

INSTRUCTIONS FOR THIRTEENTH JUDICIAL CIRCUIT FORM FOR PETITION FOR SUPERSEDING CHILD SUPPORT ORDER

When should this form be used?

This form should be used by a parent who has been ordered to pay child support in a DEPARTMENT OF REVENUE ADMINISTRATIVE PROCEEDING and who wants to establish a circuit court case for child support. This form should be typed or printed in black ink. After completing this form, you should both 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.

Where can I look for more information?

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

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

- **Notice of Social Security Number**, Florida Supreme Court Approved Family Law Form 12.902(j).
- **Family Law Financial Affidavit**, Florida Family Law Rules of Procedure Form 12.902(b) or (c).
- **Certificate of Compliance with Mandatory Disclosure**, 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.)
- **Child Support Guidelines Worksheet**, 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.)

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. 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.

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**, 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 THIRTEENTH JUDICIAL CIRCUIT
IN AND FOR HILLSBOROUGH COUNTY, FLORIDA**

Petitioner,

and

Respondent.

Case No. _____

Division: _____

PETITION FOR SUPERSEDING CHILD SUPPORT ORDER

Petitioner, *{full legal name}* _____, being sworn, certify that the following information is true:

This is an action to establish a superseding child support order.

SECTION I.

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

	Name	City/State 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. (○) Petitioner (○) Respondent has been ordered to pay child support in a DEPARTMENT OF REVENUE ADMINISTRATIVE PROCEEDING for the above named child(ren) in *{county}* _____, *{state}* _____, *{case number}* _____. **A copy of the administrative child support order is attached.**

5. 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.

6. Neither Petitioner nor Respondent is mentally incapacitated.

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

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

