, nieces, nephews, grandparents, great-grandparents, former in-laws, stepparents, stepchildren.

\_\_\_\_\_ Information about the other birth parent's possible death and, if dead, the date and location.



- \_\_\_ Telephone listings in the last known locations of the other birth parent's residence.
- \_\_\_ Internet at <http://www.switchboard.com> or other Internet people finder, or the public library checked for me.
- \_\_\_ Law enforcement arrest and/or criminal records in the last known residential area of the other birth parent.
- \_\_\_ Highway Patrol records in the state of the other birth parent's last known address.
- \_\_\_ Department of Motor Vehicle records in the state of the other birth parent's last known address.
- \_\_\_ Department of Corrections records in the state of the other birth parent's last known address.
- \_\_\_ Title IV-D (child support enforcement) agency records in the state of the other birth parent's last known address.
- \_\_\_ Hospitals in the last known area of the other birth parent's residence.
- \_\_\_ Utility companies, which include water, sewer, cable TV, and electric in the last known area of the other birth parent's residence.
- \_\_\_ Letters to the Armed Forces of the U.S. and their response as to whether or not there is any information about the other birth parent. (See Florida Supreme Court Approved Family Law Form 12.912(a), Memorandum for Certificate of Military Service.)
- \_\_\_ Tax Assessor's and Tax Collector's Office in the area where the other birth parent last resided.
- \_\_\_ Other: *{explain}* \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**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 Petitioner  
 Printed Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_

STATE OF FLORIDA  
 COUNTY OF \_\_\_\_\_

Sworn to or affirmed and signed before me on \_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
 NOTARY PUBLIC or DEPUTY CLERK

\_\_\_\_\_  
 [Print, type, or stamp commissioned name of notary or deputy clerk.]

- \_\_\_ Personally known
- \_\_\_ Produced identification
- \_\_\_ Type of identification produced \_\_\_\_\_

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:** [ **N** fill in all blanks]

I, *{full legal name and trade name of nonlawyer}* \_\_\_\_\_,  
 a nonlawyer, located at *{street}* \_\_\_\_\_, *{city}* \_\_\_\_\_,  
*{state}* \_\_\_\_\_, *{phone}* \_\_\_\_\_, helped *{name}* \_\_\_\_\_,  
 who is the petitioner, fill out this form.

INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW FORM 12.981(e),  
PETITION FOR ADOPTION INFORMATION

**When should this form be used?**

This form is used to request release of relevant medical or social information on an adoptee. You cannot use this form to find out the identity of birth parent(s).

This form should be typed or printed in black ink. After completing this form, you should sign the form before a **notary public** or **deputy clerk**. You should **file** the original with the **clerk of the circuit court** in the county where the adoption took place and keep a copy for your records.

**Special notes...**

Remember, a person who is NOT an attorney is called a nonlawyer. If a nonlawyer helps you fill out these forms, that person must give you a copy of **Disclosure from Nonlawyer, O'** Florida Family Law Rules of Procedure Form 12.900 (a), before he or she helps you. A nonlawyer helping you fill out these forms also **must** put his or her name, address, and telephone number on the bottom of the last page of every form he or she helps you complete.

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

Case No.: \_\_\_\_\_

Division: \_\_\_\_\_

IN RE: THE ADOPTION OF

\_\_\_\_\_,  
Adoptee(s).

**PETITION FOR ADOPTION INFORMATION**

1. I, *{full legal name}* \_\_\_\_\_, am interested in this matter as:  
[ / **one** only]  
 adult adoptee (over 18).  
 adoptive parent.  
 adult birth sibling.  
 other:*{specify}* \_\_\_\_\_.
2. The adoptee(s), *{name(s)}* \_\_\_\_\_  
was (were) born on *{date}* \_\_\_\_\_.
3. I request nonidentifying information as to family medical history and social history of the adoptee(s)  
as follows:  
[ / **all** that apply]  
 If available, to be furnished to adoptive parents before finalization of the adoption.  
 If available, to be furnished to adoptee upon request after adoptee reaches majority.
4. The reason I am requesting disclosure of this information is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

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

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Party  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to or affirmed and signed before me on \_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC or DEPUTY CLERK

\_\_\_\_\_  
[Print, type, or stamp commissioned name of notary or  
deputy clerk.]

\_\_\_\_ Personally known  
\_\_\_\_ Produced identification  
\_\_\_\_ Type of identification produced \_\_\_\_\_

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE  
BLANKS BELOW: [ N fill in all blanks]**

I, *{full legal name and trade name of nonlawyer}* \_\_\_\_\_,  
a nonlawyer, located at *{street}* \_\_\_\_\_, *{city}* \_\_\_\_\_,  
*{state}* \_\_\_\_\_, *{phone}* \_\_\_\_\_, helped *{name}* \_\_\_\_\_,  
who is the \_\_\_\_\_, fill out this form.

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

Case No.: \_\_\_\_\_

Division: \_\_\_\_\_

IN RE: THE ADOPTION OF

\_\_\_\_\_,  
Adoptee(s).

**ORDER RELEASING ADOPTION INFORMATION**

This case came before the Court upon the Petition for Adoption Information, and the Court being fully advised in the premises, it is ORDERED:

- \_\_\_ 1. The Petitioner shall receive
- \_\_\_ a. nonidentifying information as to: \_\_\_\_\_.
  - \_\_\_ b. identifying information as to: \_\_\_\_\_.
  - \_\_\_ c. all records relating to the adoption proceedings.
- \_\_\_ 2. The petition is denied in whole or in part because: \_\_\_\_\_.

ORDERED on \_\_\_\_\_.

\_\_\_\_\_  
CIRCUIT JUDGE

COPIES TO:

Petitioner (or his or her attorney)

Respondent (or his or her attorney)

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

Case No.: \_\_\_\_\_

Division: \_\_\_\_\_

IN RE: THE ADOPTION OF

\_\_\_\_\_,  
Adoptee(s).

**FINAL JUDGMENT OF STEPPARENT ADOPTION**

This matter came before the Court on the Petition for Stepparent Adoption filed in this action, and having heard testimony and considered the evidence, the Court finds that:

1. The Court has jurisdiction over the subject matter of the Petition for Adoption.
2. The Court has jurisdiction over the minor child(ren), *{name(s)}* \_\_\_\_\_, Petitioner, *{name}* \_\_\_\_\_, and the birth parent to whom Petitioner is married, *{name}* \_\_\_\_\_, in that they are residents of \_\_\_\_\_ County, Florida. Further, the child(ren) and Petitioner have significant connections with the State of Florida.
3. There is no pending litigation regarding the child(ren), in Florida or any other state, nor is there any other person not a party to these proceedings who has, or claims to have, physical custody or visitation rights to the minor child(ren).
4. The best interests of this (these) child(ren) would be served and promoted by this adoption, and Petitioner desires the permanent responsibility of a parent in this adoption.
5. The consent of the birth ( ) mother ( ) father who is not married to Petitioner is:  
[ / **only** one]  
\_\_\_\_ attached to the petition.  
\_\_\_\_ not required because he/she is deceased.  
\_\_\_\_ waived because:  
[ / **all** that apply]  
\_\_\_\_ the parent has deserted the child(ren) without affording a means of identification.  
\_\_\_\_ the parent has abandoned the child(ren) and has not visited, supported, contacted, or communicated with the child(ren).  
\_\_\_\_ the parent has been judicially declared mentally incapacitated, and restoration of capacity is medically improbable.  
\_\_\_\_ the legal guardian or lawful custodian of the adoptee(s), other than the birth parent, has failed to respond in writing to a request for consent for 60 days, or the Court has examined the written reasons for withholding consent and has found the withholding of consent to be unreasonable.  
\_\_\_\_ other: *{specify}* \_\_\_\_\_  
\_\_\_\_\_.
6. The best interests of the child(ren) will be promoted by this adoption.

7. The minor child(ren) is (are) suitable for adoption by Petitioner.

NOW, THEREFORE, IT IS ORDERED that:

1. The minor child(ren) presently known as *{name(s)}* \_\_\_\_\_ is (are) declared to be the legal child(ren) of Petitioner, *{name}* \_\_\_\_\_, and is (are) given the name(s) of \_\_\_\_\_, by which minor child(ren) shall hereafter be known.
2. The minor child(ren) shall be the child(ren) and legal heir(s) at law of Petitioner, *{name}* \_\_\_\_\_, and shall be entitled to all rights and privileges, and subject to all obligations, of children born of Petitioner.
3. All legal relations between the adoptee(s) and the noncustodial parent, and between the adoptee(s) and the relatives of that birth parent, are terminated by this adoption, as are all parental rights and responsibilities of that birth parent.
4. This Final Judgment of Adoption creates a relationship between the adoptee(s) and Petitioner and all relatives of Petitioner that would have existed if the adoptee(s) was (were) a blood descendant of the Petitioner, born within wedlock, entitled to all rights and privileges thereof, and subject to all obligations of a child being born to Petitioner.

ORDERED on \_\_\_\_\_.

\_\_\_\_\_  
CIRCUIT JUDGE

COPIES TO:

Petitioner (or his or her attorney)  
Respondent (or his or her attorney)

INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW FORM 12.982(a),  
PETITION FOR CHANGE OF NAME (ADULT)

**When should this form be used?**

This form should be used when an adult wants the court to change his or her name. This form is **not** to be used in connection with a divorce action. If you want a change of name because of a **dissolution of marriage** that is not yet final, the change of name should be done as part of that case.

This form should be typed or printed in black ink. After completing this form, you should sign the form before a **notary public** or **deputy clerk**. You should **file** the original with the **clerk of the circuit court** in the county where you live and keep a copy for your records.

**What should I do next?**

Next, you must obtain a **hearing** date for the court to consider your request. You should ask the clerk of court, **family law intake staff**, or **judicial assistant** about the local procedure for setting a hearing. You may be required to attend the **final hearing**. Included in these forms is a **Final Judgment of Change of Name (Adult), O'** Florida Supreme Court Approved Family Law Form 12.982(b), which the **judge** may use. You should check with the clerk, family law intake staff, or judicial assistant, to see if you need to bring a **final judgment** form with you. If so, you should type or print the heading, including the circuit, county, case number, division, and the parties' names, and leave the rest blank for the judge to complete at your hearing or trial.

If the judge grants your **petition**, he or she will sign this **order**. This officially changes your name. The clerk can provide you with **certified copies** of the signed order. There will be charges for the certified copies, and the clerk can tell you how much those charges are.

**Where can I look for more information?**

**Before proceeding, you should read "General Information for Self-Represented Litigants" found at the beginning of these forms.** For further information, see section 68.07, Florida Statutes.

**Special notes...**

The heading of the form calls for the name of the **petitioner**. Your current name should go there, as you are the one who is asking the court for something. The judicial circuit, case number, and division may be obtained from the clerk of court's office when you file the petition.

It may be helpful to compile a list of all of the people and/or places that will need a copy of your final judgment. This list may include the driver's license office, social security office, banks, schools, etc. A list will help you know how many copies of your order you should get from the clerk of court after your hearing.

Remember, a person who is NOT an attorney is called a nonlawyer. If a nonlawyer helps you fill out these forms, that person must give you a copy of a **Disclosure from Nonlawyer, O'** Florida Family Law Rules of Procedure Form 12.900 (a), before he or she helps you. A nonlawyer helping you fill out these forms also **must** put his or her name, address, and telephone number on the bottom of the last page of every form he or she helps you complete.



IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

Case No.: \_\_\_\_\_

Division: \_\_\_\_\_

IN RE: THE NAME CHANGE OF

\_\_\_\_\_

Petitioner.

**PETITION FOR CHANGE OF NAME (ADULT)**

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

1. My complete present name is: \_\_\_\_\_.  
I request that my name be changed to: \_\_\_\_\_.
2. I live in \_\_\_\_\_ County, Florida, at *{street address}* \_\_\_\_\_.
3. I was born on *{date}* \_\_\_\_\_, in *{city}* \_\_\_\_\_, *{county}* \_\_\_\_\_,  
*{state}* \_\_\_\_\_, *{country}* \_\_\_\_\_.
4. My father's full legal name: \_\_\_\_\_.  
My mother's full legal name: \_\_\_\_\_.  
My mother's maiden name: \_\_\_\_\_.
5. I have lived in the following places since birth:

Dates (to/from)	Address
_____/_____/_____ _____/_____/_____ _____/_____/_____ _____/_____/_____ _____/_____/_____ _____/_____/_____ _____/_____/_____ _____/_____/_____ _____/_____/_____ _____/_____/_____ _____/_____/_____ _____/_____/_____	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

**9** Check here if you are continuing these facts on an attached page.

**6. Family**

[ / **all** that apply]

- \_\_\_\_\_ a. I am not married.
- \_\_\_\_\_ b. I am married. My spouse's full legal name is: \_\_\_\_\_.
- \_\_\_\_\_ c. I do not have child(ren).
- \_\_\_\_\_ d. The name(s), age(s), and address(es) of my child(ren) are as follows (all children, **including**

those over 18, must be listed):

Name {last, first, middle initial}	Age	Address, City, State
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Check here if you are continuing these facts on an attached page.

7. **Former names**

[ / all that apply]

\_\_\_\_\_ My name has never been changed by a court.

\_\_\_\_\_ My name previously was changed by court order from \_\_\_\_\_  
to \_\_\_\_\_ on {date} \_\_\_\_\_,  
by {court, city, and state} \_\_\_\_\_.

A copy of the court order is attached.

\_\_\_\_\_ My name previously was changed by marriage from \_\_\_\_\_  
to \_\_\_\_\_ on {date} \_\_\_\_\_,  
in {city, county, and state} \_\_\_\_\_.

A copy of the marriage certificate is attached.

\_\_\_\_\_ I have never been known or called by any other name.

\_\_\_\_\_ I have been known or called by the following other name(s): {list name(s) and explain where you  
were known or called by such name(s)} \_\_\_\_\_

8. **Occupation**

My occupation is: \_\_\_\_\_.

I am employed at: {company and address} \_\_\_\_\_

During the past 5 years, I have had the following jobs:

Dates (to/from)	Employer and employer's address
_____/_____/_____	_____
_____/_____/_____	_____
_____/_____/_____	_____
_____/_____/_____	_____
_____/_____/_____	_____
_____/_____/_____	_____
_____/_____/_____	_____

Check here if you are continuing these facts on an attached page.

9. **Business**

[ / one only]

\_\_\_\_\_ I do not own and operate a business.

\_\_\_\_\_ I own and operate a business. The name of the business is: \_\_\_\_\_.

The street address is: \_\_\_\_\_.

My position with the business is: \_\_\_\_\_.

I have been involved with the business since: {date} \_\_\_\_\_.

10. **Profession**

[ / one only]

\_\_\_\_\_ I am not in a profession.  
 \_\_\_\_\_ I am in a profession. My profession is: \_\_\_\_\_.

I have practiced this profession:

Dates (to/from)	Place and address
_____/_____/_____	_____
_____/_____/_____	_____
_____/_____/_____	_____
_____/_____/_____	_____
_____/_____/_____	_____

**9** Check here if you are continuing these facts on an attached page.

**11. Education**

I have graduated from the following school(s):

Degree Received	Date of Graduation	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Check here if you are continuing these facts on an attached page.

**12. Felony Convictions**

[ / one only]

\_\_\_\_\_ I have never been convicted of a felony.  
 \_\_\_\_\_ I was convicted of a felony on {date} \_\_\_\_\_, in {city} \_\_\_\_\_, {county} \_\_\_\_\_, {state} \_\_\_\_\_.

**9** Check here if you have been convicted of additional felonies, and explain on an attached page.

**13. Bankruptcy**

[ / one only]

\_\_\_\_\_ I have never been adjudicated bankrupt.  
 \_\_\_\_\_ I was adjudicated bankrupt on {date} \_\_\_\_\_, in {city} \_\_\_\_\_, {county} \_\_\_\_\_, {state} \_\_\_\_\_.

**9** Check here if you have filed additional bankruptcies, and explain on an attached page.

**14. Creditor(s)' Judgments**

[ / one only]

\_\_\_\_\_ I have never had a money judgment entered against me by a creditor.  
 \_\_\_\_\_ The following creditor(s)' money judgment(s) have been entered against me:

Date	Amount	Creditor	Court entering judgment and case number	/ if Paid
_____	_____	_____	_____	<b>9</b>
_____	_____	_____	_____	<b>9</b>
_____	_____	_____	_____	<b>9</b>
_____	_____	_____	_____	<b>9</b>

**9** Check here if these facts are continued on an attached page.

15. 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.

16. My civil rights have never been suspended, or, if my civil rights have been suspended, they have

been fully restored.

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

Dated: \_\_\_\_\_.

\_\_\_\_\_  
Signature of Petitioner

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Sworn to or affirmed and signed before me on \_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC or DEPUTY CLERK

\_\_\_\_\_  
[Print, type, or stamp commissioned name of notary or deputy clerk.]

\_\_\_\_\_ Personally known

\_\_\_\_\_ Produced identification

\_\_\_\_\_ Type of identification produced \_\_\_\_\_

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [ N fill in all blanks]**

I, *{full legal name and trade name of nonlawyer}* \_\_\_\_\_,

a nonlawyer, located at *{street}* \_\_\_\_\_, *{city}* \_\_\_\_\_,

*{state}* \_\_\_\_\_, *{phone}* \_\_\_\_\_, helped *{name}* \_\_\_\_\_,

who is the petitioner, fill out this form.

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

Case No.: \_\_\_\_\_

Division: \_\_\_\_\_

IN RE: THE NAME CHANGE OF

\_\_\_\_\_  
Petitioner.

**FINAL JUDGMENT OF CHANGE OF NAME (ADULT)**

This cause came before the Court on *{date}* \_\_\_\_\_, for a hearing on Petition for Change of Name (Adult) under section 68.07, Florida Statutes, and it appearing to the Court that:

1. Petitioner is a bona fide resident of \_\_\_\_\_ County, Florida;
2. Petitioner's request is not for any ulterior or illegal purpose; and
3. granting this petition will not in any manner invade the property rights of others, whether partnership, patent, good will, privacy, trademark, or otherwise; it is

ORDERED that Petitioner's present name, \_\_\_\_\_,  
is changed to \_\_\_\_\_, by which  
Petitioner shall hereafter be known.

ORDERED ON \_\_\_\_\_.

\_\_\_\_\_  
CIRCUIT JUDGE

COPIES TO:  
Petitioner

INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW FORM 12.982(c),  
PETITION FOR CHANGE OF NAME (MINOR CHILD(REN))

**When should this form be used?**

This form should be used when parents want the court to change the name of their minor child(ren). For the purposes of this proceeding, a person under the age of 18 is a minor. This form is not to be used in connection with an adoption or **paternity action**. If you want a change of name for your child(ren) because of an adoption or paternity action that is not yet final, the change of name should be done as part of that case.

This form should be typed or printed in black ink. The primary **petition** should only be completed for one child. If you wish to change the names of more than one child, you should complete and file a Supplemental Form for Petition for Change of Name (Minor Child) for each child. The supplemental form is an attachment to the petition. **Be sure that the bottom of each page of each supplemental form is initialed by the petitioner(s)**. After completing this form, you should sign the form before a **notary public** or **deputy clerk**. You should **file** the original with the **clerk of the circuit court** in the county where you live and keep a copy for your records.

**What should I do next?**

If **both** parents agree to the change of name and live in the county where the change of name is sought, you may both file as **petitioners**. In this situation, **service** is not necessary, and you need only to set a **hearing**. You should ask the clerk of court, **family law intake staff**, or **judicial assistant** about the local procedure for setting a hearing.

If only one parent is a resident of the county where the change of name(s) is sought **or** only one parent asks for the child(ren)'s name(s) to be changed, the other parent must be notified and his or her consent obtained, if possible. If the other parent consents to the change of name, a **Consent for Change of Name (Minor Child(ren))**, O' Florida Supreme Court Approved Family Law Form 12.982(d), should be filed.

If the other parent does not consent to the change of name, you may still have a hearing on the petition **if** you have properly notified the other parent about your petition and the hearing. If you know where he or she lives, you must use **personal service**. If you absolutely do not know where he or she lives, you may use **constructive service**. For more information about personal and constructive service, you should refer the "**General Instructions for Self-Represented Litigants**" found at the beginning of these forms and the instructions to O' Florida Family Law Rules of Procedure Forms 12.910(a) and 12.913(b) and O' Florida Supreme Court Approved Family Law Form 12.913(a). However, the law regarding constructive service is very complex and you may wish to consult an attorney regarding that issue.

Next, you must obtain a **final hearing** date for the court to consider your request. You should ask the clerk of court, family law intake staff, or judicial assistant about the local procedure for setting a hearing. You may be required to attend the hearing. Included in these forms is a **Final Judgment of Change of Name (Minor Child(ren))**, O' Florida Supreme Court Approved Family Law Form 12.982(e), which may be used when a judge grants a change of name for a minor child(ren). If you attend the hearing, you should take the final judgment with you. You should complete the top part of the form, including the circuit, county, case number, division, and the name(s) of the petitioner(s) and leave the rest blank for the judge to complete. It should be typed or printed in black ink.

If the judge grants your petition, he or she will sign this **order**. This officially changes your child(ren)'s name(s). The clerk can provide you with **certified copies** of the signed order. There will be charges for the certified copies, and the clerk can tell you how much those charges are.

### **Where can I look for more information?**

**Before proceeding, you should read “General Information for Self-Represented Litigants” found at the beginning of these forms.** For further information, see section 68.07, Florida Statutes.

### **Special notes...**

The heading of the form calls for the name(s) of the **petitioner(s)**. This is the parent(s) who is (are) requesting the change of their child(ren)'s name(s). The judicial circuit, case number, and division may be obtained from the clerk of court's office when you file the petition.

It may be helpful to compile a list of all of the people and places that will need a copy of the final judgment. This list may include the driver's license office, social security office, banks, schools, etc. A list will help you know how many copies of your order you should get from the clerk of court after your hearing.

Remember, a person who is NOT an attorney is called a nonlawyer. If a nonlawyer helps you fill out these forms, that person must give you a copy of a **Disclosure from Nonlawyer, O'** Florida Family Law Rules of Procedure Form 12.900 (a), before he or she helps you. A nonlawyer helping you fill out these forms also **must** put his or her name, address, and telephone number on the bottom of the last page of every form he or she helps you complete.

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

Case No.: \_\_\_\_\_

Division: \_\_\_\_\_

IN RE: THE NAME CHANGE OF

\_\_\_\_\_,  
Petitioner/Father,

\_\_\_\_\_,  
Petitioner/Mother.

**PETITION FOR CHANGE OF NAME (MINOR CHILD(REN))**

I/We, {full legal name(s)} \_\_\_\_\_, being sworn,  
certify that the following information is true:

**I am/We are the birth or legal parent(s) of the minor child(ren) named in this petition.**

[ / only one]

\_\_\_ a. There is only one minor child named in this petition.

\_\_\_ b. There are {enter number of children} \_\_\_\_\_ children named in this petition. The information on the first child is entered below. I/We have attached the completed supplemental forms for each other child.

**THE FOLLOWING INFORMATION IS TRUE ABOUT CHILD #   1  :**

1. **Minor child's complete present name is:**

\_\_\_\_\_  
**I/We request that this minor child's name be changed to:**

\_\_\_\_\_

2. The minor child lives in \_\_\_\_\_ County, Florida, at {street address} \_\_\_\_\_

\_\_\_\_\_.

3. The minor child was born on {date} \_\_\_\_\_, in {city, county, state, country} \_\_\_\_\_

\_\_\_\_\_.

4. The minor child's father's full legal name: \_\_\_\_\_.

The minor child's mother's full legal name: \_\_\_\_\_.

The minor child's mother's maiden name: \_\_\_\_\_.

5. The minor child has lived in the following places since birth:

Dates (to/from)

Address

\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_



\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_

9 Check here if you are continuing these facts on an attached page.

6. [ / one only]

\_\_\_\_ The minor child is not married.

\_\_\_\_ The minor child is married to: *{full legal name}* \_\_\_\_\_.

7. [ / one only]

\_\_\_\_ The minor child has no children.

\_\_\_\_ The minor child is the parent of the following child(ren): *{enter full name(s) and date(s) of birth}*

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

8. **Former names.**

[ / all that apply]

\_\_\_\_ The minor child's name has never been changed **by a court**.

\_\_\_\_ The minor child's name previously was changed **by court order** from \_\_\_\_\_  
to \_\_\_\_\_ on *{date}* \_\_\_\_\_,  
by *{court, city, and state}* \_\_\_\_\_.

A copy of the court order is attached.

\_\_\_\_ The minor child's name previously was changed **by marriage** from \_\_\_\_\_  
to \_\_\_\_\_ on *{date}* \_\_\_\_\_,  
in *{city, county, and state}* \_\_\_\_\_.

A copy of the marriage certificate is attached.

\_\_\_\_ The minor child has never been known or called by any other name.

\_\_\_\_ The minor child has been known or called by the following other name(s): *{list name(s) and explain where child was known or called by such name(s)}* \_\_\_\_\_

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

9. The minor child is not employed in an occupation or profession, does not own and operate a business, and has received no educational degrees. If the minor child has a job, explain: \_\_\_\_\_

\_\_\_\_\_

10. **Felony Convictions.**

[ / one only]

\_\_\_\_ The minor child has never been convicted of a felony.

\_\_\_\_ The minor child was convicted of a felony on *{date}* \_\_\_\_\_, in *{city}* \_\_\_\_\_,  
*{county}* \_\_\_\_\_, *{state}* \_\_\_\_\_.

11. **Money Judgments.**

[ / one only]

\_\_\_\_ The minor child has never been adjudicated bankrupt, and no money judgment has ever been entered against him or her.

\_\_\_\_ The following money judgment(s) has been entered against him or her:

Date	Amount	Creditor	Court entering judgment and case number	/ if Paid
_____	_____	_____	_____	9
_____	_____	_____	_____	9

**THE FOLLOWING INFORMATION IS TRUE ABOUT PETITIONER(S):**

12. Petitioner(s) live in \_\_\_\_\_ County, Florida, at *{street address}* \_\_\_\_\_.
13. I/We 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.
14. My/our civil rights have never been suspended, or, if ever suspended, they have been fully restored.

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

Dated: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Petitioner/Father  
 Printed Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_

STATE OF FLORIDA  
 COUNTY OF \_\_\_\_\_

Sworn to or affirmed and signed before me on \_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
 NOTARY PUBLIC or DEPUTY CLERK

\_\_\_\_\_  
 [Print, type, or stamp commissioned name of notary or clerk.]

\_\_\_\_\_  
 \_\_\_\_\_ Personally known  
 \_\_\_\_\_ Produced identification  
 \_\_\_\_\_ Type of identification produced \_\_\_\_\_

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

Dated: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Petitioner/Mother  
 Printed Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to or affirmed and signed before me on \_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC or DEPUTY CLERK

\_\_\_\_\_  
[Print, type, or stamp commissioned name of notary or clerk.]

\_\_\_\_\_  
\_\_\_\_\_  
Type of identification produced \_\_\_\_\_

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [ N fill in all blanks]**

I, *{full legal name and trade name of nonlawyer}* \_\_\_\_\_,  
a nonlawyer, located at *{street}* \_\_\_\_\_, *{city}* \_\_\_\_\_,  
*{state}* \_\_\_\_\_, *{phone}* \_\_\_\_\_, helped *{name(s)}* \_\_\_\_\_,  
who is (are) the petitioner(s), fill out this form.

**SUPPLEMENTAL FORM FOR PETITION FOR CHANGE OF NAME (MINOR CHILD(REN))**

Case No.: \_\_\_\_\_

**THE FOLLOWING INFORMATION IS TRUE ABOUT CHILD # \_\_\_\_\_:**

1. **Minor child's complete present name is:**

\_\_\_\_\_  
**I/We request that minor child's name be changed to:**

\_\_\_\_\_

2. The minor child lives in \_\_\_\_\_ County, Florida, at *{street address}* \_\_\_\_\_

\_\_\_\_\_

3. The minor child was born on *{date}* \_\_\_\_\_, in *{city, county, state, country}*

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

4. The minor child's father's full legal name: \_\_\_\_\_

The minor child's mother's full legal name: \_\_\_\_\_

The minor child's mother's maiden name: \_\_\_\_\_

5. The minor child has lived in the following places since birth:

Dates (to/from)	Address
_____ /	_____
_____ /	_____
_____ /	_____
_____ /	_____
_____ /	_____
_____ /	_____
_____ /	_____

**9** Check here if you are continuing these facts on an attached page.

6. [ / **one** only]

\_\_\_\_ The minor child is not married.

\_\_\_\_ The minor child is married to: *{full legal name}* \_\_\_\_\_

7. [ / **one** only]

\_\_\_\_ The minor child has no children.

\_\_\_\_ The minor child is the parent of the following child(ren): *{enter name(s) and date(s) of birth}*

\_\_\_\_\_

8. **Former names**

[ / **all** that apply]

\_\_\_\_ The minor child's name has never been changed **by a court**.

\_\_\_\_ The minor child's name previously was changed **by court order** from \_\_\_\_\_

to \_\_\_\_\_ on *{date}* \_\_\_\_\_

by *{court, city, and state}* \_\_\_\_\_

A copy of the court order is attached.

**PETITIONER(S) MUST INITIAL HERE** \_\_\_\_\_

MINOR CHILD # \_\_\_\_\_, continued

\_\_\_\_ The minor child's name previously was changed **by marriage** from \_\_\_\_\_  
to \_\_\_\_\_ on {date} \_\_\_\_\_,  
in {city, county, and state} \_\_\_\_\_.

A copy of the marriage certificate is attached.

\_\_\_\_ The minor child has never been known or called by any other name.

\_\_\_\_ The minor child has been known or called by the following other name(s): {list name(s) and explain  
where child was known or called by such name(s)} \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

9. The minor child is not employed in an occupation or profession, does not own and operate a  
business, and has received no educational degrees. If the minor child has a job, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

10. **Felony Convictions**

[ / one only]

\_\_\_\_ The minor child has never been convicted of a felony.

\_\_\_\_ The minor child was convicted of a felony on {date} \_\_\_\_\_, in {city} \_\_\_\_\_,  
{county} \_\_\_\_\_, {state} \_\_\_\_\_.

11. **Money Judgments**

[ / one only]

\_\_\_\_ The minor child has never been adjudicated bankrupt, and no money judgment has ever been  
entered against him or her.

\_\_\_\_ The following money judgment(s) has (have) been entered against him or her:

Date	Amount	Creditor	Court entering judgment and case number	/ if Paid
_____	_____	_____	_____	9
_____	_____	_____	_____	9

**PETITIONER(S) MUST INITIAL HERE** \_\_\_\_\_

INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW FORM 12.982(d),  
CONSENT FOR CHANGE OF NAME (MINOR CHILD(REN))

**When should this form be used?**

This form should be used when one parent consents to the other parent's **petition** to change the name of their minor child(ren). A parent who is not a **petitioner** in the case but is consenting to the change of name should complete this form and sign it in front of a **notary public** or **deputy clerk**.

This form should be typed or printed in black ink. After this form is signed and notarized, you should **file** it with the **clerk of the circuit court** in the county where the petition was filed and keep a copy for your records. This form should be attached to the **Petition for Change of Name (Minor Child(ren))**, **O'** Florida Supreme Court Approved Family Law Form 12.982(c), **if** obtained prior to the filing of the petition. Otherwise, it may be filed separately after it has been completed.

**Where can I look for more information?**

**Before proceeding, you should read "General Information for Self-Represented Litigants" found at the beginning of these forms.** For further information see section 68.07, Florida Statutes, and the instructions for **Petition for Change of Name (Minor Child(ren))**, **O'** Florida Supreme Court Approved Family Law Form 12.982(c), or **Petition for Change of Name (Family)**, **O'** Florida Supreme Court Approved Family Law Form 12.982(f).

**Special notes...**

Remember, a person who is NOT an attorney is called a nonlawyer. If a nonlawyer helps you fill out these forms, that person must give you a copy of a **Disclosure from Nonlawyer**, **O'** Florida Family Law Rules of Procedure Form 12.900 (a), before he or she helps you. A nonlawyer helping you fill out these forms also **must** put his or her name, address, and telephone number on the bottom of the last page of every form he or she helps you complete.

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

Case No.: \_\_\_\_\_

Division: \_\_\_\_\_

IN RE: THE NAME CHANGE OF

\_\_\_\_\_,  
Petitioner.

**CONSENT FOR CHANGE OF NAME (MINOR CHILD(REN))**

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

I am the birth or legal ( ) father ( ) mother of the minor child(ren) named in this case, and I give consent for the following name changes:

**Minor child(ren)'s complete present name(s):**

**Minor child(ren)'s name(s) to be changed to:**

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_
- (4) \_\_\_\_\_
- (5) \_\_\_\_\_
- (6) \_\_\_\_\_

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_
- (4) \_\_\_\_\_
- (5) \_\_\_\_\_
- (6) \_\_\_\_\_

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

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Consenting Parent  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to or affirmed and signed before me on \_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC or DEPUTY CLERK

\_\_\_\_\_  
[Print, type, or stamp commissioned name of notary or clerk.]

- \_\_\_\_\_ Personally known
- \_\_\_\_\_ Produced identification
- \_\_\_\_\_ Type of identification produced \_\_\_\_\_

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE  
BLANKS BELOW: [ N fill in all blanks]**

I, *{full legal name and trade name of nonlawyer}* \_\_\_\_\_,  
a nonlawyer, located at *{street}* \_\_\_\_\_, *{city}* \_\_\_\_\_,  
*{state}* \_\_\_\_\_, *{phone}* \_\_\_\_\_, helped *{name}* \_\_\_\_\_,  
who is the [ / **one** only] \_\_\_ petitioner **or** \_\_\_ consenting parent, fill out this form.



IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

Case No.: \_\_\_\_\_

Division: \_\_\_\_\_

IN RE: THE NAME CHANGE OF

\_\_\_\_\_,  
Petitioner/Father,

\_\_\_\_\_,  
Petitioner/Mother.

**FINAL JUDGMENT OF CHANGE OF NAME (MINOR CHILD(REN))**

This cause came before the Court on {date} \_\_\_\_\_, for a hearing on Petition for Change of Name under section 68.07, Florida Statutes, and it appearing to the Court that:

1. Petitioner(s) is (are) a bona fide resident(s) of \_\_\_\_\_ County, Florida;
2. \_\_\_\_\_ Petitioners are the parents of the minor child(ren) named in the petition;
3. \_\_\_\_\_ Petitioner is the parent of the minor child(ren) named in the petition, and the other parent has been properly notified and has either consented or failed to respond;  
 \_\_\_\_\_ Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_;
3. Petitioner's request is not for any ulterior or illegal purpose; and
4. Granting this petition will not in any manner invade the property rights of others, whether partnership, patent, good will, privacy, trademark, or otherwise; it is

ORDERED that the minor child(ren)'s	
present name(s)	be changed to
(1) _____	(1) _____
(2) _____	(2) _____
(3) _____	(3) _____
(4) _____	(4) _____
(5) _____	(5) _____
(6) _____	(6) _____,

by which minor child(ren) shall hereafter be known.

ORDERED ON \_\_\_\_\_.

\_\_\_\_\_  
CIRCUIT JUDGE

INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW FORM 12.982(f),  
PETITION FOR CHANGE OF NAME (FAMILY)

**When should this form be used?**

This form should be used when a family wants the court to change its name. This form is **not** to be used in connection with a divorce, **paternity**, or adoption action. If you want a change of name because of a **dissolution of marriage**, paternity, or adoption action that is not yet final, the change of name should be done as part of that case.

This form should be typed or printed in black ink. The petition should only be completed for one adult. If you wish to change the name(s) of another adult and/or child(ren), you should complete and file a Supplemental Form for Petition for Change of Name (Family) for each additional family member and file the supplemental form(s) as an attachment to the petition. **Be sure that the bottom of each child's supplemental form is initialed.** After completing this form, it should be signed before a **notary public** or **deputy clerk**. You should then **file** the original with the **clerk of the circuit court** in the county where you live and keep a copy for your records.

**What should I do next?**

If any of the children for whom you are requesting this change of name are not the legal children of both adults filing this petition, you must obtain the consent of the legal parent(s). A parent not named as a **petitioner** in this action may consent by submitting a **Consent for Change of Name (Minor Child(ren))**, **O'** Florida Supreme Court Approved Family Law Form 12.982(d).

If the other parent does not consent to the change of name, you may still have a **hearing** on the **petition** if you have properly notified the other parent about your petition and the hearing. If you know where he or she lives, you must use **personal service**. If you absolutely do not know where he or she lives, you may use **constructive service**. For more information about personal and constructive service, you should refer the **"General Instructions for Self-Represented Litigants"** found at the beginning of these forms and the instructions to **O'** Florida Family Law Rules of Procedure Forms 12.910(a) and 12.913(b) and **O'** Florida Supreme Court Approved Family Law Form 12.913(a). The law on constructive service is very complex and you may wish to consult an attorney regarding constructive service.

Next, you must obtain a **final hearing** date for the court to consider your request. You should ask the clerk of court, **family law intake staff**, or **judicial assistant** about the local procedure for setting a hearing. You may be required to attend the hearing. Included in these forms is a **Final Judgment of Change of Name (Family)**, **O'** Florida Supreme Court Approved Family Law Form 12.982(g), which may be used when a judge grants a change of name for a family. If you attend the hearing, you should take the **final judgment** form with you. You should complete the top part of this form, including the circuit, county, case number, division, the name(s) of the petitioner(s) and leave the rest blank for the judge to complete. It should be typed or printed in black ink.

If the judge grants your petition, he or she will sign this **order**. This officially changes your family's name. The clerk can provide you with **certified copies** of the signed order. There will be charges for the certified copies, and the clerk can tell you how much those charges are.

**Where can I look for more information?**

**Before proceeding, you should read "General Information for Self-Represented Litigants" found at**

**the beginning of these forms.** For further information, see section 68.07, Florida Statutes.

### **Special notes...**

The heading of the form calls for the name(s) of the **petitioner(s)**. This is (are) the parent(s) who are requesting the change of their family's name(s). The judicial circuit, case number, and division may be obtained from the clerk of court's office when you file the petition.

It may be helpful to compile a list of all of the people and places that will need a copy of the final judgment. This list may include the driver's license office, social security office, banks, schools, etc. A list will help you know how many copies of your order you should get from the clerk of court after your hearing.

Remember, a person who is NOT an attorney is called a nonlawyer. If a nonlawyer helps you fill out these forms, that person must give you a copy of a **Disclosure from Nonlawyer, O'** Florida Family Law Rules of Procedure Form 12.900 (a), before he or she helps you. A nonlawyer helping you fill out these forms also **must** put his or her name, address, and telephone number on the bottom of the last page of every form he or she helps you complete.

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

Case No.: \_\_\_\_\_

Division: \_\_\_\_\_

IN RE: THE NAME CHANGE OF

\_\_\_\_\_,  
Petitioner/Father,

\_\_\_\_\_,  
Petitioner/Mother.

**PETITION FOR CHANGE OF NAME (FAMILY)**

I/We, {full legal name(s)} \_\_\_\_\_, being sworn,  
certify that the following information is true:

**There are {enter number} \_\_\_\_\_ adults named in this petition.** A supplemental form is attached  
for each adult not set out below.

**There are {enter number} \_\_\_\_\_ children named in this petition. I am/We are the birth or legal  
parents of the minor child(ren) named in this petition.** I/We have attached a completed supplemental  
form for each minor child.

**THE FOLLOWING INFORMATION IS TRUE ABOUT PETITIONER**

( ) HUSBAND ( ) WIFE:

1. **My complete present name is:**

\_\_\_\_\_.

**I request that my name be changed to:**

\_\_\_\_\_.

2. I live in \_\_\_\_\_ County, Florida, at {street address} \_\_\_\_\_.

\_\_\_\_\_.

3. I was born on {date} \_\_\_\_\_, in {city} \_\_\_\_\_, {county} \_\_\_\_\_,  
{state} \_\_\_\_\_, {country} \_\_\_\_\_.

\_\_\_\_\_.

4. My father's full legal name: \_\_\_\_\_.

My mother's full legal name: \_\_\_\_\_.

My mother's maiden name: \_\_\_\_\_.

5. I have lived in the following places since birth:

Dates (to/from)

Address

\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_

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\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_

9 Check here if you are continuing these facts on an attached page.

6. **Family**

[ / all that apply]

- a. I am not married.
- b. I am married. My spouse's full legal name is: \_\_\_\_\_.
- c. I do not have child(ren).
- d. The name(s), age(s), and address(es) of my child(ren) are as follows (all children, **including those over 18**, must be listed):

Name {last, first, middle initial}	Age	Address, City, State
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9 Check here if you are continuing these facts on an attached page.

7. **Former names**

[ / all that apply]

- My name has never been changed **by a court**.
- My name previously was changed **by court order** from \_\_\_\_\_  
to \_\_\_\_\_ on {date} \_\_\_\_\_,  
by {court, city, and state} \_\_\_\_\_.  
A copy of the court order is attached.
- My name previously was changed **by marriage** from \_\_\_\_\_  
to \_\_\_\_\_ on {date} \_\_\_\_\_,  
in {city, county, and state} \_\_\_\_\_.  
A copy of the marriage certificate is attached.
- I have never been known or called by any other name.
- I have been known or called by the following other name(s):  
{list name(s) and explain where you were known or called by such name(s)} \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. **Occupation**

My occupation is: \_\_\_\_\_.

I am employed at: {company and address} \_\_\_\_\_  
\_\_\_\_\_.

During the past 5 years, I have had the following jobs:

Dates (to/from)	Employer and employer's address
_____/_____/_____	_____
_____/_____/_____	_____
_____/_____/_____	_____
_____/_____/_____	_____
_____/_____/_____	_____
_____/_____/_____	_____

9 Check here if you are continuing these facts on an attached page.

9. **Business**

[ / one only]

I do not own and operate a business.  
 I own and operate a business. The name of the business is: \_\_\_\_\_.  
 The street address is: \_\_\_\_\_.  
 My position with the business is: \_\_\_\_\_.  
 I have been involved with the business since: {date} \_\_\_\_\_.

**10. Profession**

[ / one only]

I am not in a profession.  
 I am in a profession. My profession is: \_\_\_\_\_.  
 I have practiced this profession:

Dates (to/from)	Place and address
_____/_____/_____	_____
_____/_____/_____	_____
_____/_____/_____	_____
_____/_____/_____	_____

**9** Check here if you are continuing these facts on an attached page.

**11. Education**

I have graduated from the following school(s):

Degree Received	Date of Graduation	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

**9** Check here if you are continuing these facts on an attached page.

**12. Felony Convictions**

[ / one only]

I have not been convicted of a felony.  
 I was convicted of a felony on {date} \_\_\_\_\_, in {city} \_\_\_\_\_, {county} \_\_\_\_\_, {state} \_\_\_\_\_.

**9** Check here if you have been convicted of additional felonies, and explain on an attached page.

**13. Bankruptcy**

[ / one only]

I have never been adjudicated bankrupt.  
 I was adjudicated bankrupt on {date} \_\_\_\_\_, in {city} \_\_\_\_\_, {county} \_\_\_\_\_, {state} \_\_\_\_\_.

**9** Check here if you have had additional bankruptcies, and explain on an attached page.

**14. Creditor(s)' Judgments**

[ / one only]

I have never had a money judgment entered against me by a creditor.  
 The following creditor(s)' money judgment(s) have been entered against me:

Date	Amount	Creditor	Court entering judgment and case number	/ if Paid
_____	_____	_____	_____	<b>9</b>
_____	_____	_____	_____	<b>9</b>
_____	_____	_____	_____	<b>9</b>

9 Check here if these facts are continued on an attached page.

- 15. 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.
- 16. My civil rights have never been suspended, or, if my civil rights have been suspended, they have been fully restored.

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

Dated: \_\_\_\_\_

Signature of Petitioner \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_

STATE OF FLORIDA  
 COUNTY OF \_\_\_\_\_

Sworn to or affirmed and signed before me on \_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
 NOTARY PUBLIC or DEPUTY CLERK

\_\_\_\_\_  
 [Print, type, or stamp commissioned name of notary or clerk.]

- \_\_\_ Personally known
- \_\_\_ Produced identification
- \_\_\_ Type of identification produced \_\_\_\_\_

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [ N fill in all blanks]**

I, *{full legal name and trade name of nonlawyer}* \_\_\_\_\_,  
 a nonlawyer, located at *{street}* \_\_\_\_\_, *{city}* \_\_\_\_\_,  
*{state}* \_\_\_\_\_, *{phone}* \_\_\_\_\_, helped *{name}* \_\_\_\_\_,  
 who is the petitioner, fill out this form.

**ADULT SUPPLEMENTAL FORM FOR PETITION FOR CHANGE OF NAME (FAMILY)**

Case No.: \_\_\_\_\_

**THE FOLLOWING INFORMATION IS TRUE ABOUT PETITIONER**  
**( ) HUSBAND ( ) WIFE:**

1. **My complete present name is:**

\_\_\_\_\_  
**I request that my name be changed to:**  
\_\_\_\_\_

2. I live in \_\_\_\_\_ County, Florida, at *{street address}* \_\_\_\_\_

3. I was born on *{date}* \_\_\_\_\_, in *{city}* \_\_\_\_\_, *{county}* \_\_\_\_\_,  
*{state}* \_\_\_\_\_, *{country}* \_\_\_\_\_

4. My father's full legal name: \_\_\_\_\_  
My mother's full legal name: \_\_\_\_\_  
My mother's maiden name: \_\_\_\_\_

5. I have lived in the following places since birth:

Dates (to/from)	Address
_____/_____/_____	_____
_____/_____/_____	_____
_____/_____/_____	_____
_____/_____/_____	_____
_____/_____/_____	_____
_____/_____/_____	_____
_____/_____/_____	_____
_____/_____/_____	_____
_____/_____/_____	_____
_____/_____/_____	_____

**9** Check here if you are continuing these facts on an attached page.

6. **Family**

[ / **all** that apply]

- \_\_\_ a. I am not married.
- \_\_\_ b. I am married. My spouse's full legal name is: \_\_\_\_\_
- \_\_\_ c. I do not have child(ren).
- \_\_\_ d. The name(s), age(s), and address(es) of my child(ren) are as follows (all children, **including those over 18**, must be listed):

Name <i>{last, first, middle initial}</i>	Age	Address, City, State
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**9** Check here if you are continuing these facts on an attached page.

**PETITIONER(S) MUST INITIAL HERE** \_\_\_\_\_



7. **Former names**

[ / **all** that apply]

\_\_\_\_\_ My name has never been changed **by a court**.

\_\_\_\_\_ My name previously was changed **by court** order from \_\_\_\_\_  
to \_\_\_\_\_ on *{date}* \_\_\_\_\_  
by *{court, city, and state}* \_\_\_\_\_.

A copy of the court order is attached.

\_\_\_\_\_ My name previously was changed **by marriage** from \_\_\_\_\_  
to \_\_\_\_\_ on *{date}* \_\_\_\_\_  
in *{city, county, and state}* \_\_\_\_\_.

A copy of the marriage certificate is attached.

\_\_\_\_\_ I have never been known or called by any other name.

\_\_\_\_\_ I have been known or called by the following other name(s):  
*{list name(s) and explain where you were known or called by such name(s)}* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. **Occupation**

My occupation is: \_\_\_\_\_.

I am employed at: *{company and address}* \_\_\_\_\_.

During the past 5 years, I have had the following jobs:

Dates (to/from)	Employer and employer's address
_____/_____/_____	_____
_____/_____/_____	_____
_____/_____/_____	_____
_____/_____/_____	_____
_____/_____/_____	_____
_____/_____/_____	_____
_____/_____/_____	_____

**9** Check here if you are continuing these facts on an attached page.

9. **Business**

[ / **one** only]

\_\_\_\_\_ I do not own and operate a business.

\_\_\_\_\_ I own and operate a business. The name of the business is: \_\_\_\_\_.

The street address is: \_\_\_\_\_.

My position with the business is: \_\_\_\_\_.

I have been involved with the business since: *{date}* \_\_\_\_\_.

10. **Profession**

[ / **one** only]

\_\_\_\_\_ I am not in a profession.

\_\_\_\_\_ I am in a profession. My profession is: \_\_\_\_\_.

I have practiced this profession:

Dates (to/from)	Place and address
_____/_____/_____	_____
_____/_____/_____	_____
_____/_____/_____	_____
_____/_____/_____	_____

**PETITIONER(S) MUST INITIAL HERE** \_\_\_\_\_

PETITIONER # \_\_\_\_\_, continued

\_\_\_\_\_/\_\_\_\_\_  
9 Check here if you are continuing these facts on an attached page.

11. **Education**

I have graduated from the following school(s):

Degree Received	Date of Graduation	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

9 Check here if you are continuing these facts on an attached page.

12. **Felony Convictions**

[ / one only]

\_\_\_\_ I have not been convicted of a felony.

\_\_\_\_ I was convicted of a felony on {date} \_\_\_\_\_, in {city} \_\_\_\_\_, {county} \_\_\_\_\_, {state} \_\_\_\_\_.

9 Check here if you have been convicted of additional felonies, and explain on an attached page.

13. **Bankruptcy**

[ / one only]

\_\_\_\_ I have never been adjudicated bankrupt.

\_\_\_\_ I was adjudicated bankrupt on {date} \_\_\_\_\_, in {city} \_\_\_\_\_, {county} \_\_\_\_\_, {state} \_\_\_\_\_.

9 Check here if you have had additional bankruptcies, and explain on an attached page.

14. **Creditors' Judgments**

[ / one only]

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

\_\_\_\_ The following creditor(s)' money judgment(s) have been entered against me:

Date	Amount	Creditor	Court entering judgment and case number	/ if Paid
_____	_____	_____	_____	9
_____	_____	_____	_____	9
_____	_____	_____	_____	9
_____	_____	_____	_____	9

9 Check here if these facts are continued on an attached page.

15. 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.

16. My civil rights have never been suspended, or, if my civil rights have been suspended, they have been fully restored.

**PETITIONER(S) MUST INITIAL HERE** \_\_\_\_\_

PETITIONER # \_\_\_\_\_, continued

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

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Petitioner  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to or affirmed and signed before me on \_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC or DEPUTY CLERK

\_\_\_\_\_  
[Print, type, or stamp commissioned name of notary or clerk.]

\_\_\_\_ Personally known  
\_\_\_\_ Produced identification  
Type of identification produced \_\_\_\_\_

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [ N fill in all blanks]**

I, *{full legal name and trade name of nonlawyer}* \_\_\_\_\_,  
a nonlawyer, located at *{street}* \_\_\_\_\_, *{city}* \_\_\_\_\_,  
*{state}* \_\_\_\_\_, *{phone}* \_\_\_\_\_, helped *{name}* \_\_\_\_\_,  
who is the petitioner, fill out this form.

**PETITIONER(S) MUST INITIAL HERE \_\_\_\_\_**

**CHILD SUPPLEMENTAL FORM FOR PETITION FOR CHANGE OF NAME (FAMILY)**

Case No.: \_\_\_\_\_

**THE FOLLOWING INFORMATION IS TRUE ABOUT MINOR CHILD # \_\_\_\_\_:**

1. **Minor child's complete present name is:**

\_\_\_\_\_  
**I/We request that minor child's name be changed to:**  
\_\_\_\_\_

2. The minor child lives in \_\_\_\_\_ County, Florida, at {street address} \_\_\_\_\_  
\_\_\_\_\_.

3. The minor child was born on \_\_\_\_\_, in {city, county, state, country} \_\_\_\_\_  
\_\_\_\_\_.

4. The minor child's father's full legal name: \_\_\_\_\_  
The minor child's mother's full legal name: \_\_\_\_\_  
The minor child's mother's maiden name: \_\_\_\_\_

5. The minor child has lived in the following places since birth:

Dates (to/from)	Address
_____/_____/_____	_____
_____/_____/_____	_____
_____/_____/_____	_____
_____/_____/_____	_____
_____/_____/_____	_____
_____/_____/_____	_____
_____/_____/_____	_____

**9** Check here if continuing these facts on an attached page.

6. [ / **one** only]  
\_\_\_\_ The minor child is not married  
\_\_\_\_ The minor child is married to: {full legal name} \_\_\_\_\_

7. [ / **one** only]  
\_\_\_\_ The minor child has no children.  
\_\_\_\_ The minor child is the parent of the following child(ren): {enter name(s) and date(s) of birth}  
\_\_\_\_\_

8. **Former names**

[ / **all** that apply]

\_\_\_\_ The minor child's name has never been changed **by court order**.  
\_\_\_\_ The minor child's name previously was changed **by court order** from \_\_\_\_\_  
to \_\_\_\_\_ on {date} \_\_\_\_\_  
by {court, city, and state} \_\_\_\_\_  
A copy of the court order is attached.

**PETITIONER(S) MUST INITIAL HERE \_\_\_\_\_**

MINOR CHILD # \_\_\_\_\_, continued

\_\_\_\_ The minor child's name previously was changed by marriage from \_\_\_\_\_  
to \_\_\_\_\_ on {date} \_\_\_\_\_,  
in {city, county, and state} \_\_\_\_\_.

\_\_\_\_ The minor child has never been known or called by any other name.

\_\_\_\_ The minor child has been known or called by the following other name(s): {list name(s) and explain  
where child was known or called by such name(s)} \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

9. The minor child is not employed in an occupation or profession, does not own and operate a  
business, and has received no educational degrees. If the minor child has a job, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

10. **Felony Convictions**

[ / one only]

\_\_\_\_ The minor child has never been convicted of a felony.

\_\_\_\_ The minor child was convicted of a felony on {date} \_\_\_\_\_, in {city} \_\_\_\_\_,  
{county} \_\_\_\_\_, {state} \_\_\_\_\_.

11. **Money Judgments**

[ / one only]

\_\_\_\_ The minor child has never been adjudicated bankrupt, and no money judgment has ever been  
entered against him or her.

\_\_\_\_ The following money judgment(s) has been entered against him or her:

Date	Amount	Creditor	Court entering judgment and case number	/ if Paid
_____	_____	_____	_____	9
_____	_____	_____	_____	9

**PETITIONER(S) MUST INITIAL HERE** \_\_\_\_\_

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

Case No.: \_\_\_\_\_  
Division: \_\_\_\_\_

IN RE: THE NAME CHANGE OF

\_\_\_\_\_,  
Petitioner/Father,

\_\_\_\_\_,  
Petitioner/Mother.

**FINAL JUDGMENT OF CHANGE OF NAME (FAMILY)**

This cause came before the Court on *{date}* \_\_\_\_\_, for a hearing on Petition for Change of Name under section 68.07, Florida Statutes, and it appearing to the Court that:

1. Petitioners are bona fide residents of \_\_\_\_\_ County, Florida;
2. \_\_\_\_\_ Petitioners are the parents of the minor child(ren) named in the petition;  
\_\_\_\_\_ Petitioner is the parent of the minor child(ren) named in the petition, and the other parent has been properly notified and has either consented or failed to respond;  
\_\_\_\_\_ Other: \_\_\_\_\_  
\_\_\_\_\_;
3. Petitioner's request is not for any ulterior or illegal purpose; and
4. Granting this petition will not in any manner invade the property rights of others, whether partnership, patent, good will, privacy, trademark, or otherwise; it is

ORDERED that the:

present name(s)

be changed to

(1) \_\_\_\_\_  
(2) \_\_\_\_\_  
(3) \_\_\_\_\_  
(4) \_\_\_\_\_  
(5) \_\_\_\_\_  
(6) \_\_\_\_\_

(1) \_\_\_\_\_  
(2) \_\_\_\_\_  
(3) \_\_\_\_\_  
(4) \_\_\_\_\_  
(5) \_\_\_\_\_  
(6) \_\_\_\_\_

by which they shall hereafter be known.

ORDERED on \_\_\_\_\_.

\_\_\_\_\_  
CIRCUIT JUDGE

INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW FORM 12.983(a),  
PETITION TO DETERMINE PATERNITY AND FOR RELATED RELIEF

**When should this form be used?**

This form should be used by a birth mother or father to ask the court to establish **paternity**, custody, visitation, and/or **child support** of a minor child or children. This means that you are trying to legally establish who is the father of the child(ren).

This form should be typed or printed in black ink. After completing this form, you should sign the form before a **notary public** or **deputy clerk**. You should **file** the original with the **clerk of the circuit court** in the county where you live and keep a copy for your records.

**What should I do next?**

For your case to proceed, you must properly notify the **respondent** of the **petition**. If you know where he or she lives, you should use **personal service**. If you absolutely do not know where he or she lives, you may use **constructive service**. However, if constructive service is used, the court may only grant limited relief. You should seek legal advice on constructive service in a paternity case. For more information see chapter 49, Florida Statutes, or you may contact Child Support Enforcement at the Florida Department of Revenue if you need assistance with your case.

If personal service is used, the **respondent** has 20 days to answer after being served with your petition. Your case will then generally proceed in one of the following three ways:

**DEFAULT...** If after 20 days, no **answer** has been filed, you may file a **Motion for Default**, **O'** Florida Supreme Court Approved Family Law Form 12.922(a), with the clerk of court. Then, if you have filed all of the required papers, you may call the clerk, **family law intake staff**, or **judicial assistant** to set a **final hearing**. You must notify the other party of the hearing by using a **Notice of Hearing (General)**, **O'** Florida Supreme Court Approved Family Law Form 12.923, or other appropriate notice of hearing form.

**UNCONTESTED...** If the respondent files an answer that agrees with everything in your petition or an answer and waiver, **and** you have complied with **mandatory disclosure** and filed all of the required papers, you may call the clerk, family law intake staff, or judicial assistant to set a final hearing. You must notify the other party of the hearing by using a **Notice of Hearing (General)**, **O'** Florida Supreme Court Approved Family Law Form 12.923, or other appropriate notice of hearing form.

**CONTESTED...** If the respondent files an answer or an answer and **counterpetition**, which disagrees with or denies anything in your petition, **and** you are unable to settle the disputed issues, you should file a **Notice for Trial**, **O'** Florida Supreme Court Approved Family Law Form 12.924, after you have complied with mandatory disclosure, completed the **scientific paternity testing**, if necessary, and filed all of the required papers. Then you should contact the clerk, family law intake staff, or judicial assistant for instructions on how to set your case for **trial** (final hearing). If the respondent files an answer and counterpetition, you should answer the counterpetition within 20 days using an **Answer to Counterpetition**, **O'** Florida Supreme Court Approved Family Law Form 12.983(d).

**Where can I look for more information?**

**Before proceeding, you should read “General Information for Self-Represented Litigants” found at the beginning of these forms.** The words that are in **“bold underline”** in these instructions are defined there. For further information, see chapter 742, Florida Statutes.

### Special notes...

More than one child of the same alleged father may be listed on a single petition. However, if you are filing a paternity action involving more than one possible father, a separate petition must be filed for each alleged father.

If the respondent files an answer denying that the person named in the petition is the child(ren)'s father, one of you should file a Motion for **Scientific Paternity Testing, O'** Florida Supreme Court Approved Family Law Form 12.983(e). This is used to ask the court to order a scientific test to determine who is the child(ren)'s father.

If the father signed papers at the hospital acknowledging that he was the father, paternity was established as a matter of law. This should be checked on page 2, section 9a on this form.

If the paternity of a child who was conceived or born during a marriage is at issue, the court may appoint a **guardian ad litem** to assist the court in this matter and to protect the rights of child.

With this petition, you must file the following and provide a copy to the other party:

- C **Uniform Child Custody Jurisdiction Act (UCCJA) Affidavit, O''** Florida Supreme Court Approved Family Law Form 12.902(d).
- C **Notice of Social Security Number, O''** Florida Supreme Court Approved Family Law Form 12.902(j).
- C **Family Law Financial Affidavit, O''** Florida Family Law Rules of Procedure Form 12.902(b) or (c). (This must be filed within 45 days if not filed with the petition.)
- C **Certificate of Compliance with Mandatory Disclosure, O'** Florida Family Law Rules of Procedure Form 12.932. (This must be filed within 45 days, if not filed with the petition, unless you and the other party have agreed not to exchange these documents.)
- C **Child Support Guidelines Worksheet, O''** Florida Family Law Rules of Procedure Form 12.902(e). (If you do not know the other party's income, you may file this worksheet after his or her financial affidavit has been filed.)
- C **Affidavit of Indigency, O'** Florida Supreme Court Approved Family Law Form 12.902(a), if you are requesting that **filing fees** be waived.

**Child Custody...** The judge will decide the parenting arrangements based on the child(ren)'s best interests. Regardless of whether there is an agreement between the parties, the court reserves jurisdiction to modify issues relating to minor or dependent child(ren).

The judge may request a **parenting evaluation** or appoint a **guardian ad litem** in your case. This means that a neutral person will review your situation and report to the judge concerning parenting issues. The purpose of such intervention is to be sure that the best interests of the child(ren) are being served. For more information, you may consult sections 61.401–61.405, Florida Statutes.

Listed below are some terms with which you should become familiar before completing your petition. **If you do not fully understand any of the terms below or their implications, you should speak with an attorney before going any further.**

- C **Shared Parental Responsibility**
- C **Sole Parental Responsibility**
- C **Rotating Custody**
- C **Primary residence**
- C **Secondary Residential Responsibility**
- C **Reasonable visitation**
- C **Specified visitation**



- C Supervised visitation
- C No contact

Many circuits require that parents of a minor or dependent child(ren) who are involved in divorce or paternity actions attend a **parenting course** and/or **mediation** before being allowed to schedule a final hearing. You should check with your local clerk of court's office, family law intake staff, or judicial assistant for more information on the parenting course and mediation requirements in your area.

**Child Support...** The court may order one parent to pay **child support** to assist the other parent in meeting the child(ren)'s material needs. **Both parents are required to provide financial support**, but one parent may be ordered to pay a portion of his or her support for the child(ren) to the other parent.

If you are requesting custody or **primary residential responsibility** for one or more children, you should request child support in your petition. Florida has adopted guidelines for determining the amount of child support to be paid. These guidelines are based on the combined income of **both** parents and take into account the financial contributions of both parents. You should file a **financial affidavit**, and the other parent will be required to do the same. From your financial affidavits, you should be able to calculate the amount of child support that should be paid. Because the child support guidelines take several factors into consideration, change over time, and vary from state to state, your child support obligation may be more or less than that of other people in seemingly similar situations.

**Final Judgments...** These family law forms contain a **Final Judgment of Paternity, O'** Florida Supreme Court Approved Family Law Form 12.983(g), which the judge may use. You should check with the clerk, family law intake staff, or judicial assistant to see if you need to bring it with you to the hearing. If so, you should type or print the heading, including the circuit, county, case number, division, and the parties' names, and leave the rest blank for the judge to complete at your hearing or trial.

Remember, a person who is NOT an attorney is called a nonlawyer. If a nonlawyer helps you fill out these forms, that person must give you a copy of a **Disclosure from Nonlawyer, O'** Florida Family Law Rules of Procedure Form 12.900 (a), before he or she helps you. A nonlawyer helping you fill out these forms also **must** put his or her name, address, and telephone number on the bottom of the last page of every form he or she helps you complete.

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

Case No.: \_\_\_\_\_  
Division: \_\_\_\_\_

\_\_\_\_\_,  
Petitioner,

and

\_\_\_\_\_,  
Respondent.

**PETITION TO DETERMINE PATERNITY AND FOR RELATED RELIEF**

Petitioner, *{full legal name}* \_\_\_\_\_, being sworn, certifies that the following information is true:

This is an action for paternity and to determine custody, parental responsibility, and child support under chapter 742, Florida Statutes.

**SECTION I.**

1. Petitioner is the ( ) mother ( ) father of the following minor child(ren):

Name	Place of Birth	Birth date	Sex
(1) _____	_____	_____	_____
(2) _____	_____	_____	_____
(3) _____	_____	_____	_____
(4) _____	_____	_____	_____
(5) _____	_____	_____	_____
(6) _____	_____	_____	_____

2. Petitioner currently lives at: *{street address, city, state}* \_\_\_\_\_  
\_\_\_\_\_.

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

4. Both parties are over the age of 18, and neither is, nor has been within a 30-day period immediately prior to this date, a person in the military service of the United States as defined by the Amended Sailors' and Soldiers' Civil Relief Act of 1940.

5. Neither Petitioner nor Respondent is mentally incapacitated.

6. A completed **Uniform Child Custody Jurisdiction Act (UCCJA) Affidavit, O'** Florida Supreme Court Approved Family Law Form 12.902(d), is filed with this petition.

7. A completed **Notice of Social Security Number, O'** Florida Supreme Court Approved Family Law Form 12.902(j), is filed with this petition.

8. A completed **Family Law Financial Affidavit, O''** Florida Family Law Rules of Procedure Form 12.902(b) or (c), is, or will be, filed.

9. **Paternity Facts.**

[ / one only]

- \_\_\_ a. Paternity has previously been established as a matter of law.
  - \_\_\_ b. The parties engaged in sexual intercourse with each other in the month(s) of *{list month(s) and year(s)}* \_\_\_\_\_, at *{city and state}* \_\_\_\_\_.
- As a result of the sexual intercourse, ( ) Petitioner ( ) Respondent conceived and gave birth to the minor child(ren) named in paragraph 1. ( ) Petitioner ( ) Respondent is the natural father of the minor child(ren). The mother ( ) was ( ) was not married at the time of the conception and/or birth of the minor child(ren) named in paragraph 1. If the mother was married, the name and address of her husband at the time of conception and/or birth is: \_\_\_\_\_
- \_\_\_\_\_

**SECTION II. CHILD CUSTODY, PARENTAL RESPONSIBILITY, AND VISITATION**

1. The minor child(ren) currently reside(s) with ( ) Mother ( ) Father ( ) Other: *{explain}* \_\_\_\_\_

2. **Parental Responsibility.** It is in the child(ren)'s best interests that parental responsibility be: [ / one only]

- \_\_\_ a. shared by both Father and Mother.
  - \_\_\_ b. awarded solely to ( ) Father ( ) Mother. Shared parental responsibility would be detrimental to the child(ren) because: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

3. **Primary Residential Parent (Custody).** It is in the best interests of the child(ren) that the primary residential parent be ( ) Father ( ) Mother ( ) undesignated ( ) rotating because \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. **Visitation or Time Sharing.** Petitioner requests that the Court order [ / all that apply]

- \_\_\_ a. no visitation.
- \_\_\_ b. limited visitation.
- \_\_\_ c. supervised visitation.
- \_\_\_ d. supervised or third-party exchange of child(ren).
- \_\_\_ e. visitation or time sharing as determined by the Court.
- \_\_\_ f. a visitation or time sharing schedule as follows:  
Explain the requested visitation or time sharing schedule: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Explain why this schedule is in the best interests of the child(ren): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has the above visitation or time sharing schedule been agreed to by the parties? ( ) yes ( ) no

5. The minor child(ren) should  
[ / only one]

\_\_\_ a. retain his/her (their) present name(s).

\_\_\_ b. receive a change of name as follows:

present name(s)

be changed to

(1) \_\_\_\_\_

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(3) \_\_\_\_\_

(4) \_\_\_\_\_

(4) \_\_\_\_\_

(5) \_\_\_\_\_

(5) \_\_\_\_\_

(6) \_\_\_\_\_

(6) \_\_\_\_\_

### SECTION III. CHILD SUPPORT

[ / all that apply]

\_\_\_ 1. Petitioner requests that the Court award child support as determined by Florida's child support guidelines, section 61.30, Florida Statutes. A completed **Child Support Guidelines Worksheet, O'** Florida Family Law Rules of Procedure Form 12.902(e), is, or will be, filed. Such support should be ordered retroactive to

[ / one only]

\_\_\_ a. the date when the parents did not reside together in the same household with the child, not to exceed a period of 24 months before the date of filing of this petition.

\_\_\_ b. the date of the filing of this petition.

\_\_\_ c. other: {date} \_\_\_\_\_. {Explain} \_\_\_\_\_

\_\_\_ 2. Petitioner requests that the Court award a child support amount that is more than or less than Florida's child support guidelines. Petitioner understands that a **Motion to Deviate from Child Support Guidelines, O'** Florida Supreme Court Approved Family Law Form 12.943, **must** be completed before the Court will consider this request.

\_\_\_ 3. Petitioner requests that medical/dental insurance coverage for the minor child(ren) be provided by:

[ / one only]

\_\_\_ a. Father.

\_\_\_ b. Mother.

\_\_\_ 4. Petitioner requests that uninsured medical/dental expenses for the child(ren) be paid by:

[ / one only]

\_\_\_ a. Father.

\_\_\_ b. Mother.

\_\_\_ c. Father and Mother each pay one-half.

\_\_\_ d. Father and Mother each pay according to the percentages in the **Child Support Guidelines Worksheet, O'** Florida Family Law Rules of Procedure Form 12.902(e).

\_\_\_ e. Other {explain}: \_\_\_\_\_

- \_\_\_ 5. Petitioner requests that life insurance to secure child support be provided by:  
 [ / one only]  
 \_\_\_ a. Father.  
 \_\_\_ b. Mother.  
 \_\_\_ c. Both.
- \_\_\_ 6. ( ) Petitioner ( ) Respondent ( ) Both has (have) incurred medical expenses in the amount of \$\_\_\_\_\_ on behalf of the minor child(ren), including hospital and other expenses incidental to the birth of the minor child(ren). There should be an appropriate allocation or apportionment of these expenses.
- \_\_\_ 7. ( ) Petitioner ( ) Respondent ( ) Both has (have) received past public assistance for this (these) minor child(ren).

**PETITIONER'S REQUEST**

1. Petitioner requests a hearing on this petition and understands that he or she must attend the hearing.
2. Petitioner requests that the Court enter an order that:  
 [ / all that apply]  
 \_\_\_ a. establishes paternity of the minor child(ren), ordering proper scientific testing, if necessary;  
 \_\_\_ b. establishes parental responsibility, custody, and visitation of the minor child(ren);  
 \_\_\_ c. awards child support, including medical/dental insurance coverage for the minor child(ren);  
 \_\_\_ d. determines the appropriate allocation or apportionment of all expenses incidental to the birth of the child(ren), including hospital and medical expenses;  
 \_\_\_ e. determines the appropriate allocation or apportionment of all other past, present, and future medical and dental expenses incurred or to be incurred on behalf of the minor child(ren);  
 \_\_\_ f. changes the child(ren)'s name(s);  
 \_\_\_ g. other relief as follows: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_; and  
 grants such other relief as may be appropriate and in the best interests of the minor child(ren).

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

Dated: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Petitioner  
 Printed Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_

STATE OF FLORIDA  
 COUNTY OF \_\_\_\_\_

Sworn to or affirmed and signed before me on \_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
 NOTARY PUBLIC or DEPUTY CLERK

\_\_\_\_\_  
[Print, type, or stamp commissioned name of notary or clerk.]

- \_\_\_\_ Personally known
- \_\_\_\_ Produced identification
- \_\_\_\_ Type of identification produced \_\_\_\_\_

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [ N fill in all blanks]**

I, *{full legal name and trade name of nonlawyer}* \_\_\_\_\_,  
a nonlawyer, located at *{street}* \_\_\_\_\_, *{city}* \_\_\_\_\_,  
*{state}* \_\_\_\_\_, *{phone}* \_\_\_\_\_, helped *{name}* \_\_\_\_\_,  
who is the petitioner, fill out this form.

INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW FORM 12.983(b),  
ANSWER TO PETITION TO DETERMINE PATERNITY AND FOR RELATED RELIEF

**When should this form be used?**

This form should be used when you are responding to a **petition** to determine **paternity**. You may use this form to admit or deny the allegations contained in the petition. However, if you wish to ask the court for things not included in the petition, such as custody, visitation, or **child support**, you should file an **Answer to Petition and Counterpetition to Determine Paternity and for Related Relief, O'** Florida Supreme Court Approved Family Law Form 12.983(c).

This form should be typed or printed in black ink. After completing this form, you should sign this form before a **notary public** or **deputy clerk**. You should then **file** the original with the **clerk of the circuit court** in the county where the petition was filed and keep a copy for your records.

**What should I do next?**

If you deny that the person named in the petition is the child(ren)'s father, a **Motion for Scientific Paternity Testing, O'** Florida Supreme Court Approved Family Law Form 12.983(e), should be filed. This is used to ask the court to order a scientific test to determine who is the child(ren)'s father.

You have 20 days to file an answer to the other party's petition. A copy of this form, along with all of the other forms required with this **answer**, must be mailed **or** hand delivered to the other party in your case. After you file your answer, the case will generally proceed in one of the following two ways:

**UNCONTESTED...** This case is uncontested if you and the petitioner agree on all issues raised in the petition. If this is the case, **and** you and the other party have complied with **mandatory disclosure** and filed all of the required papers, either party may call the clerk, **family law intake staff**, or **judicial assistant** to set a **final hearing**. If you request the hearing, you must notify the other party of the hearing by using a **Notice of Hearing (General), O'** Florida Supreme Court Approved Family Law Form 12.923, or other appropriate notice of hearing form.

**CONTESTED...** This case is contested if you and the other party disagree on any issues raised in the petition. If you are unable to settle the disputed issues, either party may file a **Notice for Trial, O'** Florida Supreme Court Approved Family Law Form 12.924, after you have complied with mandatory disclosure and filed all of the required papers. Some circuits may require the completion of **mediation** before a final hearing may be set. You should contact the clerk, family law intake staff, or judicial assistant for instructions on how to set your case for **trial** (final hearing).

**Where can I look for more information?**

**Before proceeding, you should read "General Information for Self-Represented Litigants" found at the beginning of these forms.** The words that are in "**bold underline**" in these instructions are defined there. For further information, see chapter 742, Florida Statutes.

**Special notes...**

With this answer, you must file the following and provide a copy to the other party:

**C** **Uniform Child Custody Jurisdiction Act (UCCJA) Affidavit, O'** Florida Supreme Court Approved Family Law Form 12.902(d).

**C** **Notice of Social Security Number, O'** Florida Supreme Court Approved Family Law Form



12.902(j).

C **Family Law Financial Affidavit, O'** Florida Family Law Rules of Procedure Form 12.902 (b) or (c). (This must be filed within 45 days of the service of the petition on you, if not filed at the time you file this answer.)

C **Certificate of Compliance with Mandatory Disclosure, O'** Florida Family Law Rules of Procedure Form 12.932.

(This must be filed within 45 days of the service of the petition on you, if not filed at the time you file this answer, unless you and the other party have agreed not to exchange these documents.)

C **Child Support Guidelines Worksheet, O''** Florida Family Law Rules of Procedure Form 12.902(e). (If you do not know the other party's income, you may file this form after the other party files his or her financial affidavit.)

Many circuits require completion of a parenting course or mediation before being allowed to schedule a final hearing. You should check with your local clerk, family law intake staff, or judicial assistant for more information on the parenting course and mediation requirements in your area.

**Child Custody...** The judge will decide the parenting arrangements based on the child(ren)'s best interests. Regardless of whether there is an agreement between the parties, the court reserves jurisdiction to modify issues relating to minor child(ren).

The judge may request a parenting evaluation or appoint a guardian ad litem in your case. This means that a neutral person will review your situation and report to the judge concerning parenting issues. The purpose of such intervention is to be sure that the best interests of the child(ren) are being served. For more information, you may consult sections 61.401–61.405, Florida Statutes.

Listed below are some terms with which you should become familiar before completing your petition. **If you do not fully understand any of the terms below or their implications, you should speak with an attorney before going any further.**

- C Shared Parental Responsibility
- C Sole Parental Responsibility
- C Rotating Custody
- C Primary residence
- C Secondary Residential Responsibility
- C Reasonable visitation
- C Specified visitation
- C Supervised visitation
- C No contact

**Child Support...** The court may order one parent to pay child support to assist the other parent in meeting the child(ren)'s material needs. **Both parents are required to provide financial support**, but one parent may be ordered to pay a portion of his or her support for the child(ren) to the other parent.

If you are requesting custody or primary residential responsibility for one or more children, you should request child support in your petition. Florida has adopted guidelines for determining the amount of child support to be paid. These guidelines are based on the combined income of **both** parents and take into account the financial contributions of both parents. You should file a financial affidavit, and the other parent will be required to do the same. From your financial affidavits, you should be able to calculate the amount of child support that should be paid. Because the child support guidelines take several factors into consideration, change over time, and vary from state to state, your child support obligation may be more or less than that of other people in seemingly similar situations.

**Final Judgments...** These family law forms contain a **Final Judgment of Paternity, O'** Florida Supreme Court Approved Family Law Form 12.983(g), which the judge may use. You should check with the clerk, family law intake staff, or judicial assistant to see if you need to bring it with you to the hearing. If so, you should type or print the heading, including the circuit, county, case number, division, and the parties' names, and leave the rest blank for the judge to complete at your hearing or trial.

Remember, a person who is NOT an attorney is called a nonlawyer. If a nonlawyer helps you fill out these forms, that person must give you a copy of a **Disclosure from Nonlawyer, O'** Florida Family Law Rules of Procedure Form 12.900 (a), before he or she helps you. A nonlawyer helping you fill out these forms also **must** put his or her name, address, and telephone number on the bottom of the last page of every form he or she helps you complete.

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

Case No.: \_\_\_\_\_

Division: \_\_\_\_\_

\_\_\_\_\_,  
Petitioner,

and

\_\_\_\_\_,  
Respondent.

**ANSWER TO PETITION TO DETERMINE PATERNITY  
AND FOR RELATED RELIEF**

I, *{full legal name}* \_\_\_\_\_, Respondent, being sworn, certify that the following information is true:

1. I **agree** with Petitioner as to the allegations raised in the following numbered paragraphs in the Petition and, therefore, **admit** those allegations: *{indicate section and paragraph number}* \_\_\_\_\_.
2. I **disagree** with Petitioner as to the allegations raised in the following numbered paragraphs in the Petition and, therefore, **deny** those issues: *{indicate section and paragraph number}* \_\_\_\_\_.
3. I currently am unable to admit or deny the following paragraphs due to lack of information: *{indicate section and paragraph number}* \_\_\_\_\_.
4. A completed **Uniform Child Custody Jurisdiction Act (UCCJA) Affidavit**, **O'** Florida Supreme Court Approved Family Law Form 12.902(d), is filed with this petition.
5. A completed **Notice of Social Security Number**, **O'** Florida Supreme Court Approved Family Law Form 12.902(j), is filed with this petition.
6. A completed **Family Law Financial Affidavit**, **O'** Florida Family Law Rules of Procedure Form 12.902(b) or (c), is, or will be, filed.

I certify that a copy of this document was [ / **one** only] ( ) mailed ( ) faxed and mailed ( ) hand delivered to the person(s) listed below on *{date}* \_\_\_\_\_.

**Petitioner or his/her attorney:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Fax Number: \_\_\_\_\_

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

**and/or imprisonment.**

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Respondent

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Sworn to or affirmed and signed before me on \_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC or DEPUTY CLERK

\_\_\_\_\_  
[Print, type, or stamp commissioned name of notary or clerk.]

\_\_\_\_\_ Personally known

\_\_\_\_\_ Produced identification

\_\_\_\_\_ Type of identification produced \_\_\_\_\_

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [ N fill in all blanks]**

I, *{full legal name and trade name of nonlawyer}* \_\_\_\_\_,  
a nonlawyer, located at *{street}* \_\_\_\_\_, *{city}* \_\_\_\_\_,  
*{state}* \_\_\_\_\_, *{phone}* \_\_\_\_\_, helped *{name}* \_\_\_\_\_,  
who is the respondent, fill out this form.

INSTRUCTIONS FOR FLORIDA FAMILY LAW FORM 12.983(c),  
ANSWER TO PETITION AND COUNTERPETITION TO DETERMINE PATERNITY AND FOR  
RELATED RELIEF

**When should this form be used?**

This form should be used when you are responding to a **petition** to determine **paternity** and asking the court for something different than what was in the petition, such as **custody**, **visitation**, and **child support**. The **answer** is used to admit or deny the allegations contained in the petition, and the **counterpetition** is used to ask for whatever you want the court to do for you. The other party has 20 days to answer your counterpetition after being served with your counterpetition.

This form should be typed or printed in black ink. After completing this form, you should sign the form before a **notary public** or **deputy clerk**. You should then **file** the original with the **clerk of the circuit court** in the county where the petition was filed and keep a copy for your records.

**What should I do next?**

You have 20 days to file an answer or answer and counterpetition to the other party's petition. A copy of this form, along with all of the other forms required with this answer and counterpetition, must be mailed **or** hand delivered to the other party in your case.

If you deny that the person named in the petition is the child(ren)'s father, a **Motion for Scientific Paternity Testing**, O' Florida Supreme Court Approved Family Law Form 12.983(e), should be filed. This is used to ask the court to order a scientific test to determine who is the child(ren)'s father.

After you file an answer and counterpetition, the case will then generally proceed as follows:

**UNCONTESTED...** This case is uncontested if you and the other party agree on all issues raised in the petition and the counterpetition. If this is the case, **and** you and the other party have complied with **mandatory disclosure** and filed all of the required papers, either party may call the clerk, **family law intake staff**, or **judicial assistant** to set a final hearing. If you request the hearing, you must notify the other party of the hearing by using a **Notice of Hearing (General)**, O' Florida Supreme Court Approved Family Law Form 12.923, or other appropriate notice of hearing form.

**CONTESTED...** This case is contested if you and the other party disagree on any issues raised in the petition or counterpetition. If you are unable to settle the disputed issues, either party may file a **Notice for Trial**, O' Florida Supreme Court Approved Family Law Form 12.924, after you have complied with mandatory disclosure and filed all of the required papers. Some circuits may require the completion of **mediation** before a final hearing may be set. You should contact the clerk, family law intake staff, or judicial assistant for instructions on how to set your case for **trial (final hearing)**.

**Where can I look for more information?**

**Before proceeding, you should read "General Information for Self-Represented Litigants" for some basic information.** The words that are in "**bold underline**" in these instructions are defined there. For further information, see chapter 742, Florida Statutes.

**Special notes...**

If the child(ren)'s father signed papers at the hospital acknowledging that he was the father, paternity was established as a matter of law. This should be checked on page 2, section 9a of the counterpetition part of

this form.

With this answer, you must file the following:

- C **Uniform Child Custody Jurisdiction Act Affidavit, O'** Florida Supreme Court Approved Family Law Form 12.902(d).
- C **Notice of Social Security Number, O'** Florida Supreme Court Approved Family Law Form 12.902(j).
- C **Family Law Financial Affidavit, O'** Florida Family Law Rules of Procedure Form 12.902(b) or (c). (This must be filed within 45 days of service of the petition on you if not filed with this answer.)
- C **Certificate of Compliance with Mandatory Disclosure, O'** Florida Family Law Rules of Procedure Form 12.932. (This must be filed within 45 days of service of the petition on you, if not filed with this answer, unless you and the other party have agreed not to exchange these documents.)
- C **Child Support Guidelines Worksheet, O''** Florida Family Law Rules of Procedure Form 12.902(e). (If you do not know the other party's income, you may file this worksheet after his or her financial affidavit has been filed.)

Many jurisdictions may require the completion of a **parenting course** or **mediation** before a final hearing may be set. You should contact the office of your local clerk of court, family law intake staff, or the judicial assistant about requirements for parenting courses or mediation where you live.

**Child Custody...** The judge will decide the parenting arrangements based on the child(ren)'s best interests. Regardless of whether there is an agreement between the parties, the court reserves jurisdiction to modify issues relating to minor child(ren).

The judge may request a **parenting evaluation** or appoint a **guardian ad litem** in your case. This means that a neutral person will review your situation and report to the judge concerning parenting issues. The purpose of such intervention is to be sure that the best interests of the child(ren) is being served. For more information, you may consult section 61.401–61.405, Florida Statutes.

Listed below are some terms with which you should become familiar before completing your petition. **If you do not fully understand any of the terms below or their implications, you should speak with an attorney before going any further.**

- C **Shared Parental Responsibility**
- C **Sole Parental Responsibility**
- C **Rotating Custody**
- C **Primary residence**
- C **Secondary Residential Responsibility**
- C **Reasonable visitation**
- C **Specified visitation**
- C **Supervised visitation**
- C **No contact**

**Child Support...** The court may order one parent to pay child support to assist the other parent in meeting the child(ren)'s material needs. **Both parents are required to provide financial support**, but one parent may be ordered to pay a portion of his or her support for the child(ren) to the other parent.

If you are requesting custody or **primary residential responsibility** for one or more children, you should request child support in your petition. Florida has adopted guidelines for determining the amount of child support to be paid. These guidelines are based on the combined income of **both parents** and take into account the financial contributions of both parents. You should file a **financial affidavit**, and the other

parent will be required to do the same. From your financial affidavits, you should be able to calculate the amount of child support that should be paid. Because the child support guidelines take several factors into consideration, change over time, and vary from state to state, your child support obligation may be more or less than that of other people in seemingly similar situations.

**Final Judgments...** These family law forms contain a **Final Judgment of Paternity, O'** Florida Supreme Court Approved Family Law Form 12.983(g), which the judge may use. You should check with the clerk, family law intake staff, or judicial assistant to see if you need to bring it with you to the hearing. If so, you should type or print the heading, including the circuit, county, case number, division, and the parties' names, and leave the rest blank for the judge to complete at your hearing or trial.

Remember, a person who is NOT an attorney is called a nonlawyer. If a nonlawyer helps you fill out these forms, that person must give you a copy of a **Disclosure from Nonlawyer, O'** Florida Family Law Rules of Procedure Form 12.900 (a), before he or she helps you. A nonlawyer helping you fill out these forms also **must** put his or her name, address, and telephone number on the bottom of the last page of every form he or she helps you complete.

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

Case No.: \_\_\_\_\_

Division: \_\_\_\_\_

\_\_\_\_\_,  
Petitioner/Counterrespondent,  
and

\_\_\_\_\_,  
Respondent/Counterpetitioner.

**ANSWER TO PETITION AND COUNTERPETITION  
TO DETERMINE PATERNITY AND FOR RELATED RELIEF**

I, *{full legal name}* \_\_\_\_\_, Respondent,  
being sworn, certify that the following information is true:

**ANSWER TO PETITION**

1. I **agree** with Petitioner as to the allegations raised in the following numbered paragraphs in the Petition and, therefore, **admit** those allegations: *{indicate section and paragraph number}* \_\_\_\_\_.
2. I **disagree** with Petitioner as to the allegations raised in the following numbered paragraphs in the Petition and, therefore, **deny** those issues: *{indicate section and paragraph number}* \_\_\_\_\_.
3. I currently am unable to admit or deny the following paragraphs due to lack of information: *{indicate section and paragraph number}* \_\_\_\_\_.

**COUNTERPETITION TO DETERMINE PATERNITY  
AND FOR RELATED RELIEF**

**SECTION I. PATERNITY**

1. Respondent is the ( ) mother ( ) father of the following minor child(ren):

Name	Place of Birth	Birth date	Sex
(1) _____	_____	_____	_____
(2) _____	_____	_____	_____
(3) _____	_____	_____	_____
(4) _____	_____	_____	_____
(5) _____	_____	_____	_____
(6) _____	_____	_____	_____
2. Petitioner currently lives at: *{street address, city, state}* \_\_\_\_\_.
3. Respondent currently lives at: *{street address, city, state}* \_\_\_\_\_.



4. Both parties are over the age of 18, and neither is, nor has been within a 30 day period immediately prior to this date, a person in the military service of the United States as defined by the Amended Sailors' and Soldiers' Civil Relief Act of 1940.
5. Neither Petitioner nor Respondent is mentally incapacitated.
6. A completed **Uniform Child Custody Jurisdiction Act (UCCJA) Affidavit, O'** Florida Supreme Court Approved Family Law Form 12.902(d), is filed with this counterpetition.
7. A completed **Notice of Social Security Number, O''** Florida Supreme Court Approved Family Law Form 12.902(j), is filed with this counterpetition.
8. A completed **Family Law Financial Affidavit, O''** Florida Family Law Rules of Procedure Form 12.902(b) or (c), is, or will be, filed.

9. **Paternity Facts.**

[ / one only]

- a. Paternity has previously been established as a matter of law.
- b. The parties engaged in sexual intercourse with each other in the month(s) of *{list month(s) and year(s)}* \_\_\_\_\_, at *{city and state}* \_\_\_\_\_.  
As a result of the sexual intercourse, ( ) Petitioner ( ) Respondent conceived and gave birth to the minor child(ren) named in paragraph 1. ( ) Petitioner ( ) Respondent is the natural father of the minor child(ren). The mother ( ) was ( ) was not married at the time of the conception and/or birth of the minor child(ren) named in paragraph 1. If the mother was married, the name and address of her husband at the time of conception and/or birth is: \_\_\_\_\_  
\_\_\_\_\_.

**SECTION II. CHILD CUSTODY, PARENTAL RESPONSIBILITY, AND VISITATION**

1. The minor child(ren) currently reside(s) with ( ) Mother ( ) Father ( ) Other: *{explain}* \_\_\_\_\_  
\_\_\_\_\_.

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

[ / one only]

- a. shared by both Father and Mother.
- b. awarded solely to ( ) Father ( ) Mother. Shared parental responsibility would be detrimental to the child(ren) because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

3. **Primary Residential Parent (Custody).** It is in the best interests of the child(ren) that the primary residential parent be ( ) Father ( ) Mother ( ) undesignated ( ) rotating because \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

4. **Visitation or Time Sharing.** Respondent requests that the Court order:

[ / all that apply]

- a. no visitation.
- b. limited visitation.
- c. supervised visitation.

- \_\_\_\_\_ d. supervised or third-party exchange of child(ren).
- \_\_\_\_\_ e. visitation or time sharing as determined by the Court.
- \_\_\_\_\_ f. a visitation or time sharing schedule as follows:  
Explain the requested visitation or time sharing schedule: \_\_\_\_\_

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Explain why this request is in the best interests of the child(ren): \_\_\_\_\_

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Has the above visitation or time sharing schedule been agreed to by the parties? ( ) yes ( ) no

5. The minor child(ren) should

[ / only one]

\_\_\_ a. retain his/her (their) present name(s).

\_\_\_ b. receive a change of name as follows:

present name(s)

be changed to

(1) \_\_\_\_\_

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(3) \_\_\_\_\_

(4) \_\_\_\_\_

(4) \_\_\_\_\_

(5) \_\_\_\_\_

(5) \_\_\_\_\_

(6) \_\_\_\_\_

(6) \_\_\_\_\_

**SECTION III. CHILD SUPPORT**

[ / all that apply]

\_\_\_ 1. Respondent requests that the court award child support as determined by Florida’s child support guidelines, section 61.30, Florida Statutes. A completed **Child Support Guidelines Worksheet, O’** Florida Family Law Rules of Procedure Form 12.902(e), is, or will be, filed. Such support should be ordered retroactive to:

[ / one only]

\_\_\_ a. the date when the parents did not reside together in the same household with the child, not to exceed a period of 24 months before the date of filing of this counterpetition.

\_\_\_ b. the date of the filing of this petition.

\_\_\_ c. other: {date} \_\_\_\_\_ . {Explain} \_\_\_\_\_

\_\_\_ 2. Respondent requests that the Court award a child support amount that is more than or less than Florida’s child support guidelines. Respondent understands that a **Motion to Deviate from Child Support Guidelines, O’** Florida Supreme Court Approved Family Law Form 12.943, **must** be completed before the Court will consider this request.

\_\_\_ 3. Respondent requests that medical/dental insurance coverage for the minor child(ren) be provided by:

[ / one only]

\_\_\_ a. Father.

\_\_\_ b. Mother.

\_\_\_ 4. Respondent requests that uninsured medical/dental expenses for the child(ren) be paid by:

[ / one only]

\_\_\_ a. Father.

\_\_\_ b. Mother.

\_\_\_ c. Father and Mother each pay one-half.

\_\_\_ d. Father and Mother each pay according to the percentages in the **Child Support Guidelines Worksheet, O’** Florida Family Law Rules of Procedure Form 12.902(e).

\_\_\_ e. Other {explain}: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

\_\_\_ 5. Respondent requests that life insurance to secure child support be provided by:

[ / one only]

- \_\_\_ a. Father.
- \_\_\_ b. Mother.
- \_\_\_ c. Both.

\_\_\_ 6. ( ) Petitioner ( ) Respondent ( ) Both has (have) incurred medical expenses in the amount of \$\_\_\_\_\_ on behalf of the minor child(ren), including hospital and other expenses incidental to the birth of the minor child(ren). There should be an appropriate allocation or apportionment of these expenses.

\_\_\_ 7. ( ) Petitioner ( ) Respondent ( ) Both has (have) received past public assistance for this (these) minor child(ren).

**RESPONDENT’S REQUEST**

1. Respondent requests a hearing on this petition and understands that he or she must attend the hearing.

2. Respondent requests that the Court enter an order that:

[ / all that apply]

- \_\_\_ a. establishes paternity of the minor child(ren), ordering proper scientific testing, if necessary;
- \_\_\_ b. establishes parental responsibility, custody, and visitation of the minor child(ren);
- \_\_\_ c. awards child support, including medical/dental insurance coverage, for the minor child(ren);
- \_\_\_ d. determines the appropriate allocation or apportionment of all expenses incidental to the birth of the child(ren), including hospital and medical expenses;
- \_\_\_ e. determines the appropriate allocation or apportionment of all other past, present, and future medical and dental expenses incurred or to be incurred on behalf of the minor child(ren);
- \_\_\_ f. changes the child(ren)’s name(s); and
- \_\_\_ g. other relief as follows: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_;  
 \_\_\_\_\_; and grants such other relief as may be appropriate and in the best interests of the minor child(ren).

I certify that a copy of this document was [ / one only] ( ) mailed ( ) faxed and mailed ( ) hand delivered to the person(s) listed below on {date} \_\_\_\_\_.

**Petitioner or his/her attorney:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Fax Number: \_\_\_\_\_

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

Dated: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Respondent/Counterpetitioner

Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to or affirmed and signed before me on \_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC or DEPUTY CLERK

\_\_\_\_\_  
[Print, type, or stamp commissioned name of notary or clerk.]

- \_\_\_\_\_ Personally known
- \_\_\_\_\_ Produced identification
- \_\_\_\_\_ Type of identification produced \_\_\_\_\_

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [ N fill in all blanks]**

I, *{full legal name and trade name of nonlawyer}* \_\_\_\_\_,  
a nonlawyer, located at *{street}* \_\_\_\_\_, *{city}* \_\_\_\_\_,  
*{state}* \_\_\_\_\_, *{phone}* \_\_\_\_\_, helped *{name}* \_\_\_\_\_,  
who is the respondent, fill out this form.

INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW FORM 12.983(d),  
ANSWER TO COUNTERPETITION

**When should this form be used?**

This form may be used by a **petitioner** to respond to the **respondent's counterpetition** in a **paternity** case. You may use this form to admit or deny the allegations contained in the respondent's counterpetition.

This form should be typed or printed in black ink. After completing this form, you should sign the form before a **notary public** or **deputy clerk**. You should then **file** the original with the **clerk of the circuit court** in the county where the petition was filed and keep a copy for your records.

**What should I do next?**

A copy of this form must be mailed **or** hand delivered to the other party in your case.

If the respondent has denied that the person named in the petition is the father of the child(ren) and requested a **scientific paternity test**, you must now wait until the test is complete. You should then proceed according to the instructions in **Petition to Determine Paternity and for Related Relief, O'** Florida Supreme Court Approved Family Law Form 12.983(a).

**Where can I look for more information?**

**Before proceeding, you should read "General Information for Self-Represented Litigants" found at the beginning of these forms.** The words that are in "**bold underline**" in these instructions are defined there. For further information, see chapter 742, Florida Statutes.

**Special notes...**

Remember, a person who is NOT an attorney is called a nonlawyer. If a nonlawyer helps you fill out these forms, that person must give you a copy of a **Disclosure from Nonlawyer, O'** Florida Family Law Rules of Procedure Form 12.900 (a), before he or she helps you. A nonlawyer helping you fill out these forms also **must** put his or her name, address, and telephone number on the bottom of the last page of every form he or she helps you complete.

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

Case No.: \_\_\_\_\_

Division: \_\_\_\_\_

\_\_\_\_\_,  
Petitioner/Counterrespondent,

and

\_\_\_\_\_,  
Respondent/Counterpetitioner.

### ANSWER TO COUNTERPETITION

I, *{full legal name}* \_\_\_\_\_, Petitioner/  
Counterrespondent, being sworn, certify that the following information is true:

1. I **agree** with Petitioner as to the allegations raised in the following numbered paragraphs in the Petition and, therefore, **admit** those allegations: *{indicate section and paragraph number}* \_\_\_\_\_.
2. I **disagree** with Petitioner as to the allegations raised in the following numbered paragraphs in the Petition and, therefore, **deny** those issues: *{indicate section and paragraph number}* \_\_\_\_\_.
3. I currently am unable to admit or deny the following paragraphs due to lack of information: *{indicate section and paragraph number}* \_\_\_\_\_.

I certify that a copy of this document was [ / **one** only] ( ) mailed ( ) faxed and mailed ( ) hand delivered to the person(s) listed below on *{date}* \_\_\_\_\_.

#### Respondent or his/her attorney:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Fax Number: \_\_\_\_\_

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

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Petitioner/Counterrespondent

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to or affirmed and signed before me on \_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC or DEPUTY CLERK

\_\_\_\_\_  
[Print, type, or stamp commissioned name of notary or clerk.]

\_\_\_\_ Personally known  
\_\_\_\_ Produced identification  
\_\_\_\_ Type of identification produced \_\_\_\_\_

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [ N fill in all blanks]**

I, *{full legal name and trade name of nonlawyer}* \_\_\_\_\_,  
a nonlawyer, located at *{street}* \_\_\_\_\_, *{city}* \_\_\_\_\_,  
*{state}* \_\_\_\_\_, *{phone}* \_\_\_\_\_, helped *{name}* \_\_\_\_\_,  
who is the petitioner, fill out this form.



INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW FORM 12.983(e),  
MOTION FOR SCIENTIFIC PATERNITY TESTING

**When should this form be used?**

This form should be used when the mother or alleged father wants the court to order a **scientific paternity test** to determine the **paternity** of a minor child(ren).

This form should be typed or printed in black ink. After completing this form, you should sign the form before a **notary public** or **deputy clerk**. You should **file** the original with the **clerk of the circuit court** in the county where the petition was filed and keep a copy for your records.

**What should I do next?**

A copy of this form must be mailed **or** hand delivered to the other party in your case.

When you have filed this motion, you are ready to set a **hearing** on this motion. You should check with the clerk, **family law intake staff**, or **judicial assistant** for information on the local procedure for scheduling a hearing. When you know the date and time of your hearing, you should file a **Notice of Hearing (General)**, **O** Florida Supreme Court Approved Family Law Form 12.923, or other appropriate notice of hearing form. A copy of this motion and the Notice of Hearing must be mailed **or** hand delivered to the other party in your case.

**Where can I look for more information?**

**Before proceeding, you should read “General Information for Self-Represented Litigants” found at the beginning of these forms.** The words that are in **“bold underline”** in these instructions are defined there. For further information, see chapter 742, Florida Statutes.

**Special notes...**

These family law forms contain an **Order on Motion for Scientific Paternity Testing**, **O** Florida Supreme Court Approved Family Law Form 12.983(f), which the judge may use. You should check with the clerk, family law intake staff, or judicial assistant to see if you need to bring it with you to the hearing. If so, you should type or print the heading, including the circuit, county, case number, division, and the parties' names, and leave the rest blank for the judge to complete at your hearing or trial.

Remember, a person who is NOT an attorney is called a nonlawyer. If a nonlawyer helps you fill out these forms, that person must give you a copy of a **Disclosure from Nonlawyer**, **O** Florida Family Law Rules of Procedure Form 12.900 (a), before he or she helps you. A nonlawyer helping you fill out these forms also **must** put his or her name, address, and telephone number on the bottom of the last page of every form he or she helps you complete.

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

Case No.: \_\_\_\_\_

Division: \_\_\_\_\_

\_\_\_\_\_,  
Petitioner,

and

\_\_\_\_\_,  
Respondent.

### MOTION FOR SCIENTIFIC PATERNITY TESTING

( ) Petitioner ( ) Respondent certifies that the following information is true:

1. At this time, other than testimony, very little or no substantial proof of paternity or nonpaternity is available in this action.
2. I request, under section 742.12, Florida Statutes, that the Court enter an order for appropriate scientific testing of the biological samples of Petitioner and Respondent and the minor child(ren) listed below, so that a determination of paternity of the minor child(ren) can be made to a reasonable degree of medical certainty:

Name	Birth date
(1) _____	_____
(2) _____	_____
(3) _____	_____
(4) _____	_____
(5) _____	_____
(6) _____	_____

3. I request that the costs of the scientific testing initially be borne by ( ) Petitioner ( ) Respondent ( ) both Petitioner and Respondent.

I certify that a copy of this document was [ / one only] ( ) mailed ( ) faxed and mailed ( ) hand delivered to the person(s) listed below on {date} \_\_\_\_\_.

( ) Petitioner ( ) Respondent or his/her attorney:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Party

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to or affirmed and signed before me on \_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC or DEPUTY CLERK

\_\_\_\_\_  
[Print, type, or stamp commissioned name of notary or clerk.]

\_\_\_\_ Personally known  
\_\_\_\_ Produced identification  
\_\_\_\_ Type of identification produced \_\_\_\_\_

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [ N fill in all blanks]**

I, *{full legal name and trade name of nonlawyer}* \_\_\_\_\_,  
a nonlawyer, located at *{street}* \_\_\_\_\_, *{city}* \_\_\_\_\_,  
*{state}* \_\_\_\_\_, *{phone}* \_\_\_\_\_, helped *{name}* \_\_\_\_\_,  
who is the [ / **one** only] \_\_\_ petitioner **or** \_\_\_ respondent, fill out this form.

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

Case No.: \_\_\_\_\_

Division: \_\_\_\_\_

\_\_\_\_\_  
Petitioner,

and

\_\_\_\_\_  
Respondent.

**ORDER ON MOTION FOR SCIENTIFIC PATERNITY TESTING**

This cause having come to be heard on *{date}* \_\_\_\_\_, upon a motion/stipulation for scientific paternity testing, and the Court having been fully advised in the premises, it is therefore FOUND:

1. That the Court has jurisdiction over the parties and subject matter of this action.
2. [ / **one** only]  
\_\_\_\_ a. That the natural mother of the dependent child(ren) at issue was not married to any individual at the time of conception or birth of the child(ren).  
\_\_\_\_ b. That the natural mother of the dependent child(ren) at issue was married to an individual other than the alleged father at the time of conception or birth of said child(ren); however, a court order has determined that said individual is not the child(ren)'s father.

It is therefore ORDERED:

1. The above motion is GRANTED.
2. Petitioner, Respondent, and the minor child(ren) shall appear for the purpose of appropriate scientific paternity testing:  
[ / **one** only]  
\_\_\_\_ a. immediately.  
\_\_\_\_ b. at \_\_\_\_\_ a.m./p.m. on *{date}* \_\_\_\_\_ at *{location}* \_\_\_\_\_.  
\_\_\_\_ c. at a time and place to be specified by the Florida Department of Revenue. Appropriate scientific paternity testing on Petitioner, Respondent, and the minor child(ren) shall be in *{city}* \_\_\_\_\_, Florida, with at least 30 days advance written notice. If the Florida Department of Revenue fails to notify the party(ies), the party(ies) shall contact the Florida Department of Revenue for further instructions.
3. The costs of the scientific paternity testing shall be assessed ( ) at a later date ( ) against Petitioner ( ) against Respondent ( ) Other *{explain}* \_\_\_\_\_.
4. The test results, together with the opinions and conclusions of the test laboratory, shall be filed with the Court. Any objection to the test results must be made in writing and must be filed with the Court at least 10 days before the hearing. If no objection is filed, the test results shall be admitted into evidence with no further predicate. Nothing in this paragraph prohibits a party from calling an outside expert witness to refute or support the testing procedure or results or the mathematical theory on which they are based.

5. Test results are admissible in evidence and should be weighed along with other evidence of the paternity of the alleged father unless the statistical probability of paternity equals or exceeds 95 percent. A statistical probability of 95 percent or more creates a rebuttable presumption that the alleged father is the biological father of the child(ren). If the party fails to rebut the presumption of paternity, the Court may enter a summary judgment of paternity. If the test results show the alleged father cannot be the biological father, the case shall be dismissed with prejudice.
6. The Court reserves jurisdiction over the parties and the subject matter of this action to enforce the terms and provisions of this and all previous orders as well as to enter such other orders as may be just.

ORDERED on \_\_\_\_\_.

\_\_\_\_\_  
CIRCUIT JUDGE

COPIES TO:

Petitioner (or his or her attorney)

Respondent (or his or her attorney)

\_\_\_\_ Other: \_\_\_\_\_.

I CERTIFY the foregoing is a true and correct copy of the original as it appears on file in the office of the Clerk of the Circuit Court of \_\_\_\_\_ County, Florida, and that I have furnished copies of this order as indicated above.

CLERK OF THE CIRCUIT COURT

(SEAL)

By: \_\_\_\_\_  
Deputy Clerk

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

Case No.: \_\_\_\_\_

Division: \_\_\_\_\_

\_\_\_\_\_  
Petitioner,

and

\_\_\_\_\_  
Respondent.

### FINAL JUDGMENT OF PATERNITY

This cause came before the Court upon a Petition to Determine Paternity and for Related Relief, under chapter 742, Florida Statutes. The Court having reviewed the file and heard the testimony, makes these findings of fact and reaches these conclusions of law:

1. The Court has jurisdiction of the subject matter and the parties.
2. **Paternity.** [ / one only] ( ) By operation of law, ( ) The Court finds that  
*{full legal name}* \_\_\_\_\_,  
is the natural and biological father of the minor child(ren), listed below:

**The parties' dependent or minor child(ren) is (are):**

Name	Birth date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### SECTION I. CUSTODY OF AND VISITATION WITH DEPENDENT OR MINOR CHILD(REN)

1. **Jurisdiction.** The Court has jurisdiction to determine custody of and visitation with the parties' minor child(ren) listed in paragraph 2 above.

2. **Parental Responsibility for the Minor Child(ren).**

[ / one only]

\_\_\_\_\_ a. **Not adjudicated.** Since no request for relief was made in this action, parental responsibility of the minor child(ren) is governed by sections 742.031 and 744.301, Florida Statutes.

\_\_\_\_\_ b. The parties shall have **shared parental responsibility** for the parties' minor child(ren).  
( ) Mother ( ) Father shall have **primary residential responsibility** of the minor child(ren) and the other parent shall have secondary residential responsibility, as set forth in paragraph 3 below. **OR**  
The primary residential parent shall be ( ) undesignated ( ) rotating with time sharing for the ( ) Mother ( ) Father as set forth in paragraph 4 below.

\_\_\_\_\_ c. ( ) Mother ( ) Father shall have **sole parental responsibility** for the parties' minor child(ren).  
Shared parental responsibility would be detrimental to the child(ren) at this time because: \_\_\_\_\_

\_\_\_\_\_

The other parent shall have visitation with the parties' minor child(ren) as set forth in paragraph 3 below.

3. **Secondary Residential Responsibility, Visitation or Time Sharing with Minor Child(ren).** The parent granted secondary residential responsibility, visitation, or time sharing shall have:

[ / one only]

\_\_\_\_\_ a. **reasonable visitation or time sharing** with the parties' minor child(ren) after reasonable notice and as agreed to by the parties, subject to any limitations in paragraph 5 below. The Court reserves jurisdiction to set a specific schedule.

\_\_\_\_\_ b. the following **specified visitation or time sharing** with the parties' minor child(ren), subject to any limitations set out in paragraph 5 below: *{specify days and times}* \_\_\_\_\_

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

\_\_\_\_\_ c. **no contact** with the parties' minor child(ren) until further order of the Court, due to the existing conditions that are detrimental to the welfare of the minor child(ren). *{explain}* \_\_\_\_\_

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

4. **Limitations on Parental Responsibility, Visitation and Time Sharing.** Neither parent shall take the child(ren) from the custody of the other parent or any child care provider or other person entrusted by the other parent with the care of the child(ren) without the agreement of the other parent during the other parent's time of parental responsibility or visitation. The above reasonable (paragraph 3.a. above) or specified (paragraph 3.b. above) visitation shall be:

[ / if applies]

\_\_\_\_\_ a. **supervised by a responsible adult** who is mutually agreeable to the parties. If the parties cannot agree, the supervising adult shall be: *{name}* \_\_\_\_\_.

\_\_\_\_\_ b. at the **supervised visitation** center located at: *{address}* \_\_\_\_\_

\_\_\_\_\_ and shall be subject to the available times and rules of the supervised visitation center. The cost of such visits shall be paid by ( ) Mother ( ) Father ( ) Both.

5. **Communication Arrangements for Secondary Parenting, Visitation, and Time Sharing with Child(ren).**

[ / if applies]

\_\_\_\_\_ The parties' communications to arrange visitation or time sharing and discuss issues relating to the child(ren) (if shared parenting or visitation is provided in paragraph 2 above) are restricted as follows: ( ) telephone, ( ) fax, e-mail, or letter, ( ) A responsible person shall coordinate the visitation or time sharing arrangements of the minor child(ren). If the parties cannot agree, the responsible person shall be: *{name}* \_\_\_\_\_

( ) other conditions for arrangements or discussions: *{explain}* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. **Exchange of Minor Child(ren).** The exchange of the minor child(ren) shall be on time as scheduled and as agreed to by the parties. The following conditions, if checked below, shall also apply.

[ / all that apply]

\_\_\_ a. The parties shall exchange the child(ren) at the following location(s): \_\_\_\_\_

\_\_\_ b. The parent granted secondary parenting, visitation, or time sharing shall not get out of the vehicle, and the other parent shall not approach the vehicle, during the time the child(ren) are exchanged.

\_\_\_ c. A responsible person shall conduct all exchanges of the child(ren). Neither parent shall accompany the responsible person when that person is transferring the child(ren) from one parent to the other. If the parties' cannot agree, the responsible person shall be: *{name}* \_\_\_\_\_

\_\_\_ d. Other conditions for exchange of the child(ren) are as follows: \_\_\_\_\_

\_\_\_

\_\_\_ 7. **Injunction Prohibiting Removing the Child(ren).** The Court hereby prohibits and enjoins the ( ) Mother ( ) Father ( ) Both from permanently removing the minor child(ren) from the ( ) State of Florida ( ) *{specify}* \_\_\_\_\_

without a court order or the written consent of the other party.

\_\_\_ 8. **Other Provisions Relating to the Minor Child(ren).**

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

## SECTION II. CHILD SUPPORT

1. The Court finds that there is a need for child support and that the ( ) Mother ( ) Father (hereinafter Obligor) has the present ability to pay child support. The amounts in the **Child Support Guidelines Worksheet, O"** Florida Family Law Rules of Procedure Form 12.902(e), filed by the ( ) Mother ( ) Father are correct **OR** the Court makes the following findings: The Mother's net monthly income is \$\_\_\_\_\_, (Child Support Guidelines \_\_\_%). The Father's net monthly income is \$\_\_\_\_\_, (Child Support Guidelines \_\_\_%). Monthly child care costs are \$\_\_\_\_\_. Monthly health/dental insurance costs are \$\_\_\_\_\_.

2. **Amount.** Obligor shall be obligated to pay child support in the amount of \$\_\_\_\_\_ per month payable ( ) in accordance with Obligor's employer's payroll cycle, and



in any event at least once a month ( ) other {explain}: \_\_\_\_\_  
beginning {date} \_\_\_\_\_, and continuing until

( ) the youngest of the minor child(ren) reaches the age of 18, become(s) emancipated, marries, dies, or otherwise becomes self-supporting **OR** one of the minor children reaches the age of 18, become(s) emancipated, marries, dies, or otherwise becomes self-supporting and either party files a supplemental petition to modify child support and the court enters such an order.

**OR**

( ) {date/event} \_\_\_\_\_,  
{explain} \_\_\_\_\_.

If the child support ordered deviates from the guidelines by more than 5%, the factual findings which support that deviation are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Arrearage/Retroactive Child Support.**

[ / if applies]

\_\_\_\_ a. There is no retroactive child support or arrearage at the time of this Final Judgment.  
\_\_\_\_ b. ( ) Mother ( ) Father ( ) both has (have) incurred medical expenses in the amount of \$ \_\_\_\_\_ on behalf of the minor child(ren), including hospital and other expenses incidental to the birth of the minor child(ren). Petitioner shall pay \_\_%, Respondent shall pay \_\_%, which shall be paid as follows: ( ) added to arrearage in paragraph c below ( ) other {explain} \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ c. The ( ) Mother ( ) Father shall pay to the other party the child support arrearage of:  
\$ \_\_\_\_\_ for retroactive child support, as of {date} \_\_\_\_\_.  
\$ \_\_\_\_\_ for previously ordered unpaid child support, as of {date} \_\_\_\_\_.  
\$ \_\_\_\_\_ for previously incurred medical expenses.  
The total of \$ \_\_\_\_\_ in child support arrearage shall be repaid at the rate of \$ \_\_\_\_\_ per month, payable ( ) in accordance with Obligor's employer's payroll cycle, and in any event at least once a month ( ) other {explain} \_\_\_\_\_  
\_\_\_\_\_  
beginning {date} \_\_\_\_\_, until paid in full including statutory interest.

**4. Insurance.**

[ / all that apply]

\_\_\_\_ a. **Health/Dental Insurance.** ( ) Mother ( ) Father shall be required to maintain ( ) health ( ) dental insurance coverage for the parties' minor child(ren), so long as reasonably available. The party providing coverage shall be required to convey insurance cards demonstrating said coverage to the other party. **OR** ( ) Health ( ) dental insurance is not reasonably available at this time.  
\_\_\_\_ b. Reasonable and necessary **uninsured medical/dental/prescription drug costs** for the minor child(ren) shall be assessed as follows:  
( ) Shared equally by both parents.  
( ) Prorated according to the child support guideline percentages.  
( ) Other {explain}: \_\_\_\_\_  
\_\_\_\_\_

As to these uninsured medical/dental/prescription drug expenses, the party who incurs the expense shall submit request for reimbursement to the other party within 30 days, and the other party, within 30 days of receipt, shall submit the applicable reimbursement for that expense, according to the

schedule of reimbursement set out in this paragraph.

5. **Life Insurance (to secure payment of support).** To secure the child support obligations in this judgment, ( ) Mother ( ) Father ( ) each party shall maintain life insurance coverage, in an amount of at least \$\_\_\_\_\_, on ( ) his life ( ) her life ( ) his/her life naming the ( ) minor child(ren) as the beneficiary(ies) ( ) primary residential parent as the beneficiary as Trustee for the minor child(ren), so long as reasonably available. The obligation to maintain the life insurance coverage shall continue until the youngest child turns 18, becomes emancipated, marries, dies, or otherwise becomes self-supporting.

6. **IRS Income Tax Exemption(s).** The party granted primary residential responsibility or sole parental responsibility of the minor child(ren) shall have the benefit of any tax exemption(s) for the child(ren), **OR**, if checked here, ( ) assignment of any tax exemption(s) for the child(ren) shall be as follows: \_\_\_\_\_

Further, each party shall execute any and all IRS forms necessary to effectuate the provisions of this paragraph.

7. **Other provisions relating to child support:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION III. METHOD OF PAYMENT**

Obligor shall pay court-ordered child support/alimony and arrears, if any, as follows:

1. **Central Governmental Depository.**

[ / if applies]

\_\_\_ a. Obligor shall pay court-ordered support directly to the Central Governmental Depository in {name} \_\_\_\_\_ County, along with any depository service charge.

\_\_\_ b. Both parties have requested and the court finds that it is in the best interests of the child(ren) that support payments need not be directed through the Central Governmental Depository. However, either party may subsequently apply to the depository pursuant to section 61.13(1)(d)3, Florida Statutes, to require payments through the Central Governmental Depository.

2. **Income Deduction.**

[ / if applies]

\_\_\_ a. **Immediate.** Obligor shall pay through income deduction, pursuant to a separate Income Deduction Order which shall be effective immediately. Obligor is individually responsible for paying this support obligation until all of said support is deducted from Obligor's income. Until support payments are deducted from Obligor's paycheck, Obligor is responsible for making timely payments directly to the Central Governmental Depository or the Obligee, as previously set forth in this order.

\_\_\_ b. **Deferred.** Income deduction is ordered this day, but it shall not be effective until a delinquency of \$\_\_\_\_\_, or, if not specified, an amount equal to one month's obligation occurs. Income deduction is not being implemented immediately based on the following findings: Income deduction is **not** in the best interests of the child(ren) because: {explain} \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AND**

there is proof of timely payment of a previously ordered obligation without an income deduction order in cases of modification,

**AND**

( ) there is an agreement by the Obligor to advise the central governmental depository of any change in payor and health insurance **OR** ( ) there is a signed written agreement providing an alternative arrangement between the Obligor and the Obligee.

3. **Bonus/one-time payments.** ( ) All ( ) \_\_\_\_\_ % ( ) No income paid in the form of a bonus or other similar one-time payment, up to the amount of any arrearage or the remaining balance thereof owed pursuant to this order, shall be forwarded to Obligee pursuant to the payment method prescribed above.

4. **Other provisions relating to method of payment.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION IV. CHILD(REN)'S NAME(S)**

- \_\_\_ a. There shall be **no change** to the child(ren)'s name(s).
- \_\_\_ b. It is in the child(ren)'s best interests that the child(ren)'s

present name(s)	shall be changed to
(1) _____	(1) _____
(2) _____	(2) _____
(3) _____	(3) _____
(4) _____	(4) _____
(5) _____	(5) _____
(6) _____	(6) _____

by which the minor child(ren) shall hereafter be known.

**SECTION V. ATTORNEY FEES, COSTS, AND SUIT MONEY**

\_\_\_ 1. ( ) Petitioner's ( ) Respondent's request(s) for attorney fees, costs, and suit money is (are) denied because \_\_\_\_\_  
\_\_\_\_\_.

\_\_\_ 2. The Court finds there is a need for and an ability to pay attorney fees, costs, and suit money. ( ) Petitioner ( ) Respondent is hereby ordered to pay to the other party \$\_\_\_\_\_ in attorney fees, and \$\_\_\_\_\_ in costs. The Court further finds that the attorney fees awarded are based on the reasonable rate of \$\_\_\_\_\_ per hour and \_\_\_\_\_ reasonable hours. Other provisions relating to attorney fees, costs, and suit money are as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. The costs of the scientific paternity testing shall be assessed ( ) against Petitioner ( ) against Respondent ( ) Other *{explain}* \_\_\_\_\_.

**SECTION VI. OTHER PROVISIONS**

1. **Other Provisions.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

2. The Court reserves jurisdiction to modify and enforce this Final Judgment.

ORDERED on \_\_\_\_\_.

---

CIRCUIT JUDGE

COPIES TO:

Petitioner (or his or her attorney)  
Respondent (or his or her attorney)  
Central Governmental Depository

\_\_\_\_ Other: \_\_\_\_\_

I CERTIFY the foregoing is a true copy of the original as it appears on file in the office of the Clerk of the Circuit Court of \_\_\_\_\_ County, Florida, and that I have furnished copies of this order as indicated above.

CLERK OF THE CIRCUIT COURT

(SEAL)

By: \_\_\_\_\_  
Deputy Clerk

INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW FORM 12.984,  
PETITION FOR GRANDPARENT VISITATION

**When should this form be used?**

This form should be used when grandparents are requesting visitation in one of the following circumstances:

- C The mother and/or father of the child(ren) with whom visitation is requested are/is deceased.
- C The parents of the child(ren) with whom visitation is requested are divorced.
- C The mother or father of the child(ren) with whom visitation is requested has deserted the child(ren).
- C The parents of the child were not married when the child(ren) was/were born and did not marry after the child(ren)'s birth, and paternity has been established.

This form should be typed or printed in black ink. After completing this form, you should sign the form before a **notary public**. You should **file** the original with the **clerk of the circuit court** in the county where the child(ren) lives/live and keep a copy for your records.

**What should I do next?**

For your case to proceed, you must properly notify the other **party(ies)** of the **petition**. If you know where he and/or she lives, you must use **personal service**. If you absolutely do not know where he and/or she lives, you may use **constructive service**. However, if constructive service is used, the court may only grant limited relief, if any. For more information on constructive service, see **Notice of Action for Dissolution of Marriage, O'** Florida Supreme Court Approved Family Law Form 12.913(a), and **Affidavit of Diligent Search and Inquiry, O'** Florida Family Law Rules of Procedure Form 12.913(b). If you need to use constructive service, use the **Notice of Action for Dissolution of Marriage, O'** Florida Supreme Court Approved Family Law Form 12.913(a), striking through "for Dissolution of Marriage" and inserting "for Grandparent Visitation." The law regarding constructive service is very complex and you may wish to consult an attorney regarding these issues.

If personal service is used, the **respondent(s)** has/have 20 days to answer after being served with your petition. Your case will then generally proceed in one of the following three ways:

**DEFAULT...** If after 20 days, no **answer** has been filed, you may file a **Motion for Default, O'** Florida Supreme Court Approved Family Law Form 12.922(a), with the clerk of court. Then, if you have filed all of the required papers, you may call the clerk, **family law intake staff**, or **judicial assistant** to set a **final hearing**. You must notify the other party(ies) of the hearing by using a **Notice of Hearing (General), O'** Florida Supreme Court Approved Family Law Form 12.923, or other appropriate notice of hearing form.

**UNCONTESTED...** If the respondent(s) file(s) an answer that agrees with everything in your petition or an answer and waiver, and you have filed all of the required papers, you may call the clerk, family law intake staff, or judicial assistant to set a final hearing. You must notify the other party(ies) of the hearing by using a **Notice of Hearing (General), O'** Florida Supreme Court Approved Family Law Form 12.923, or other appropriate notice of hearing form.

**CONTESTED...** If the respondent(s) file(s) an answer that disagrees with or denies anything in your petition, **and** you are unable to settle the disputed issues, you should file a **Notice for Trial, O'** Florida Supreme Court Approved Family Law Form 12.924, after you have filed all of the required papers. Then you should contact the clerk, family law intake staff, or judicial assistant for instructions on how to set your case for trial (final hearing). Some circuits may require the completion of **mediation** before a final hearing may be set.

### **Where can I look for more information?**

**Before proceeding, you should read “General Information for Self-Represented Litigants” found at the beginning of these forms.** For further information, see chapter 752 and section 61.13(2)(b)2.c., Florida Statutes.

### **Special notes...**

Remember, a person who is NOT an attorney is called a nonlawyer. If a nonlawyer helps you fill out these forms, that person must give you a copy of a **Disclosure from Nonlawyer, O** Florida Family Law Rules of Procedure Form 12.900 (a), before he or she helps you. A nonlawyer helping you fill out these forms also **must** put his or her name, address, and telephone number on the bottom of the last page of every form he or she helps you complete.

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

Case No.: \_\_\_\_\_

Division: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Grandparent(s),

and

\_\_\_\_\_

\_\_\_\_\_

Respondent(s).

### PETITION FOR GRANDPARENT VISITATION

I/We, {full legal name(s)} \_\_\_\_\_,  
being sworn, certify that the following information is true:

1. This is a request for grandparent(s) visitation, under chapter 752, Florida Statutes.
2. The minor grandchild(ren) has (have) been living in the State of Florida within the jurisdiction of this Court.
3. I/We desire visitation with the following minor grandchild(ren).

Name	Birth date	Age	Sex
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. The [ / **one** only ] ( ) mother ( ) father of my (our) grandchild(ren) is my (our) [ / **one** only ] ( ) son ( ) daughter. A copy of the my (our) child's (respondent's) birth certificate is attached.
5. [ / **all** that apply]:
  - \_\_\_\_\_ a. The ( ) mother ( ) father of the grandchild(ren) has (have) died.
  - \_\_\_\_\_ b. The mother and father of the grandchild(ren) are divorced.
  - \_\_\_\_\_ c. The ( ) mother ( ) father of the grandchild(ren) has (have) deserted the grandchild(ren).
  - \_\_\_\_\_ d. The parents were not married when the grandchild(ren) was (were) born and did not marry after the grandchild(ren)'s birth, and paternity has been established.

6. I/We are requesting the following visitation: {explain} \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. It is in the best interests of the grandchild(ren) that the grandparent(s) be allowed reasonable rights of visitation with the grandchild(ren). This is in the grandchild(ren)'s best interests because: *{explain}* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Grandparent  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to or affirmed and signed before me on \_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC or DEPUTY CLERK

\_\_\_\_\_  
[Print, type, or stamp commissioned name of notary or clerk.]

\_\_\_\_ Personally known  
\_\_\_\_ Produced identification  
Type of identification produced \_\_\_\_\_

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [ N fill in all blanks]**

I, *{full legal name and trade name of nonlawyer}* \_\_\_\_\_,  
a nonlawyer, located at *{street}* \_\_\_\_\_, *{city}* \_\_\_\_\_,  
*{state}* \_\_\_\_\_, *{phone}* \_\_\_\_\_, helped *{name}* \_\_\_\_\_,  
who is the (one of the) petitioner(s), fill out this form.



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

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Grandparent

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to or affirmed and signed before me on \_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC—STATE OF FLORIDA

\_\_\_\_\_  
[Print, type, or stamp commissioned name of notary.]

\_\_\_ Personally known  
\_\_\_ Produced identification  
\_\_\_ Type of identification produced \_\_\_\_\_

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [ N fill in all blanks]**

I, *{full legal name and trade name of nonlawyer}* \_\_\_\_\_,  
a nonlawyer, located at *{street}* \_\_\_\_\_, *{city}* \_\_\_\_\_,  
*{state}* \_\_\_\_\_, *{phone}* \_\_\_\_\_, helped *{name}* \_\_\_\_\_,  
who is the (one of the) petitioner(s), fill out this form.

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

Case No.: \_\_\_\_\_

Division: \_\_\_\_\_

\_\_\_\_\_,  
Petitioner,

and

\_\_\_\_\_,  
Respondent.

### FINAL JUDGMENT OF SIMPLIFIED DISSOLUTION OF MARRIAGE

This cause came before this Court for a hearing on the parties' Petition for Simplified Dissolution of Marriage. The Court, having reviewed the file and heard the testimony, makes these findings of fact and reaches these conclusions of law:

1. The Court has jurisdiction over the subject matter and the parties.
2. At least one party has been a resident of the State of Florida for more than 6 months immediately before filing the Petition for Simplified Dissolution of Marriage.
3. The parties have no minor or dependent children in common, and the wife is not pregnant.
4. The marriage between the parties is irretrievably broken. Therefore, the marriage between the parties is dissolved, and the parties are restored to the status of being single.
5. Marital Settlement Agreement.  
[ / **one** only]  
\_\_\_\_ a. The parties have voluntarily entered into a Marital Settlement Agreement, and each has filed the required Financial Affidavit. Therefore, the Marital Settlement Agreement is filed as "Exhibit A" in this case and is ratified and made a part of this final judgment. The parties are ordered to obey all of its provisions.  
\_\_\_\_ b. There is no marital property or marital debts to divide, as the parties previously have divided all of their personal property. Therefore, each is awarded the personal property he or she presently has in his or her possession. Each party shall be responsible for any debts in his or her own name.
6. ( ) yes ( ) no The wife's former name of {full legal name} \_\_\_\_\_ is restored.
7. The Court reserves jurisdiction to enforce the marital settlement agreement.

ORDERED on \_\_\_\_\_.

\_\_\_\_\_  
CIRCUIT JUDGE

**COPIES TO:**

Petitioner (or his or her attorney)

Respondent (or his or her attorney)

Other: \_\_\_\_\_

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

Case No.: \_\_\_\_\_

Division: \_\_\_\_\_

\_\_\_\_\_,  
Petitioner,

and

\_\_\_\_\_,  
Respondent.

**FINAL JUDGMENT OF DISSOLUTION OF MARRIAGE WITH MINOR CHILD(REN)  
(UNCONTESTED)**

This cause came before this Court for a hearing on a Petition for Dissolution of Marriage. The Court, having reviewed the file and heard the testimony, makes these findings of fact and reaches these conclusions of law:

1. The Court has jurisdiction over the subject matter and the parties.
2. At least one party has been a resident of the State of Florida for more than 6 months immediately before filing the Petition for Dissolution of Marriage.
3. The marriage between the parties is irretrievably broken. Therefore, the marriage between the parties is dissolved, and the parties are restored to the status of being single.
4. Marital Settlement Agreement. The parties have voluntarily entered into a Marital Settlement Agreement, and each has filed the required Family Law Financial Affidavit. Therefore, the Marital Settlement Agreement is filed as "Exhibit A" in this case and is ratified and made a part of this final judgment. The parties are ordered to obey all of its provisions.
5. The Court finds that the parties have the present ability to pay support as agreed to in the marital settlement agreement as ratified and made part of this final judgment.
6. ( ) yes ( ) no The wife's former name of *{full legal name}* \_\_\_\_\_ is restored.
7. The Court reserves jurisdiction to modify and enforce this final judgment.

ORDERED on \_\_\_\_\_.

\_\_\_\_\_  
CIRCUIT JUDGE

**COPIES TO:**

Petitioner (or his or her attorney)

Respondent (or his or her attorney)

Other: \_\_\_\_\_

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

Case No.: \_\_\_\_\_

Division: \_\_\_\_\_

\_\_\_\_\_  
Petitioner,

and

\_\_\_\_\_  
Respondent.

**FINAL JUDGMENT OF DISSOLUTION OF MARRIAGE WITH  
PROPERTY BUT NO DEPENDENT OR MINOR CHILD(REN) (UNCONTESTED)**

This cause came before this Court for a hearing on a Petition for Dissolution of Marriage. The Court, having reviewed the file and heard the testimony, makes these findings of fact and reaches these conclusions of law:

1. The Court has jurisdiction over the subject matter and the parties.
2. At least one party has been a resident of the State of Florida for more than 6 months immediately before filing the Petition for Dissolution of Marriage.
3. The parties have no minor or dependent children in common, and the wife is not pregnant.
4. The marriage between the parties is irretrievably broken. Therefore, the marriage between the parties is dissolved, and the parties are restored to the status of being single.
5. Marital Settlement Agreement. The parties have voluntarily entered into a Marital Settlement Agreement, and each has filed the required Family Law Financial Affidavit. Therefore, the Marital Settlement Agreement is filed as "Exhibit A" in this case and is ratified and made a part of this final judgment. The parties are ordered to obey all of its provisions.
6. The Court finds that the parties have the present ability to pay support as agreed to in the marital settlement agreement as ratified and made part of this final judgment.
7. ( ) yes ( ) no The wife's former name of *{full legal name}* \_\_\_\_\_  
\_\_\_\_\_ is restored.
8. The Court reserves jurisdiction to enforce this final judgment.

ORDERED on \_\_\_\_\_.

\_\_\_\_\_  
CIRCUIT JUDGE

COPIES TO:

Petitioner (or his or her attorney)

Respondent (or his or her attorney)

Other: \_\_\_\_\_

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

Case No.: \_\_\_\_\_

Division: \_\_\_\_\_

\_\_\_\_\_  
Petitioner,

and

\_\_\_\_\_  
Respondent.

**FINAL JUDGMENT OF DISSOLUTION OF MARRIAGE WITH  
NO PROPERTY OR DEPENDENT OR MINOR CHILD(REN) (UNCONTESTED)**

This cause came before this Court for a hearing on a Petition for Dissolution of Marriage. The Court, having reviewed the file and heard the testimony, makes these findings of fact and reaches these conclusions of law:

1. The Court has jurisdiction over the subject matter and the parties.
2. At least one party has been a resident of the State of Florida for more than 6 months immediately before filing the Petition for Dissolution of Marriage.
3. The parties have no minor or dependent children in common, and the wife is not pregnant.
4. The marriage between the parties is irretrievably broken. Therefore, the marriage between the parties is dissolved, and the parties are restored to the status of being single.
5. There is no marital property or marital debts to divide, as the parties have previously divided all of their personal property. Therefore, each is awarded the personal property he or she presently has in his or her possession. Each party shall be responsible for any debts in his or her own name.
6. ( ) yes ( ) no The wife's former name of *{full legal name}* \_\_\_\_\_ is restored.
7. The Court reserves jurisdiction to enforce this judgment.

ORDERED on \_\_\_\_\_.

\_\_\_\_\_  
CIRCUIT JUDGE

**COPIES TO:**

Petitioner (or his or her attorney)

Respondent (or his or her attorney)

Other: \_\_\_\_\_

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
 IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

Case No.: \_\_\_\_\_  
 Division: \_\_\_\_\_

\_\_\_\_\_,  
 Petitioner,

and

\_\_\_\_\_,  
 Respondent.

**FINAL JUDGMENT OF DISSOLUTION OF MARRIAGE  
 WITH DEPENDENT OR MINOR CHILD(REN)**

This cause came before this Court for a trial on a Petition for Dissolution of Marriage. The Court, having reviewed the file and heard the testimony, makes these findings of fact and reaches these conclusions of law:

1. The Court has jurisdiction over the subject matter and the parties.
2. At least one party has been a resident of the State of Florida for more than 6 months immediately before filing the Petition for Dissolution of Marriage.
3. The marriage between the parties is irretrievably broken. Therefore, the marriage between the parties is dissolved, and the parties are restored to the status of being single.

**SECTION I. MARITAL ASSETS AND LIABILITIES**

**A. Date of Valuation of Property.** The assets and liabilities listed below are divided as indicated. The date of valuation of these assets and liabilities is, unless otherwise indicated:

- \_\_\_ a. date of filing petition for dissolution of marriage \_\_\_\_\_.
- \_\_\_ b. date of separation \_\_\_\_\_.
- \_\_\_ c. date of divorce trial \_\_\_\_\_.

**B. Division of Assets.**

1. **The assets listed below are nonmarital assets.** Each party shall keep, as his or her own, the assets found to be nonmarital, and the other party shall have no further rights or responsibilities regarding these assets.

ASSETS: DESCRIPTION OF ITEM(S) (Describe each item as clearly as possible. You do not need to list account numbers.)	Current Fair Market Value	Wife's Nonmarital Property	Husband's Nonmarital Property
	\$	\$	\$
<b>Total Nonmarital Assets</b>	\$	\$	\$

2. **The assets listed below are marital assets.** Each party shall keep, as his or her own, the assets awarded in this section, and the other party shall have no further rights or responsibilities regarding these assets. **Any personal item(s) not listed below are awarded to the party currently in possession or control of the item(s).**

ASSETS: DESCRIPTION OF ITEM(S) (Describe each item as clearly as possible. You do not need to list account numbers.)	Current Fair Market Value	Wife Shall Receive	Husband Shall Receive
Cash (on hand or in banks/credit unions)	\$	\$	\$
Stocks/bonds			
Notes			
Business interests			
Real estate: (Home)			
Automobiles			
Boats			
Furniture & furnishings			
Jewelry			
Life insurance (cash surrender value)			
Retirement Plans (Profit sharing, Pension, IRA, 401(k)s, etc.)			
Other assets			
<b>Total Marital Assets</b>	\$	\$	\$

**C. Division of Liabilities/Debts.**

1. **The liabilities listed below are nonmarital liabilities** and, therefore, are owed as indicated. Each party shall owe, as his or her own, the liabilities found to be nonmarital, and the other party shall have no responsibilities regarding these debts.

LIABILITIES: DESCRIPTION OF DEBT(S) (Describe each item as clearly as possible. You do not need to list account numbers.)	Current Amount Owed	Wife's Nonmarital Liability	Husband's Nonmarital Liability
	\$	\$	\$
<b>Total Nonmarital Liabilities</b>	\$	\$	\$

2. **The liabilities listed below are marital liabilities** and are divided as indicated. Each party shall hold the other party harmless and pay, as his or her own, the marital liabilities awarded below.

LIABILITIES: DESCRIPTION OF DEBT(S) (Describe each item as clearly as possible. You do not need to list account numbers.)	Current Amount Owed	Wife Shall Pay	Husband Shall Pay
Mortgages on real estate: (Home)	\$	\$	\$
(Other)			
Charge/credit card accounts			
Auto loan			
Auto loan			
Bank/Credit Union loans			
Other			
<b>Total Marital Liabilities</b>	\$	\$	\$



D. Contingent assets and liabilities will be divided as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. The distribution of assets and liabilities in this final judgment is equitable; if each party does not receive approximately one-half, the distribution is based on the following facts and reasoning: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION II. EXCLUSIVE USE AND POSSESSION OF HOME**

[ / all that apply]

\_\_\_\_ 1. ( ) Petitioner ( ) Respondent, as a condition of support, shall have exclusive use and possession of the dwelling located at: \_\_\_\_\_ until {date or event} \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ 2. ( ) Petitioner ( ) Respondent may make visits to the premises described in the paragraph above for the purpose of obtaining any items awarded in this Final Judgment. These visits shall occur after notice to the person granted exclusive use and possession of the dwelling and at the earliest convenience of both parties or as ordered in paragraph 4 below.

\_\_\_\_ 3. Upon the termination of the right of exclusive use and possession, the dwelling shall be sold and the net proceeds divided \_\_\_\_% to Petitioner and \_\_\_\_% to Respondent, with the following credits and/or setoffs being allowed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ 4. Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION III. CUSTODY OF AND VISITATION WITH DEPENDENT OR MINOR CHILD(REN)**

1. **Jurisdiction.** The Court has jurisdiction to determine custody of and visitation with the parties' minor child(ren) listed in paragraph 2 below.

2. **The parties' dependent or minor child(ren) is (are):**

Name	Birth date
_____	_____
_____	_____
_____	_____
_____	_____

3. **Parental Responsibility for the Minor Child(ren).**

[ / one only]

\_\_\_\_ a. The parties shall have **shared parental responsibility** for the parties' minor child(ren).  
( ) Mother ( ) Father shall have **primary residential responsibility** of the minor child(ren) and

the other parent shall have secondary residential responsibility, as set forth in paragraph 4 below. **OR**  
The primary residential parent shall be ( ) undesignated ( ) rotating with time sharing for the  
( ) Mother ( ) Father as set forth in paragraph 4 below.

\_\_\_\_ b. ( ) Mother ( ) Father shall have **sole parental responsibility** for the parties' minor child(ren).  
Shared parental responsibility would be detrimental to the child(ren) at this time because:

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

\_\_\_\_\_  
The other parent shall have visitation with the parties' minor child(ren) as set forth in paragraph 4 below.

4. **Secondary Residential Responsibility, Visitation, or Time Sharing with Minor Child(ren).** The parent granted secondary residential responsibility, visitation, or time sharing shall have:

[ / one only]

\_\_\_\_ a. **reasonable visitation or time sharing** with the parties' minor child(ren) after reasonable notice and as agreed to by the parties, subject to any limitations in paragraph 5 below. The Court reserves jurisdiction to set a specific schedule.

\_\_\_\_ b. the following **specified visitation or time sharing** with the parties' minor child(ren), subject to any limitations set out in paragraph 5 below: *{specify days and times}* \_\_\_\_\_

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

\_\_\_\_ c. **no contact** with the parties' minor child(ren) until further order of the Court, due to the existing conditions that are detrimental to the welfare of the minor child(ren). *{explain}* \_\_\_\_\_

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

5. **Limitations on Parental Responsibility, Visitation, and Time Sharing.** Neither parent shall take the child(ren) from the custody of the other parent or any child care provider or other person entrusted by the other parent with the care of the child(ren) without the agreement of the other parent during the other parent's time of parental responsibility or visitation. The above reasonable (paragraph 4.a. above) or specified (paragraph 4.b. above) visitation shall be:

[ / if applies]

\_\_\_\_ a. **supervised by a responsible adult** who is mutually agreeable to the parties. If the parties cannot agree, the supervising adult shall be: *{name}* \_\_\_\_\_.

\_\_\_\_ b. at the **supervised visitation** center located at: *{address}* \_\_\_\_\_

\_\_\_\_\_  
subject to the available times and rules of the supervised visitation center. The cost of such visits shall be paid by ( ) Mother ( ) Father ( ) Both.

6. **Communication Arrangements for Secondary Parenting, Visitation, and Time Sharing with Child(ren).**

[ / if applies]

\_\_\_\_ The parties' communications to arrange visitation or time sharing and discuss issues relating to the child(ren) (if shared parenting or visitation is provided in paragraph 3 above) are restricted as follows: ( ) telephone, ( ) fax, e-mail, or letter, ( ) A responsible person shall coordinate the visitation or time sharing arrangements of the minor child(ren). If the parties cannot agree, the

responsible person shall be: *{name}* \_\_\_\_\_  
( ) other conditions for arrangements or discussions: *{explain}* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. **Exchange of Minor Child(ren).** The exchange of the minor child(ren) shall be on time as scheduled and as agreed to by the parties. The following conditions, if checked below, shall also apply.

[ / all that apply]

\_\_\_ a. The parties shall exchange the child(ren) at the following location(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ b. The parent granted secondary parenting, visitation, or time sharing shall not get out of the vehicle, and the other parent shall not approach the vehicle, during the time the child(ren) are exchanged.

\_\_\_ c. A responsible person shall conduct all exchanges of the child(ren). Neither parent shall accompany the responsible person when that person is transferring the child(ren) from one parent to the other. If the parties' cannot agree, the responsible person shall be: *{name}* \_\_\_\_\_

\_\_\_ d. Other conditions for exchange of the child(ren) are as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ 8. **Injunction Prohibiting Removing the Child(ren).** The Court hereby prohibits and enjoins the ( ) Mother ( ) Father ( ) Both from permanently removing the minor child(ren) from the ( ) State of Florida ( ) *{specify}* \_\_\_\_\_  
\_\_\_\_\_

without a court order or the written consent of the other party.

\_\_\_ 9. **Other Provisions Relating to the Minor Child(ren).**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### SECTION IV. ALIMONY

1. ( ) The Court denies the request(s) for alimony **OR**  
( ) The Court finds that there is a need for, and that ( ) Petitioner ( ) Respondent (hereinafter Obligor) has/had the present ability to pay, alimony as follows:

[ / all that apply]

\_\_\_ a. **Permanent Periodic.** Obligor shall pay permanent periodic alimony to Obligee in the amount of \$ \_\_\_\_\_ per month, payable ( ) in accordance with Obligor's employer's payroll cycle, and in any event, at least once a month ( ) other *{explain}* \_\_\_\_\_  
\_\_\_\_\_

beginning *{date}* \_\_\_\_\_. This alimony shall continue until modified by court order,

the death of either party, or remarriage of Obligee, whichever occurs first.

\_\_\_\_\_ b. **Lump Sum.** Obligor shall pay lump sum alimony to Obligee in the amount of \$ \_\_\_\_\_.  
This amount shall be paid as follows: \_\_\_\_\_

\_\_\_\_\_ c. **Rehabilitative.** Obligor shall pay rehabilitative alimony to Obligee in the amount of \$ \_\_\_\_\_  
per month, payable ( ) in accordance with Obligor's employer's payroll cycle, and in any event,  
at least once a month ( ) other {explain} \_\_\_\_\_

\_\_\_\_\_ beginning {date} \_\_\_\_\_. This rehabilitative alimony shall continue until modified  
by court order, the death of either party or until {date/event} \_\_\_\_\_,  
whichever occurs first. The rehabilitative plan presented demonstrated the following: \_\_\_\_\_

\_\_\_\_\_ d. **Retroactive.** Obligor shall pay retroactive alimony in the amount of \$ \_\_\_\_\_ for the period  
of {date} \_\_\_\_\_, through {date} \_\_\_\_\_, which shall be paid pursuant to  
paragraph 3 below.

2. **Reasons for ( ) Awarding ( ) Denying Alimony.** The Court has considered all of the following  
in awarding/denying alimony:

- a. The standard of living established during the marriage;
- b. The duration of the marriage;
- c. The age and the physical and emotional condition of each party;
- d. The financial resources of each party, the nonmarital and the marital assets and liabilities distributed to each;
- e. The contribution of each party to the marriage, including, but not limited to, services rendered in homemaking, child care, education, and career building of the other party; and
- f. All sources of income available to either party.

Additionally, the Court has considered the following factors in reaching its decision: \_\_\_\_\_

9 Check here if additional pages are attached.

3. **Arrearage/Retroactive Alimony.**

[ / one only]

\_\_\_\_\_ a. There is no alimony arrearage at the time of this Final Judgment.

\_\_\_\_\_ b. The ( ) Petitioner ( ) Respondent shall pay to the other party the alimony arrearage of:  
\$ \_\_\_\_\_ for retroactive alimony, as of {date} \_\_\_\_\_. \$ \_\_\_\_\_ for  
previously ordered unpaid alimony, as of {date} \_\_\_\_\_.  
The total of \$ \_\_\_\_\_ in alimony arrearage shall be repaid in the amount of  
\$ \_\_\_\_\_ per month, payable ( ) in accordance with Obligor's employer's payroll cycle, and  
in any event at least once a month ( ) other {explain} \_\_\_\_\_

\_\_\_\_\_ beginning {date} \_\_\_\_\_, until paid in full including statutory interest.

4. **Insurance.**

[ / all that apply]

\_\_\_ a. **Health Insurance.** ( ) Petitioner ( ) Respondent shall be required to pay health insurance premiums for the other party not to exceed \$\_\_\_\_\_ per month. Further, ( ) Petitioner ( ) Respondent shall pay any reasonable and necessary uninsured medical costs for the other party not to exceed \$\_\_\_\_\_ per year. As to these uninsured medical expenses, the party who is entitled to reimbursement of the uninsured medical expense shall submit request for reimbursement to the other party within 30 days, and the other party shall, within 30 days after receipt, submit the applicable reimbursement for that expense.

\_\_\_ b. **Life Insurance (to secure payment of support).** To secure the alimony obligations set forth in this judgment, Obligor shall maintain life insurance coverage on his/her life naming Obligee as the sole irrevocable beneficiary, so long as reasonably available. This insurance shall be in the amount of at least \$\_\_\_\_\_ and shall remain in effect until the obligation for alimony terminates.

5. **Other provisions relating to alimony:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**SECTION V. CHILD SUPPORT**

1. The Court finds that there is a need for child support and that the ( ) Mother ( ) Father (hereinafter Obligor) has the present ability to pay child support. The amounts in the Child Support Guidelines Worksheet, **O** Florida Family Law Rules of Procedure Form 12.902(e), filed by the ( ) Mother ( ) Father are correct **OR** the Court makes the following findings: The Mother's net monthly income is \$\_\_\_\_\_, (Child Support Guidelines \_\_\_\_\_%). The Father's net monthly income is \$\_\_\_\_\_, (Child Support Guidelines \_\_\_\_\_%). Monthly child care costs are \$\_\_\_\_\_. Monthly health/dental insurance costs are \$\_\_\_\_\_.

2. **Amount.** Obligor shall be obligated to pay child support in the amount of \$\_\_\_\_\_, per month payable ( ) in accordance with Obligor's employer's payroll cycle, and in any event at least once a month ( ) other {explain}: \_\_\_\_\_  
\_\_\_\_\_,  
beginning {date} \_\_\_\_\_, and continuing until

( ) the youngest of the minor child(ren) reaches the age of 18, become(s) emancipated, marries, dies, or otherwise becomes self-supporting **OR** one of the minor children reaches the age of 18, become(s) emancipated, marries, dies, or otherwise becomes self-supporting and either party files a supplemental petition to modify child support and the court enters such an order.

**OR**

( ) {date/event} \_\_\_\_\_,  
{explain} \_\_\_\_\_.

If the child support ordered deviates from the guidelines by more than 5%, the factual findings which support that deviation are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

3. **Arrearage/Retroactive Child Support.**

[ / one only]

- \_\_\_ a. There is no child support arrearage at the time of this Final Judgment.
- \_\_\_ b. The ( ) Mother ( ) Father shall pay to the other party the child support arrearage of: \$\_\_\_\_\_ for retroactive child support, as of {date} \_\_\_\_\_. \$\_\_\_\_\_ for previously ordered unpaid child support, as of {date} \_\_\_\_\_. The total of \$\_\_\_\_\_ in child support arrearage shall be repaid in the amount of \$\_\_\_\_\_ per month, payable ( ) in accordance with Obligor's employer's payroll cycle, and in any event at least once a month ( ) other {explain} \_\_\_\_\_  
\_\_\_\_\_ beginning {date} \_\_\_\_\_, until paid in full including statutory interest.

4. **Insurance.**

[ / all that apply]

- \_\_\_ a. **Health/Dental Insurance.** ( ) Mother ( ) Father shall be required to maintain ( ) health ( ) dental insurance coverage for the parties' minor child(ren), so long as reasonably available. The party providing coverage shall be required to convey insurance cards demonstrating said coverage to the other party. **OR** ( ) Health ( ) dental insurance is not reasonably available at this time.
- \_\_\_ b. Reasonable and necessary **uninsured medical/dental/prescription drug costs** for the minor child(ren) shall be assessed as follows:
  - ( ) Shared equally by both parents.
  - ( ) Prorated according to the child support guideline percentages.
  - ( ) Other {explain}: \_\_\_\_\_

As to these uninsured medical/dental/prescription drug expenses, the party who incurs the expense shall submit request for reimbursement to the other party within 30 days, and the other party, within 30 days of receipt, shall submit the applicable reimbursement for that expense, according to the schedule of reimbursement set out in this paragraph.

- \_\_\_ 5. **Life Insurance (to secure payment of support).** To secure the child support obligations in this judgment, ( ) Petitioner ( ) Respondent ( ) Each party shall maintain life insurance coverage, in an amount of at least \$\_\_\_\_\_, on ( ) his life ( ) her life ( ) his/her life naming the ( ) minor child(ren) as the beneficiary(ies) ( ) primary residential parent as the beneficiary as Trustee for the minor child(ren), so long as reasonably available. The obligation to maintain the life insurance coverage shall continue until the youngest child turns 18, becomes emancipated, marries, dies, or otherwise becomes self-supporting.

- 6. **IRS Income Tax Exemption(s).** The party granted primary residential responsibility or sole parental responsibility of the minor child(ren) shall have the benefit of any tax exemption(s) for the child(ren), **OR**, if checked here, ( ) assignment of any tax exemption(s) for the child(ren) shall be as follows: \_\_\_\_\_

Further, each party shall execute any and all IRS forms necessary to effectuate the provisions of this paragraph.

- 7. **Other provisions relating to child support:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION VI. METHOD OF PAYMENT**

Obligor shall pay court-ordered child support/alimony and arrears, if any, as follows:

**1. Central Governmental Depository.**

[ / if applies]

- \_\_\_ a. Obligor shall pay court-ordered support directly to the Central Governmental Depository in {name} \_\_\_\_\_ County, along with any depository service charge.
- \_\_\_ b. Both parties have requested and the court finds that it is in the best interests of the child(ren) that support payments need not be directed through the Central Governmental Depository. However, either party may subsequently apply to the depository pursuant to section 61.13(1)(d)3, Florida Statutes, to require payments through the Central Governmental Depository.

**2. Income Deduction.**

[ / if applies]

- \_\_\_ a. **Immediate.** Obligor shall pay through income deduction, pursuant to a separate Income Deduction Order which shall be effective immediately. Obligor is individually responsible for paying this support obligation until all of said support is deducted from Obligor’s income. Until support payments are deducted from Obligor’s paycheck, Obligor is responsible for making timely payments directly to the Central Governmental Depository or the Oblige, as previously set forth in this order.
- \_\_\_ b. **Deferred.** Income deduction is ordered this day, but it shall not be effective until a delinquency of \$ \_\_\_\_\_, or, if not specified, an amount equal to one month’s obligation occurs. Income deduction is not being implemented immediately based on the following findings: Income deduction is **not** in the best interests of the child(ren) because: {explain} \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**AND**

there is proof of timely payment of a previously ordered obligation without an income deduction order in cases of modification,

**AND**

( ) there is an agreement by the Obligor to advise the central governmental depository of any change in payor and health insurance **OR** ( ) there is a signed written agreement providing an alternative arrangement between the Obligor and the Oblige.

**3. Bonus/one-time payments.** ( ) All ( ) \_\_\_\_\_% ( ) No income paid in the form of a bonus or other similar one-time payment, up to the amount of any arrearage or the remaining balance thereof owed pursuant to this order, shall be forwarded to Oblige pursuant to the payment method prescribed above.

**4. Other provisions relating to method of payment.** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION VII. ATTORNEY FEES, COSTS, AND SUIT MONEY**

\_\_\_ 1. ( ) Petitioner’s ( ) Respondent’s request(s) for attorney fees, costs, and suit money is (are) denied because \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_ 2. The Court finds there is a need for and an ability to pay attorney fees, costs, and suit money. ( ) Petitioner ( ) Respondent is hereby ordered to pay to the other party \$ \_\_\_\_\_ in attorney fees, and \$ \_\_\_\_\_ in costs. The Court further finds that the attorney fees awarded are based on the

reasonable rate of \$ \_\_\_\_\_ per hour and \_\_\_\_\_ reasonable hours. Other provisions relating to attorney fees, costs, and suit money are as follows: \_\_\_\_\_

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

**SECTION VIII. OTHER PROVISIONS**

1. **Former Name.** The wife's former name of *{full name}* \_\_\_\_\_  
\_\_\_\_\_ is restored.

2. **Other Provisions.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. The Court reserves jurisdiction to modify and enforce this Final Judgment.

ORDERED on \_\_\_\_\_.

\_\_\_\_\_  
CIRCUIT JUDGE

**COPIES TO:**

Petitioner (or his or her attorney)  
Respondent (or his or her attorney)  
Central Governmental Depository  
Other: \_\_\_\_\_



IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
 IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

Case No.: \_\_\_\_\_  
 Division: \_\_\_\_\_

\_\_\_\_\_,  
 Petitioner,

and

\_\_\_\_\_,  
 Respondent.

**FINAL JUDGMENT OF DISSOLUTION OF MARRIAGE  
 WITH PROPERTY BUT NO DEPENDENT OR MINOR CHILD(REN)**

This cause came before this Court for a trial on a Petition for Dissolution of Marriage. The Court, having reviewed the file and heard the testimony, makes these findings of fact and reaches these conclusions of law:

1. The Court has jurisdiction over the subject matter and the parties.
2. At least one party has been a resident of the State of Florida for more than 6 months immediately before filing the Petition for Dissolution of Marriage.
3. The parties have no minor children in common, and the wife is not pregnant.
4. The marriage between the parties is irretrievably broken. Therefore, the marriage between the parties is dissolved and the parties are restored to the status of being single.

**SECTION I. MARITAL ASSETS AND LIABILITIES**

**A. Date of Valuation of Property.** The assets and liabilities listed below are divided as indicated. The date of valuation of these assets and liabilities is, unless otherwise indicated:

- \_\_\_ a. date of filing petition for dissolution of marriage \_\_\_\_\_.
- \_\_\_ b. date of separation \_\_\_\_\_.
- \_\_\_ c. date of divorce trial \_\_\_\_\_.

**B. Division of Assets.**

1. **The assets listed below are nonmarital assets.** Each party shall keep, as his or her own, the assets found to be nonmarital, and the other party shall have no further rights or responsibilities regarding these assets.

ASSETS: DESCRIPTION OF ITEM(S) (Describe each item as clearly as possible. You do not need to list account numbers.)	Current Fair Market Value	Wife's Nonmarital Property	Husband's Nonmarital Property
	\$	\$	\$

ASSETS: DESCRIPTION OF ITEM(S) (Describe each item as clearly as possible. You do not need to list account numbers.)	Current Fair Market Value	Wife's Nonmarital Property	Husband's Nonmarital Property
<b>Total Nonmarital Assets</b>	\$	\$	\$

2. **The assets listed below are marital assets.** Each party shall keep, as his or her own, the assets awarded in this section, and the other party shall have no further rights or responsibilities regarding these assets. **Any personal item(s) not listed below are awarded to the party currently in possession or control of the item(s).**

ASSETS: DESCRIPTION OF ITEM(S) (Describe each item as clearly as possible. You do not need to list account numbers.)	Current Fair Market Value	Wife Shall Receive	Husband Shall Receive
Cash (on hand or in banks/credit unions)	\$	\$	\$
Stocks/bonds			
Notes			
Business interests			
Real estate: (Home)			
Automobiles			
Boats			
Furniture & furnishings			
Jewelry			
Life insurance (cash surrender value)			
Retirement Plans (Profit sharing, Pension, IRA, 401(k)s, etc.)			
Other assets			

ASSETS: DESCRIPTION OF ITEM(S) (Describe each item as clearly as possible. You do not need to list account numbers.)	Current Fair Market Value	Wife Shall Receive	Husband Shall Receive
<b>Total Marital Assets</b>	\$	\$	\$

**C. Division of Liabilities/Debts.**

- The liabilities listed below are nonmarital liabilities** and, therefore, are owed as indicated. Each party shall owe, as his or her own, the liabilities found to be nonmarital, and the other party shall have no responsibilities regarding these debts.

LIABILITIES: DESCRIPTION OF DEBT(S) (Describe each item as clearly as possible. You do not need to list account numbers.)	Current Amount Owed	Wife's Nonmarital Liability	Husband's Nonmarital Liability
	\$	\$	\$
<b>Total Nonmarital Liabilities</b>	\$	\$	\$

- The liabilities listed below are marital liabilities** and are divided as indicated. Each party shall hold the other party harmless and pay, as his or her own, the marital liabilities awarded below.

LIABILITIES: DESCRIPTION OF DEBT(S) (Describe each item as clearly as possible. You do not need to list account numbers.)	Current Amount Owed	Wife Shall Pay	Husband Shall Pay
Mortgages on real estate: (Home)	\$	\$	\$
(Other)			
Charge/credit card accounts			
Auto loan			
Auto loan			
Bank/Credit Union loans			
Other			

LIABILITIES: DESCRIPTION OF DEBT(S) (Describe each item as clearly as possible. You do not need to list account numbers.)	Current Amount Owed	Wife Shall Pay	Husband Shall Pay
<b>Total Marital Liabilities</b>	\$	\$	\$

D. Contingent assets and liabilities will be divided as follows: \_\_\_\_\_

\_\_\_\_\_

E. The distribution of assets and liabilities in this final judgment is equitable; if each party does not receive approximately one-half, the distribution is based on the following facts and reasoning: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SECTION II. EXCLUSIVE USE AND POSSESSION OF HOME

[ / all that apply]

\_\_\_ 1. ( ) Petitioner ( ) Respondent, as a condition of support, shall have exclusive use and possession of the dwelling located at: \_\_\_\_\_ until {date or event} \_\_\_\_\_

\_\_\_\_\_

\_\_\_ 2. ( ) Petitioner ( ) Respondent may make visits to the premises described in the paragraph above for the purpose of obtaining any items awarded in this Final Judgment. These visits shall occur after notice to the person granted exclusive use and possession of the dwelling and at the earliest convenience of both parties or as ordered in paragraph 4 below.

\_\_\_ 3. Upon the termination of the right of exclusive use and possession, the dwelling shall be sold and the net proceeds divided \_\_\_% to Petitioner and \_\_\_% to Respondent, with the following credits and/or setoffs being allowed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_ 4. Other: \_\_\_\_\_

\_\_\_\_\_

## SECTION III. ALIMONY

1. ( ) The Court denies the request(s) for alimony **OR**  
( ) The Court finds that there is a need for, and that ( ) Petitioner ( ) Respondent (hereinafter Obligor) has/had the present ability to pay, alimony as follows:

[ / all that apply]

\_\_\_ a. **Permanent Periodic.** Obligor shall pay permanent periodic alimony to Obligee in the amount of \$\_\_\_\_\_ per month, payable ( ) in accordance with Obligor's employer's payroll cycle, and in any event, at least once a month ( ) other {explain} \_\_\_\_\_

\_\_\_\_\_

beginning {date} \_\_\_\_\_. This alimony shall continue until modified by court order, the death of either party, or remarriage of Obligee, whichever occurs first.

\_\_\_\_\_ b. **Lump Sum.** Obligor shall pay lump sum alimony to Obligee in the amount of \$ \_\_\_\_\_. This amount shall be paid as follows: \_\_\_\_\_

\_\_\_\_\_ c. **Rehabilitative.** Obligor shall pay rehabilitative alimony to Obligee in the amount of \$\_\_\_\_\_ per month, payable ( ) in accordance with Obligor's employer's payroll cycle, and in any event, at least once a month ( ) other {explain} \_\_\_\_\_. beginning {date} \_\_\_\_\_. This rehabilitative alimony shall continue until modified by court order, the death of either party or until {date/event} \_\_\_\_\_, whichever occurs first. The rehabilitative plan presented demonstrated the following: \_\_\_\_\_

\_\_\_\_\_ d. **Retroactive.** Obligor shall pay retroactive alimony in the amount of \$\_\_\_\_\_ for the period of {date} \_\_\_\_\_, through {date} \_\_\_\_\_, which shall be paid pursuant to paragraph 3 below.

2. **Reasons for ( ) Awarding ( ) Denying Alimony.** The Court has considered all of the following in awarding/denying alimony:

- a. The standard of living established during the marriage;
- b. The duration of the marriage;
- c. The age and the physical and emotional condition of each party;
- d. The financial resources of each party, the nonmarital and the marital assets and liabilities distributed to each;
- e. The contribution of each party to the marriage, including, but not limited to, services rendered in homemaking, child care, education, and career building of the other party; and
- f. All sources of income available to either party.

Additionally, the Court has considered the following factors in reaching its decision: \_\_\_\_\_

9 Check here if additional pages are attached.

3. **Arrearage/Retroactive Alimony.**

[ / one only]

\_\_\_\_\_ a. There is no alimony arrearage at the time of this Final Judgment.  
\_\_\_\_\_ b. The ( ) Petitioner ( ) Respondent shall pay to the other party the alimony arrearage of: \$\_\_\_\_\_ for retroactive alimony, as of {date} \_\_\_\_\_. \$\_\_\_\_\_ for previously ordered unpaid alimony, as of {date} \_\_\_\_\_. The total of \$\_\_\_\_\_ in alimony arrearage shall be repaid in the amount of \$\_\_\_\_\_ per month, payable ( ) in accordance with Obligor's employer's payroll cycle, and in any event at least once a month ( ) other {explain} \_\_\_\_\_. beginning {date} \_\_\_\_\_, until paid in full including statutory interest.

4. **Insurance.**

[ / all that apply]

\_\_\_\_\_ a. **Health Insurance.** ( ) Petitioner ( ) Respondent shall be required to pay health insurance

premiums for the other party not to exceed \$\_\_\_\_\_ per month. Further, ( ) Petitioner ( ) Respondent shall pay any reasonable and necessary uninsured medical costs for the other party not to exceed \$\_\_\_\_\_ per year. As to these uninsured medical expenses, the party who is entitled to reimbursement of the uninsured medical expense shall submit request for reimbursement to the other party within 30 days, and the other party shall, within 30 days after receipt, submit the applicable reimbursement for that expense.

\_\_\_ b. **Life Insurance (to secure payment of support).** To secure the alimony obligations set forth in this judgment, Obligor shall maintain life insurance coverage on his/her life naming Obligee as the sole irrevocable beneficiary, so long as reasonably available. This insurance shall be in the amount of at least \$\_\_\_\_\_ and shall remain in effect until the obligation for alimony terminates.

5. **Other provisions relating to alimony:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**SECTION IV. METHOD OF PAYMENT**

Obligor shall pay court-ordered alimony and arrears, if any, as follows:

1. **Central Governmental Depository.**  
[ / if applies]

- \_\_\_ a. Obligor shall pay court-ordered support directly to the Central Governmental Depository in {name} \_\_\_\_\_ County, along with any depository service charge.
- \_\_\_ b. Both parties have requested and the court finds that support payments need not be directed through the Central Governmental Depository. However, either party may subsequently apply to the depository pursuant to section 61.13(1)(d)3, Florida Statutes, to require payments through the Central Governmental Depository.

2. **Income Deduction.**  
[ / if applies]

- \_\_\_ a. **Immediate.** Obligor shall pay through income deduction, pursuant to a separate Income Deduction Order which shall be effective immediately. Obligor is individually responsible for paying this support obligation until all of said support is deducted from Obligor's income. Until support payments are deducted from Obligor's paycheck, Obligor is responsible for making timely payments directly to the Central Governmental Depository or the Obligee, as previously set forth in this order.
- \_\_\_ b. **Deferred.** Income Deduction is ordered this day, but it shall not be effective until a delinquency of \$\_\_\_\_\_, or, if not specified, an amount equal to one month's obligation occurs. Income deduction is not being implemented immediately based on the following findings: There are no minor or dependent child(ren) common to the parties,

**AND**

there is proof of timely payment of a previously ordered obligation without an income deduction order in cases of modification,

**AND**

( ) there is an agreement by the Obligor to advise the central governmental depository of any change in payor and health insurance **OR** ( ) there is a signed written agreement providing an alternative arrangement between the Obligor and the Obligee.

3. **Bonus/one-time payments.** ( ) All ( ) \_\_\_\_\_% ( ) No income paid in the form of a bonus or other similar one-time payment, up to the amount of any arrearage or the remaining balance thereof owed pursuant to this order, shall be forwarded to Obligee pursuant to the payment method

prescribed above.

- 4. **Other provisions relating to method of payment.** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION V. ATTORNEY FEES, COSTS, AND SUIT MONEY**

\_\_\_\_ 1. ( ) Petitioner's ( ) Respondent's request(s) for attorney fees, costs, and suit money is (are) denied because \_\_\_\_\_  
 \_\_\_\_\_.

\_\_\_\_ 2. The Court finds there is a need for and an ability to pay attorney fees, costs, and suit money. ( ) Petitioner ( ) Respondent is hereby ordered to pay to the other party \$\_\_\_\_\_ in attorney fees, and \$\_\_\_\_\_ in costs. The Court further finds that the attorney fees awarded are based on the reasonable rate of \$\_\_\_\_\_ per hour and \_\_\_\_\_ reasonable hours. Other provisions relating to attorney fees, costs, and suit money are as follows: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION VI. OTHER PROVISIONS**

1. **Former Name.** The wife's former name of *{full name}* \_\_\_\_\_  
 \_\_\_\_\_ is restored.

2. **Other Provisions.** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. The Court reserves jurisdiction to modify and enforce this Final Judgment.

ORDERED on \_\_\_\_\_.

\_\_\_\_\_  
 CIRCUIT JUDGE

COPIES TO:  
 Petitioner (or his or her attorney)  
 Respondent (or his or her attorney)  
 Central Governmental Depository  
 Other: \_\_\_\_\_

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

Case No.: \_\_\_\_\_  
Division: \_\_\_\_\_

\_\_\_\_\_,  
Petitioner,

and

\_\_\_\_\_,  
Respondent.

**SUPPLEMENTAL FINAL JUDGMENT MODIFYING PARENTAL  
RESPONSIBILITY/VISITATION**

This cause came before this Court on a Supplemental Petition for Modification of Parental Responsibility and Visitation. The Court, having reviewed the file, heard the testimony, and being otherwise fully advised, makes these findings of fact and reaches these conclusions of law:

**SECTION I. FINDINGS**

1. The Court has jurisdiction over the subject matter and the parties.
2. The last order establishing or modifying parental responsibility or visitation was entered on *{date}* \_\_\_\_\_.
3. There has been a substantial change in circumstances of the parties since the entry of the last order, specifically: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. It is in the best interests of the minor child(ren) that the current parental responsibility/visitation order be changed because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION II. CUSTODY OF AND VISITATION WITH DEPENDENT OR MINOR CHILD(REN)**

1. **Jurisdiction.** The Court has jurisdiction to determine custody of and visitation with the parties' minor child(ren) listed in paragraph 2 below.



2. **The parties' dependent or minor child(ren) is (are):**

Name	Birth date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3. **Parental Responsibility for the Minor Child(ren).**

[ / one only]

\_\_\_\_\_ a. The parties shall have **shared parental responsibility** for the parties' minor child(ren).  
( ) Mother ( ) Father shall have **primary residential responsibility** of the minor child(ren) and the other parent shall have secondary residential responsibility, as set forth in paragraph 4 below. **OR** The primary residential parent shall be ( ) undesignated ( ) rotating with time sharing for the ( ) Mother ( ) Father as set forth in paragraph 4 below.

\_\_\_\_\_ b. ( ) Mother ( ) Father shall have **sole parental responsibility** for the parties' minor child(ren). Shared parental responsibility would be detrimental to the child(ren) at this time because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

The other parent shall have visitation with the parties' minor child(ren) as set forth in paragraph 4 below.

4. **Secondary Residential Responsibility, Visitation, or Time Sharing with Minor Child(ren).** The parent granted secondary residential responsibility, visitation, or time sharing shall have:

[ / one only]

\_\_\_\_\_ a. **reasonable visitation or time sharing** with the parties' minor child(ren) after reasonable notice and as agreed to by the parties, subject to any limitations in paragraph 5 below. The Court reserves jurisdiction to set a specific schedule.

\_\_\_\_\_ b. the following **specified visitation or time sharing** with the parties' minor child(ren), subject to any limitations set out in paragraph 5 below: *{specify days and times}* \_\_\_\_\_

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

\_\_\_\_\_ c. **no contact** with the parties' minor child(ren) until further order of the Court, due to the existing conditions that are detrimental to the welfare of the minor child(ren). *{explain}* \_\_\_\_\_

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

5. **Limitations on Parental Responsibility, Visitation or Time Sharing.** Neither parent shall take the child(ren) from the custody of the other parent or any child care provider or other person entrusted by the other parent with the care of the child(ren) without the agreement of the other parent during the other parent's time of parental responsibility or visitation. The above reasonable (paragraph 4.a. above) or specified (paragraph 4.b. above) visitation shall be:

[ / if applies]

\_\_\_ a. **supervised by a responsible adult** who is mutually agreeable to the parties. If the parties cannot agree, the supervising adult shall be: *{name}* \_\_\_\_\_.

\_\_\_ b. at the **supervised visitation center** located at: *{address}* \_\_\_\_\_.

\_\_\_\_\_,  
subject to the available times and rules of the supervised visitation center. The cost of such visits shall be paid by ( ) Mother ( ) Father ( ) Both.

6. **Communication Arrangements for Secondary Parenting, Visitation, or Time Sharing with Child(ren).**

[ / if applies]

\_\_\_ The parties' communications to arrange visitation or time sharing and discuss issues relating to the child(ren) (if shared parenting or visitation is provided in paragraph 3 above) are restricted as follows: ( ) telephone, ( ) fax, e-mail, or letter, ( ) A responsible person shall coordinate the visitation or time sharing arrangements of the minor child(ren). If the parties cannot agree, the responsible person shall be: *{name}* \_\_\_\_\_

( ) other conditions for arrangements or discussions: *{explain}* \_\_\_\_\_

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

7. **Exchange of Minor Child(ren).** The exchange of the minor child(ren) shall be on time as scheduled and as agreed to by the parties. The following conditions, if checked below, shall also apply.

[ / all that apply]

\_\_\_ a. The parties shall exchange the child(ren) at the following location(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

\_\_\_ b. The parent granted secondary parenting, visitation, or time sharing shall not get out of the vehicle, and the other parent shall not approach the vehicle, during the time the child(ren) are exchanged.

\_\_\_ c. A responsible person shall conduct all exchanges of the child(ren). Neither parent shall accompany the responsible person when that person is transferring the child(ren) from one parent to the other. If the parties' cannot agree, the responsible person shall be: *{name}* \_\_\_\_\_

\_\_\_ d. Other conditions for exchange of the child(ren) are as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ 8. **Injunction Prohibiting Removing the Child(ren).** The Court hereby prohibits and enjoins the ( ) Mother ( ) Father ( ) Both from permanently removing the minor child(ren) from the ( ) State of Florida ( ) other *{specify}* \_\_\_\_\_

\_\_\_\_\_  
without a court order or the written consent of the other party.

\_\_\_ 9. **Other Provisions Relating to the Minor Child(ren).**

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

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**SECTION III. CHILD SUPPORT**

**1. Modification of Child Support.**

[ / one only]

- \_\_\_ a. The modification of parental responsibility or visitation entered above does not necessitate a modification of child support. The previous order or final judgment establishing or modifying child support shall remain in effect.
- \_\_\_ b. The Court finds that there is a need for modification of child support and that the ( ) Mother ( ) Father (hereinafter Obligor) has the present ability to pay child support. The amounts in the Child Support Guidelines Worksheet, **O** Florida Family Law Rules of Procedure Form 12.902(e), filed by the ( ) Mother ( ) Father are correct **OR** the Court makes the following findings: The Mother's net monthly income is \$\_\_\_\_\_, (Child Support Guidelines \_\_\_%). The Father's net monthly income is \$\_\_\_\_\_, (Child Support Guidelines \_\_\_%). Monthly child care costs are \$\_\_\_\_\_. Monthly health/dental insurance costs are \$\_\_\_\_\_.

2. **Amount.** Obligor shall be obligated to pay child support in the amount of \$\_\_\_\_\_, per month payable ( ) in accordance with Obligor's employer's payroll cycle, and in any event at least once a month ( ) other *{explain}*: \_\_\_\_\_, beginning *{date}* \_\_\_\_\_, and continuing until

( ) the youngest of the minor child(ren) reaches the age of 18, become(s) emancipated, marries, dies, or otherwise becomes self-supporting **OR** one of the minor children reaches the age of 18, become(s) emancipated, marries, dies, or otherwise becomes self-supporting and either party files a supplemental petition to modify child support and the court enters such an order.

**OR**

( ) *{date/event}* \_\_\_\_\_,  
*{explain}* \_\_\_\_\_.

If the child support ordered deviates from the guidelines by more than 5%, the factual findings which support that deviation are: \_\_\_\_\_

**3. Arrearage/Retroactive Child Support.**

[ / one only]

- \_\_\_ a. There is no child support arrearage at the time of this Supplemental Final Judgment.
- \_\_\_ b. The ( ) Mother ( ) Father shall pay to the other party the child support arrearage of: \$\_\_\_\_\_ for retroactive child support, as of *{date}* \_\_\_\_\_. \$\_\_\_\_\_ for previously ordered unpaid child support, as of *{date}* \_\_\_\_\_. The total of \$\_\_\_\_\_ in child support arrearage shall be repaid in the amount of \$\_\_\_\_\_, per month payable ( ) in accordance with Obligor's employer's payroll cycle, and in any event at least once a month ( )

other {explain} \_\_\_\_\_  
beginning {date} \_\_\_\_\_, until paid in full including statutory interest.

4. **Insurance.**

[ / all that apply]

\_\_\_\_\_ a. **Health/Dental Insurance.** ( ) Mother ( ) Father shall be required to maintain ( ) health ( ) dental insurance coverage for the parties' minor child(ren), so long as reasonably available. The party providing coverage shall be required to convey insurance cards demonstrating said coverage to the other party. **OR** ( ) Health ( ) dental insurance is not reasonably available at this time.

\_\_\_\_\_ b. Reasonable and necessary **uninsured medical/dental/prescription drug costs** for the minor child(ren) shall be assessed as follows:

( ) Shared equally by both parents.

( ) Prorated according to the child support guideline percentages.

( ) Other {explain}: \_\_\_\_\_

As to these uninsured medical/dental/prescription drug expenses, the party who incurs the expense shall submit a request for reimbursement to the other party within 30 days, and the other party, within 30 days of receipt, shall submit the applicable reimbursement for that expense, according to the schedule of reimbursement set out in this paragraph.

5. **Life Insurance (to secure payment of support).** To secure the child support obligations in this judgment, ( ) Petitioner ( ) Respondent ( ) Each party shall maintain life insurance coverage, in an amount of at least \$\_\_\_\_\_, on ( ) his life ( ) her life ( ) his/her life naming the ( ) minor child(ren) as the beneficiary(ies) ( ) primary residential parent as the beneficiary as Trustee for the minor child(ren), so long as reasonably available. The obligation to maintain the life insurance coverage shall continue until the first of the parties' minor children reaches the age of 18 or until one of the parties' children becomes emancipated, marries, dies, otherwise becomes self-supporting, at which time the amount of life insurance shall be recomputed.

6. **IRS Income Tax Exemption(s).** The party granted primary residential responsibility or sole parental responsibility of the minor child(ren) shall have the benefit of any tax exemption(s) for the child(ren), **OR**, if checked here, ( ) assignment of any tax exemption(s) for the child(ren) shall be as follows: \_\_\_\_\_

Further, each party shall execute any and all IRS forms necessary to effectuate the provisions of this paragraph.

7. **Other provisions relating to child support:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION IV. METHOD OF PAYMENT**

Obligor shall pay court-ordered child support and arrears, if any, as follows:

1. **Central Governmental Depository.**

[ / if applies]

\_\_\_\_\_ a. Obligor shall pay court-ordered support directly to the Central Governmental Depository in {name of county} \_\_\_\_\_ County, along with any depository service charge.

\_\_\_\_\_ b. Both parties have requested and the court finds that it is in the best interests of the child(ren) that

support payments need not be directed through the Central Governmental Depository. However, either party may subsequently apply to the depository pursuant to section 61.13(1)(d)3, Florida Statutes, to require payments through the Central Governmental Depository.

2. **Income Deduction.**

[ / if applies]

\_\_\_\_ a. **Immediate.** Obligor shall pay through income deduction, pursuant to a separate Income Deduction Order which shall be effective immediately. Obligor is individually responsible for paying this support obligation until all of said support is deducted from Obligor's income. Until support payments are deducted from Obligor's paycheck, Obligor is responsible for making timely payments directly to the Central Governmental Depository or the Oblige, as previously set forth in this order.

\_\_\_\_ b. **Deferred.** Income deduction is ordered this day, but it shall not be effective until a delinquency of \$\_\_\_\_, or, if not specified, an amount equal to one month's obligation occurs. Income deduction is not being implemented immediately based on the following findings: Income deduction is **not** in the best interests of the child(ren) because: *{explain}* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AND**

there is proof of timely payment of a previously ordered obligation without an income deduction order,

**AND**

( ) there is an agreement by the Obligor to advise the central governmental depository of any change in payor and health insurance **OR** ( ) there is a signed written agreement providing an alternative arrangement between the Obligor and the Oblige.

3. **Bonus/one-time payments.** ( ) All ( ) \_\_\_\_\_% ( ) No income paid in the form of a bonus or other similar one-time payment, up to the amount of any arrearage or the remaining balance thereof owed pursuant to this order, shall be forwarded to Oblige pursuant to the payment method prescribed above.

4. **Other provisions relating to method of payment.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION V. ATTORNEY FEES, COSTS, AND SUIT MONEY**

\_\_\_\_ 1. ( ) Petitioner's ( ) Respondent's request(s) for attorney fees, costs, and suit money is (are) denied because \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ 2. The Court finds there is a need for and an ability to pay attorney fees, costs, and suit money. ( ) Petitioner ( ) Respondent is hereby ordered to pay to the other party \$\_\_\_\_\_ in attorney fees, and \$\_\_\_\_\_ in costs. The Court further finds that the attorney fees awarded are based on the reasonable rate of \$\_\_\_\_\_ per hour and \_\_\_\_\_ reasonable hours. Other provisions relating to attorney fees, costs, and suit money are as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION VI. OTHER**

1. **Other Provisions.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. The Court reserves jurisdiction to modify and enforce this Supplemental Final Judgment.

3. Unless specifically modified by this supplemental final judgment, the provisions of all final judgments or orders in effect remain the same.

ORDERED on \_\_\_\_\_.

\_\_\_\_\_  
CIRCUIT JUDGE

**COPIES TO:**

Petitioner (or his or her attorney)  
Respondent (or his or her attorney)  
Central Governmental Depository  
Other: \_\_\_\_\_

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

Case No.: \_\_\_\_\_

Division: \_\_\_\_\_

\_\_\_\_\_,  
Petitioner,

and

\_\_\_\_\_,  
Respondent.

**SUPPLEMENTAL FINAL JUDGMENT MODIFYING CHILD SUPPORT**

This cause came before this Court on a Supplemental Petition for Modification of Child Support. The Court, having heard the testimony and reviewed the file and financial affidavits of the parties and being otherwise fully advised, makes these findings of fact and reaches these conclusions of law:

**SECTION I. FINDINGS**

1. The Court has jurisdiction over the subject matter and the parties.

2. **The parties' dependent or minor child(ren) is (are):**

**Name**

**Birth date**

Name	Birth date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3. The last order awarding or modifying child support was entered on {date} \_\_\_\_\_.

4. There has been a substantial change in circumstances of the parties since the entry of the last order, specifically: \_\_\_\_\_

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

5. It is in the best interests of the minor child(ren) that the current child support order be changed because: \_\_\_\_\_

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

**SECTION II. CHILD SUPPORT**

1. The Court finds that there is a need for modification of child support and that the ( ) Mother ( ) Father (hereinafter Obligor) has the present ability to pay child support. The amounts in the Child Support Guidelines Worksheet, **O** Florida Family Law Rules of Procedure Form 12.902(e), filed by the ( ) Mother ( ) Father are correct **OR** the Court makes the following findings: The Mother's net monthly income is \$\_\_\_\_\_, (Child Support Guidelines \_\_\_\_\_%). The Father's net monthly income is \$\_\_\_\_\_, (Child Support Guidelines \_\_\_\_\_%). Monthly child care costs are \$\_\_\_\_\_. Monthly health/dental insurance costs are \$\_\_\_\_\_.

2. **Amount.** Obligor shall be obligated to pay child support in the amount of \$ \_\_\_\_\_, per month payable ( ) in accordance with Obligor's employer's payroll cycle, and in any event at least once a month ( ) other {explain}: \_\_\_\_\_, beginning {date} \_\_\_\_\_, and continuing until

( ) the youngest of the minor child(ren) reaches the age of 18, become(s) emancipated, marries, dies, or otherwise becomes self-supporting **OR** one of the minor children reaches the age of 18, become(s) emancipated, marries, dies, or otherwise becomes self-supporting and either party files a supplemental petition to modify child support and the court enters such an order.

**OR**

( ) {date/event} \_\_\_\_\_, {explain} \_\_\_\_\_.

If the child support ordered deviates from the guidelines by more than 5%, the factual findings which support that deviation are: \_\_\_\_\_

3. **Arrearage/Retroactive Child Support.**

[ / one only]

\_\_\_ a. There is no child support arrearage at the time of this Supplemental Final Judgment.  
\_\_\_ b. The ( ) Mother ( ) Father shall pay to the other party the child support arrearage of: \$\_\_\_\_\_ for retroactive child support, as of {date} \_\_\_\_\_. \$\_\_\_\_\_ for previously ordered unpaid child support, as of {date} \_\_\_\_\_. The total of \$\_\_\_\_\_ in child support arrearage shall be repaid in the amount of \$\_\_\_\_\_, per month payable ( ) in accordance with his or her employer's payroll cycle, and in any event at least once a month ( ) other {explain}\_\_\_\_\_, beginning {date} \_\_\_\_\_, until paid in full including statutory interest.

4. **Insurance.**

[ / all that apply]

\_\_\_ a. **Health/Dental Insurance.** ( ) Mother ( ) Father shall be required to maintain ( ) health ( ) dental insurance coverage for the parties' minor child(ren), so long as reasonably available. The party providing coverage shall be required to convey insurance cards demonstrating said coverage to the other party. **OR** ( ) Health ( ) Dental insurance is not reasonably available at this time.  
\_\_\_ b. Reasonable and necessary **uninsured medical/dental/prescription costs** for the minor child(ren) shall be assessed as follows:



- ( ) Shared equally by both parents.
- ( ) Prorated according to the child support guideline percentages.
- ( ) Other *{explain}*: \_\_\_\_\_

As to these uninsured medical/dental/prescription expenses, the party who incurs the expense shall submit a request for reimbursement to the other party within 30 days, and the other party, within 30 days of receipt, shall submit the applicable reimbursement for that expense, according to the schedule of reimbursement set out in this paragraph.

5. **Life Insurance (to secure payment of support).** To secure the child support obligations in this judgment, ( ) Mother ( ) Father ( ) Each party shall maintain life insurance coverage, in an amount of at least \$\_\_\_\_\_, on ( ) his life ( ) her life ( ) his/her life naming the ( ) minor child(ren) as the beneficiary(ies) ( ) primary residential parent as the beneficiary as Trustee for the minor child(ren), so long as reasonably available. The obligation to maintain the life insurance coverage shall continue until the first of the parties' minor children reaches the age of 18 or until one of the parties' children becomes emancipated, marries, dies, otherwise becomes self-supporting, at which time the amount of life insurance coverage shall be recomputed.

6. **IRS Income Tax Exemption(s).** The party granted primary residential responsibility or sole parental responsibility of the minor child(ren) shall have the benefit of any tax exemption(s) for the child(ren), **OR**, if checked here, ( ) assignment of any tax exemption(s) for the child(ren) shall be as follows: \_\_\_\_\_

Further, each party shall execute any and all IRS forms necessary to effectuate the provisions of this paragraph.

7. **Other provisions relating to child support:** \_\_\_\_\_

**SECTION III. METHOD OF PAYMENT**

1. **Central Governmental Depository.**  
[ / if applies]

- \_\_\_ a. Obligor shall pay court-ordered support directly to the Central Governmental Depository in *{name of county}* \_\_\_\_\_ County, along with any depository service charge.
- \_\_\_ b. Both parties have requested and the court finds that it is in the best interests of the child(ren) that support payments need not be directed through the Central Governmental Depository. However, either party may subsequently apply to the depository pursuant to section 61.13(1)(d)3, Florida Statutes, to require payments through the Central Governmental Depository.

2. **Income Deduction.**  
[ / if applies]

- \_\_\_ a. **Immediate.** Obligor shall pay through income deduction, pursuant to a separate Income Deduction Order which shall be effective immediately. Obligor is individually responsible for paying this support obligation until all of said support is deducted from Obligor's income. Until support payments are deducted from Obligor's paycheck, Obligor is responsible for making timely payments directly to the Central Governmental Depository or the Obligee, as previously set forth in this order.
- \_\_\_ b. **Deferred.** Income deduction is ordered this day, but it shall not be effective until a delinquency of \$\_\_\_\_\_, or, if not specified, an amount equal to one month's obligation occurs. Income deduction is not being implemented immediately based on the following findings: Income deduction

is **not** in the best interests of the child(ren) because: *{explain}* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AND**

there is proof of timely payment of a previously ordered obligation without an income deduction order,

**AND**

( ) there is an agreement by the Obligor to advise the central governmental depository of any change in payor and health insurance **OR** ( ) there is a signed written agreement providing an alternative arrangement between the Obligor and the Oblige.

3. **Bonus/one-time payments.** ( ) All ( ) \_\_\_\_\_% ( ) No income paid in the form of a bonus or other similar one-time payment, up to the amount of any arrearage or the remaining balance thereof owed pursuant to this order, shall be forwarded to Oblige pursuant to the payment method prescribed above.

4. **Other provisions relating to method of payment.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION IV. ATTORNEY FEES, COSTS, AND SUIT MONEY**

\_\_\_ 1. ( ) Petitioner's ( ) Respondent's request(s) for attorney fees, costs, and suit money is (are) denied because \_\_\_\_\_  
\_\_\_\_\_

\_\_\_ 2. The Court finds there is a need for and an ability to pay attorney fees, costs, and suit money. ( ) Petitioner ( ) Respondent is hereby ordered to pay to the other party \$\_\_\_\_\_ in attorney fees, and \$\_\_\_\_\_ in costs. The Court further finds that the attorney fees awarded are based on the reasonable rate of \$\_\_\_\_\_ per hour and \_\_\_\_\_ reasonable hours. Other provisions relating to attorney fees, costs, and suit money are as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION V. OTHER**

1. **Other Provisions.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. The Court reserves jurisdiction to modify and enforce this Supplemental Final Judgment.

3. Unless specifically modified by this supplemental final judgment, the provisions of all final judgments or orders in effect remain the same.

ORDERED on \_\_\_\_\_.

\_\_\_\_\_  
CIRCUIT JUDGE

COPIES TO:

Petitioner (or his or her attorney)  
Respondent (or his or her attorney)  
Central Governmental Depository  
Other: \_\_\_\_\_

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

Case No.: \_\_\_\_\_

Division: \_\_\_\_\_

\_\_\_\_\_  
Petitioner,

and

\_\_\_\_\_  
Respondent.

### SUPPLEMENTAL FINAL JUDGMENT MODIFYING ALIMONY

This cause came before this Court on a Supplemental Petition for Modification of Alimony. The Court, having heard the testimony and reviewed the file and financial affidavits of the parties and being otherwise fully advised, makes these findings of fact and reaches these conclusions of law:

#### SECTION I. FINDINGS

1. The Court has jurisdiction over the subject matter and the parties.
2. The last order awarding or modifying alimony was entered on *{date}* \_\_\_\_\_.
3. There has been a substantial change in circumstances of the parties since the entry of the last order, specifically: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### SECTION II. ALIMONY

1. ( ) The Court denies the request(s) for modification of alimony **OR**  
( ) The Court finds that there is a need to modify alimony and that ( ) Petitioner ( ) Respondent (hereinafter Obligor) has/had the present ability to pay alimony as follows:

[ / all that apply]

- \_\_\_ a. **Permanent Periodic.** Obligor shall pay permanent periodic alimony to Obligee in the amount of \$ \_\_\_\_\_ per month, payable ( ) in accordance with Obligor's employer's payroll cycle, and in any event, at least once a month ( ) other *{explain}* \_\_\_\_\_

beginning *{date}* \_\_\_\_\_. This alimony shall continue until modified by court order, the death of either party, or remarriage of Obligee, whichever occurs first.

- \_\_\_ b. **Lump Sum.** Obligor shall pay lump sum alimony to Obligee in the amount of \$ \_\_\_\_\_. This amount shall be paid as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- \_\_\_ c. **Rehabilitative.** Obligor shall pay rehabilitative alimony to Obligee in the amount of \$ \_\_\_\_\_ per month, payable ( ) in accordance with Obligor's employer's payroll cycle, and in any event,

at least once a month ( ) other {explain} \_\_\_\_\_  
beginning {date} \_\_\_\_\_. This rehabilitative alimony shall continue until modified  
by court order, the death of either party or until {date/event} \_\_\_\_\_,  
whichever occurs first. The rehabilitative plan presented demonstrated the following: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ d. **Retroactive.** Obligor shall pay retroactive alimony in the amount of \$ \_\_\_\_\_  
for the period of {date} \_\_\_\_\_, through {date} \_\_\_\_\_, which shall be paid  
pursuant to paragraph 3 below.

2. **Reasons for ( ) Awarding ( ) Denying Modification of Alimony.** The Court has considered all  
of the following in awarding/denying the modification of alimony request:

- a. The standard of living established during the marriage;
- b. The duration of the marriage;
- c. The age and the physical and emotional condition of each party;
- d. The financial resources of each party, the nonmarital and the marital assets and liabilities  
distributed to each;
- e. The contribution of each party to the marriage, including, but not limited to, services rendered in  
homemaking, child care, education, and career building of the other party; and
- f. All sources of income available to either party.

Additionally, the Court has considered the following factors in reaching its decision: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9 Check here if additional pages are attached.

3. **Arrearage/Retroactive Alimony.**

[ / one only]

\_\_\_\_\_ a. There is no alimony arrearage at the time of this Supplemental Final Judgment.  
\_\_\_\_\_ b. The ( ) Petitioner ( ) Respondent shall pay to the other party the alimony arrearage of:  
\$ \_\_\_\_\_ for retroactive alimony, as of {date} \_\_\_\_\_.  
\$ \_\_\_\_\_ for previously ordered unpaid alimony, as of {date} \_\_\_\_\_.  
The total of \$ \_\_\_\_\_ in alimony arrearage shall be repaid in the amount of  
\$ \_\_\_\_\_ per month, payable ( ) in accordance with Obligor's employer's payroll cycle, and  
in any event at least once a month ( ) other {explain} \_\_\_\_\_  
\_\_\_\_\_ beginning {date} \_\_\_\_\_, until paid in full including statutory interest.

4. **Insurance.**

[ / all that apply]

\_\_\_\_\_ a. **Health Insurance.** ( ) Petitioner ( ) Respondent shall be required to pay health insurance  
premiums for the other party not to exceed \$ \_\_\_\_\_ per month. Further, ( ) Petitioner ( )  
Respondent shall pay any reasonable and necessary uninsured medical costs for the other party not  
to exceed \$ \_\_\_\_\_ per year. As to these uninsured medical expenses, the party who is  
entitled to reimbursement of the uninsured medical expense shall submit request for reimbursement  
to the other party within 30 days, and the other party shall, within 30 days after receipt, submit the  
applicable reimbursement for that expense.

\_\_\_\_\_ b. **Life Insurance (to secure payment of support).** To secure the alimony obligations set forth  
in this judgment, Obligor shall maintain life insurance coverage on his/her life naming Oblige as the

sole irrevocable beneficiary, so long as reasonably available. This insurance shall be in the amount of at least \$ \_\_\_\_\_ and shall remain in effect until the obligation for alimony terminates.

5. **Other provisions relating to modification of alimony:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

### SECTION III. METHOD OF PAYMENT

1. **Central Governmental Depository.**

[ / if applies]

- \_\_\_ a. Obligor shall pay court-ordered support directly to the Central Governmental Depository in {*name of county*} \_\_\_\_\_ County, along with any depository service charge.
- \_\_\_ b. Both parties have requested that support payments not be directed through the Central Governmental Depository. However, either party may subsequently apply to the depository pursuant to section 61.08, Florida Statutes, to require payments through the Central Governmental Depository.

2. **Income Deduction.**

[ / if applies]

- \_\_\_ a. **Immediate.** Obligor shall pay through income deduction, pursuant to a separate Income Deduction Order which shall be effective immediately. Obligor is individually responsible for paying this support obligation until all of said support is deducted from Obligor's income. Until support payments are deducted from Obligor's paycheck, Obligor is responsible for making timely payments directly to the Central Governmental Depository or the Obligee, as previously set forth in this order.
- \_\_\_ b. **Deferred.** Income Deduction is ordered this day, but it shall not be effective until a delinquency of \$ \_\_\_\_\_, or, if not specified, an amount equal to one month's obligation occurs. Income deduction is not being implemented immediately based on the following findings: There is (are) no minor or dependent child(ren) common to the parties,

**AND**

there is proof of timely payment of a previously ordered obligation without an income deduction order,

**AND**

( ) there is an agreement by the Obligor to advise the central governmental depository of any change in payor and health insurance **OR** ( ) there is a signed written agreement providing an alternative arrangement between the Obligor and the Obligee.

3. **Bonus/one-time payments.** ( ) All ( ) \_\_\_\_\_% ( ) No income paid in the form of a bonus or other similar one-time payment, up to the amount of any arrearage or the remaining balance thereof owed pursuant to this order, shall be forwarded to Obligee pursuant to the payment method prescribed above.

4. **Other provisions relating to method of payment.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

### SECTION IV. ATTORNEY FEES, COSTS, AND SUIT MONEY

- \_\_\_ 1. ( ) Petitioner's ( ) Respondent's request(s) for attorney fees, costs, and suit money is (are) denied because \_\_\_\_\_  
\_\_\_\_\_.

\_\_\_\_ 2. The Court finds there is a need for and an ability to pay attorney fees, costs, and suit money. ( )  
Petitioner ( ) Respondent is hereby ordered to pay to the other party \$\_\_\_\_\_ in attorney fees,  
and \$\_\_\_\_\_ in costs. The Court further finds that the attorney fees awarded are based on the  
reasonable rate of \$\_\_\_\_\_ per hour and \_\_\_\_\_ reasonable hours. Other provisions  
relating to attorney fees, costs, and suit money are as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION V. OTHER**

1. **Other Provisions:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. The Court reserves jurisdiction to modify and enforce this Supplemental Final Judgment.
3. Unless specifically modified by this supplemental final judgment, the provisions of all final judgments or orders in effect remain the same.

ORDERED on \_\_\_\_\_.

\_\_\_\_\_  
CIRCUIT JUDGE

**COPIES TO:**

Petitioner (or his or her attorney)  
Respondent (or his or her attorney)  
Central Governmental Depository  
Other: \_\_\_\_\_

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

Case No.: \_\_\_\_\_  
Division: \_\_\_\_\_

\_\_\_\_\_  
Petitioner,

and

\_\_\_\_\_  
Respondent.

**FINAL JUDGMENT FOR SUPPORT UNCONNECTED  
WITH DISSOLUTION OF MARRIAGE WITH DEPENDENT OR MINOR CHILD(REN)**

This cause came before this Court on a Petition for Support Unconnected with Dissolution of Marriage under section 61.09, Florida Statutes. The Court, having reviewed the file and heard the testimony, makes these findings of fact and reaches these conclusions of law:

1. The Court has jurisdiction over the subject matter and the parties.
2. Petitioner has custody of the following minor child(ren) common to the parties or the child(ren) has (have) primary residence with Petitioner.

Name	Birth date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**SECTION I. ALIMONY**

1. ( ) The Court denies the request(s) for alimony. **OR**  
( ) The Court finds that there is a need for alimony and that Respondent has/had the ability to support Petitioner and has failed to do so. Respondent (hereinafter Obligor) has the present ability to pay alimony as follows:

[ / all that apply]

\_\_\_ a. **Permanent Periodic.** Obligor shall pay permanent periodic alimony to Obligee in the amount of \$\_\_\_\_\_ per month, payable ( ) in accordance with Obligor’s employer’s payroll cycle, and in any event, at least once a month ( ) other {explain} \_\_\_\_\_

\_\_\_\_\_ beginning {date} \_\_\_\_\_. This alimony shall continue until modified by court order, the death of either party, or remarriage of Obligee, whichever occurs first.

\_\_\_ b. **Lump Sum.** Obligor shall pay lump sum alimony to Obligee in the amount of \$\_\_\_\_\_. This amount shall be paid as follows: \_\_\_\_\_

\_\_\_ c. **Rehabilitative.** Obligor shall pay rehabilitative alimony to Obligee in the amount of \_\_\_\_\_



\$\_\_\_\_\_ per month, payable ( ) in accordance with Obligor's employer's payroll cycle, and in any event, at least once a month ( ) other {explain} \_\_\_\_\_ beginning {date} \_\_\_\_\_. This rehabilitative alimony shall continue until modified by court order, the death of either party or until {date/event} \_\_\_\_\_, whichever occurs first. The rehabilitative plan presented demonstrated the following: \_\_\_\_\_

d. **Retroactive.** Obligor shall pay retroactive alimony in the amount of \$\_\_\_\_\_ for the period of {date} \_\_\_\_\_, through {date} \_\_\_\_\_, which shall be paid pursuant to paragraph 3 below.

2. **Reasons for ( ) Awarding ( ) Denying Alimony.** The Court has considered all of the following in awarding/denying alimony:
- a. The standard of living established during the marriage;
  - b. The duration of the marriage;
  - c. The age and the physical and emotional condition of each party;
  - d. The financial resources of each party, the nonmarital and the marital assets and liabilities distributed to each;
  - e. The contribution of each party to the marriage, including, but not limited to, services rendered in homemaking, child care, education, and career building of the other party; and
  - f. All sources of income available to either party.

Additionally, the Court has considered the following factors in reaching its decision: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9 Check here if additional pages are attached.

3. **Arrearage/Retroactive Alimony.**  
[ / one only]

- \_\_\_\_\_ a. There is no alimony arrearage at the time of this Final Judgment.
- \_\_\_\_\_ b. Respondent shall pay to Petitioner the alimony arrearage of: \$\_\_\_\_\_ for retroactive alimony, as of {date} \_\_\_\_\_. \$\_\_\_\_\_ for previously ordered unpaid alimony, as of {date} \_\_\_\_\_. The total of \$\_\_\_\_\_ in alimony arrearage shall be repaid in the amount of \$\_\_\_\_\_ per month, payable ( ) in accordance with Obligor's employer's payroll cycle, and in any event, at least once a month ( ) other {explain} \_\_\_\_\_ beginning {date} \_\_\_\_\_, until paid in full including statutory interest.

4. **Insurance.**  
[ / all that apply]

- \_\_\_\_\_ a. **Health Insurance.** ( ) Petitioner ( ) Respondent shall be required to pay health insurance premiums for the other party not to exceed \$\_\_\_\_\_ per month. Further, ( ) Petitioner ( ) Respondent shall pay any reasonable and necessary uninsured medical costs for the other party not to exceed \$\_\_\_\_\_ per year. As to these uninsured medical expenses, the party who is entitled to reimbursement of the uninsured medical expense shall submit a request for reimbursement to the other party within 30 days, and the other party shall, within 30 days after receipt, submit the applicable reimbursement for that expense.
- \_\_\_\_\_ b. **Life Insurance (to secure payment of support).** To secure the alimony obligations set forth in this judgment, Obligor shall maintain life insurance coverage on his/her life naming Obligee as the sole irrevocable beneficiary, so long as reasonably available. This insurance shall be in the amount

of at least \$\_\_\_\_\_ and shall remain in effect until the obligation for alimony terminates.

5. **Other provisions relating to alimony:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**SECTION II. CHILD SUPPORT**

1. The Court finds that there is a need for child support and that the ( ) Mother ( ) Father (hereinafter Obligor) has the present ability to pay child support. The amounts in the Child Support Guidelines Worksheet, **O** Florida Family Law Rules of Procedure Form 12.902(e), filed by the ( ) Mother ( ) Father are correct **OR** the Court makes the following findings: The Mother's net monthly income is \$\_\_\_\_\_, (Child Support Guidelines \_\_\_\_\_%). The Father's net monthly income is \$\_\_\_\_\_, (Child Support Guidelines \_\_\_\_\_%). Monthly child care costs are \$\_\_\_\_\_. Monthly health/dental insurance costs are \$\_\_\_\_\_.

2. **Amount.** Obligor shall be obligated to pay child support in the amount of \$\_\_\_\_\_, per month payable ( ) in accordance with Obligor's employer's payroll cycle, and in any event at least once a month ( ) other {explain}: \_\_\_\_\_  
\_\_\_\_\_ beginning {date} \_\_\_\_\_, and continuing

( ) until the first of the parties' minor children reaches the age of 18 or until one of the parties' children becomes emancipated, marries, dies, otherwise becomes self-supporting, at which time the child support shall be recomputed under the then-current Child Support Guidelines

**OR**

( ) until {date/event} \_\_\_\_\_, {explain} \_\_\_\_\_.

If the child support ordered deviates from the guidelines by more than 5%, the factual findings which support that deviation are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. **Arrearage/Retroactive Child Support.**

[ / one only]

\_\_\_\_\_ a. There is no child support arrearage at the time of this Final Judgment.  
\_\_\_\_\_ b. The ( ) Mother ( ) Father shall pay to the other party the child support arrearage of: \$\_\_\_\_\_ for retroactive child support, as of {date} \_\_\_\_\_. \$\_\_\_\_\_ for previously ordered unpaid child support, as of {date} \_\_\_\_\_. The total of \$\_\_\_\_\_ in child support arrearage shall be repaid in the amount of \$\_\_\_\_\_ per month, payable ( ) in accordance with Obligor's employer's payroll cycle, and in any event, at least once a month ( ) other {explain} \_\_\_\_\_  
\_\_\_\_\_ beginning {date} \_\_\_\_\_, until paid in full including statutory interest.

4. **Insurance.**

[ / all that apply]

\_\_\_ a. **Health/Dental Insurance.** ( ) Mother ( ) Father shall be required to maintain ( ) health ( ) dental insurance coverage for the parties' minor child(ren), so long as reasonably available. The party providing coverage shall be required to convey insurance cards demonstrating said coverage to the other party. **OR** ( ) Health ( ) dental insurance is not reasonably available at this time.

\_\_\_ b. Reasonable and necessary **uninsured medical/dental/prescription drug costs** for the minor child(ren) shall be assessed as follows:

( ) Shared equally by both parents.

( ) Prorated according to the child support guideline percentages.

( ) Other {explain}: \_\_\_\_\_

As to these uninsured medical/dental/prescription drug expenses, the party who incurs the expense shall submit a request for reimbursement to the other party within 30 days, and the other party, within 30 days of receipt, shall submit the applicable reimbursement for that expense, according to the schedule of reimbursement set out in this paragraph.

5. **Life Insurance (to secure payment of support).** To secure the child support obligations in this judgment, ( ) Petitioner ( ) Respondent ( ) Each party shall maintain life insurance coverage, in an amount of at least \$\_\_\_\_\_, on ( ) his life ( ) her life ( ) his/her life naming the ( ) minor child(ren) as the beneficiary(ies) ( ) primary residential parent as the beneficiary as Trustee for the minor child(ren). The obligation to maintain the life insurance coverage shall continue until the youngest child turns 18, becomes emancipated, marries, dies, or otherwise becomes self-supporting.

6. **IRS Income Tax Exemption(s).** Petitioner shall have the benefit of any tax exemption(s) for the child(ren), **OR**, if checked here, ( ) assignment of any tax exemption(s) for the child(ren) shall be as follows: \_\_\_\_\_

Further, each party shall execute any and all IRS forms necessary to effectuate the provisions of this paragraph.

7. **Other provisions relating to child support:** \_\_\_\_\_

**SECTION III. METHOD OF PAYMENT**

Obligor shall pay court-ordered child support/alimony and arrears, if any, as follows:

1. **Central Governmental Depository.**

[ / if applies]

\_\_\_ a. Obligor shall pay court-ordered support directly to the Central Governmental Depository in {name} \_\_\_\_\_ County, along with any depository service charge.

\_\_\_ b. Both parties have requested and the court finds that it is in the best interests of the child(ren) that support payments need not be directed through the Central Governmental Depository. However, either party may subsequently apply to the depository pursuant to section 61.08 or 61.13, Florida Statutes, to require payments through the Central Governmental Depository.

2. **Income Deduction.**

[ / if applies]

\_\_\_ a. **Immediate.** Obligor shall pay through income deduction, pursuant to a separate Income Deduction Order which shall be effective immediately. Obligor is individually responsible for paying this support obligation until all of said support is deducted from Obligor's income. Until support

payments are deducted from Obligor's paycheck, Obligor is responsible for making timely payments directly to the Central Governmental Depository or the Oblige, as previously set forth in this order.

\_\_\_\_ b. **Deferred.** Income deduction is ordered this day, but it shall not be effective until a delinquency of \$\_\_\_\_\_, or, if not specified, an amount equal to one month's obligation occurs. Income deduction is not being implemented immediately based on the following findings: Income deduction is **not** in the best interests of the child(ren) because: *{explain}* \_\_\_\_\_

\_\_\_\_\_

**AND**

there is proof of timely payment of a previously ordered obligation without an income deduction order in cases of modification,

**AND**

( ) there is an agreement by the Obligor to advise the central governmental depository of any change in payor and health insurance **OR** ( ) there is a signed written agreement providing an alternative arrangement between the Obligor and the Oblige.

3. **Bonus/one-time payments.** ( ) All ( ) \_\_\_\_\_% ( ) No income paid in the form of a bonus or other similar one-time payment, up to the amount of any arrearage or the remaining balance thereof owed pursuant to this order, shall be forwarded to Oblige pursuant to the payment method prescribed above.

4. **Other provisions relating to method of payment.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION IV. ATTORNEY FEES, COSTS, AND SUIT MONEY**

\_\_\_\_ 1. ( ) Petitioner's ( ) Respondent's request(s) for attorney fees, costs, and suit money is (are) denied because \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ 2. The Court finds there is a need for and an ability to pay attorney fees, costs, and suit money. ( ) Petitioner ( ) Respondent is hereby ordered to pay to the other party \$\_\_\_\_\_ in attorney fees, and \$\_\_\_\_\_ in costs. The Court further finds that the attorney fees awarded are based on the reasonable rate of \$\_\_\_\_\_ per hour and \_\_\_\_\_ reasonable hours. Other provisions relating to attorney fees, costs, and suit money are as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION V. OTHER PROVISIONS**

1. **Other Provisions:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. The Court reserves jurisdiction to modify and enforce this Final Judgment.

ORDERED on \_\_\_\_\_.

\_\_\_\_\_  
CIRCUIT JUDGE

COPIES TO:  
Petitioner (or his or her attorney)

Respondent (or his or her attorney)  
Central Governmental Depository  
Other: \_\_\_\_\_

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

Case No.: \_\_\_\_\_  
Division: \_\_\_\_\_

\_\_\_\_\_  
Petitioner,

and

\_\_\_\_\_  
Respondent.

**FINAL JUDGMENT FOR SUPPORT UNCONNECTED WITH DISSOLUTION  
OF MARRIAGE WITH NO DEPENDENT OR MINOR CHILD(REN)**

This cause came before this Court on a Petition for Support Unconnected with Dissolution of Marriage under section 61.09, Florida Statutes. The Court, having reviewed the file and heard the testimony, makes these findings of fact and reaches these conclusions of law:

1. The Court has jurisdiction over the subject matter and the parties.
2. The parties have no minor or dependent children in common, and the wife is not pregnant.

**SECTION I. ALIMONY**

1. ( ) The Court denies the request(s) for alimony. **OR**  
( ) The Court finds that there is a need for alimony and that Respondent has/had the ability to support Petitioner and has failed to do so. Respondent (hereinafter Obligor) has the present ability to pay alimony as follows:

[ / all that apply]

\_\_\_\_\_ a. **Permanent Periodic.** Obligor shall pay permanent periodic alimony to Obligee in the amount of \$\_\_\_\_\_ per month, payable ( ) in accordance with Obligor’s employer’s payroll cycle, and in any event, at least once a month ( ) other {explain} \_\_\_\_\_

\_\_\_\_\_ beginning {date} \_\_\_\_\_. This alimony shall continue until modified by court order, the death of either party, or remarriage of Obligee, whichever occurs first.

\_\_\_\_\_ b. **Lump Sum.** Obligor shall pay lump sum alimony to Obligee in the amount of \$\_\_\_\_\_. This amount shall be paid as follows: \_\_\_\_\_

\_\_\_\_\_ c. **Rehabilitative.** Obligor shall pay rehabilitative alimony to Obligee in the amount of \$\_\_\_\_\_ per month, payable ( ) in accordance with Obligor’s employer’s payroll cycle, and in any event, at least once a month ( ) other {explain} \_\_\_\_\_

\_\_\_\_\_ beginning {date} \_\_\_\_\_. This rehabilitative alimony shall continue until modified by court order, the death of either party or until {date/event} \_\_\_\_\_, whichever occurs first. The rehabilitative plan presented demonstrated the following: \_\_\_\_\_

\_\_\_\_\_ d. **Retroactive.** Obligor shall pay retroactive alimony in the amount of \$\_\_\_\_\_ for the period of {date} \_\_\_\_\_, through {date} \_\_\_\_\_, which shall be paid pursuant to paragraph 3 below.

2. **Reasons for ( ) Awarding ( ) Denying Alimony.** The Court has considered all of the following in awarding/denying alimony:
- a. The standard of living established during the marriage;
  - b. The duration of the marriage;
  - c. The age and the physical and emotional condition of each party;
  - d. The financial resources of each party, the nonmarital and the marital assets and liabilities distributed to each;
  - e. The contribution of each party to the marriage, including, but not limited to, services rendered in homemaking, child care, education, and career building of the other party; and
  - f. All sources of income available to either party.

Additionally, the Court has considered the following factors in reaching its decision: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9 Check here if additional pages are attached.

3. **Arrearage/Retroactive Alimony.**

[ / one only]

- \_\_\_\_\_ a. There is no alimony arrearage at the time of this Final Judgment.
- \_\_\_\_\_ b. Respondent shall pay to Petitioner the alimony arrearage of:  
 \$\_\_\_\_\_ for retroactive alimony, as of {date} \_\_\_\_\_.  
 \$\_\_\_\_\_ for previously ordered unpaid alimony, as of {date} \_\_\_\_\_.  
 The total of \$\_\_\_\_\_ in alimony arrearage shall be repaid in the amount of \$\_\_\_\_\_ per month, payable ( ) in accordance with Obligor's employer's payroll cycle, and in any event at least once a month ( ) other {explain} \_\_\_\_\_  
 \_\_\_\_\_  
 beginning {date} \_\_\_\_\_, until paid in full including statutory interest.

4. **Insurance.**

[ / all that apply]

- \_\_\_\_\_ a. **Health Insurance.** ( ) Petitioner ( ) Respondent shall be required to pay health insurance premiums for the other party not to exceed \$\_\_\_\_\_ per month. Further, ( ) Petitioner ( ) Respondent shall pay any reasonable and necessary uninsured medical costs for the other party not to exceed \$\_\_\_\_\_ per year. As to these uninsured medical expenses, the party who is entitled to reimbursement of the uninsured medical expense shall submit a request for reimbursement to the other party within 30 days, and the other party shall, within 30 days after receipt, submit the applicable reimbursement for that expense.
- \_\_\_\_\_ b. **Life Insurance (to secure payment of support).** To secure the alimony obligations set forth in this judgment, Obligor shall maintain life insurance coverage on his/her life naming Oblige as the sole irrevocable beneficiary, so long as reasonably available. This insurance shall be in the amount of at least \$\_\_\_\_\_ and shall remain in effect until the obligation for alimony terminates.

5. **Other provisions relating to alimony:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION II. METHOD OF PAYMENT**

Obligor shall pay court-ordered alimony and arrears, if any, as follows:

1. **Central Governmental Depository.**

[ / if applies]

\_\_\_ a. Obligor shall pay court-ordered support directly to the Central Governmental Depository in {name} \_\_\_\_\_ County, along with any depository service charge.

2. **Income Deduction.**

[ / if applies]

\_\_\_ a. **Immediate.** Obligor shall pay through income deduction, pursuant to a separate Income Deduction Order which shall be effective immediately. Obligor is individually responsible for paying this support obligation until all of said support is deducted from Obligor’s income. Until support payments are deducted from Obligor’s paycheck, Obligor is responsible for making timely payments directly to the Central Governmental Depository or the Obligee, as previously set forth in this order.

\_\_\_ b. **Deferred.** Income Deduction is ordered this day, but it shall not be effective until a delinquency of \$\_\_\_\_\_, or, if not specified, an amount equal to one month’s obligation occurs. Income deduction is not being implemented immediately based on the following findings: There are no minor child(ren) common to the parties,

**AND**

there is proof of timely payment of a previously ordered obligation without an income deduction order in cases of modification,

**AND**

( ) there is an agreement by the Obligor to advise the central governmental depository of any change in payor and health insurance **OR** ( ) there is a signed written agreement providing an alternative arrangement between the Obligor and the Obligee.

3. **Bonus/One-Time Payments.** ( ) All ( ) \_\_\_\_\_% ( ) No income paid in the form of a bonus or other similar one-time payment, up to the amount of any arrearage or the remaining balance thereof owed pursuant to this order, shall be forwarded to Obligee pursuant to the payment method prescribed above.

4. **Other provisions relating to method of payment:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION III. ATTORNEY FEES, COSTS, AND SUIT MONEY**

\_\_\_ 1. ( ) Petitioner’s ( ) Respondent’s request(s) for attorney fees, costs, and suit money is (are) denied because \_\_\_\_\_  
\_\_\_\_\_.

\_\_\_ 2. The Court finds there is a need for and an ability to pay attorney fees, costs, and suit money. ( ) Petitioner ( ) Respondent is hereby ordered to pay to the other party \$\_\_\_\_\_ in attorney fees, and \$\_\_\_\_\_ in costs. The Court further finds that the attorney fees awarded are based on the reasonable rate of \$\_\_\_\_\_ per hour and \_\_\_\_\_ reasonable hours. Other provisions relating to attorney fees, costs, and suit money are as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**SECTION IV. OTHER PROVISIONS**

1. **Other Provisions.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. The Court reserves jurisdiction to modify and enforce this Final Judgment.

ORDERED on \_\_\_\_\_.

\_\_\_\_\_  
CIRCUIT JUDGE

**COPIES TO:**

- Petitioner (or his or her attorney)
- Respondent (or his or her attorney)
- Central Governmental Depository
- Other: \_\_\_\_\_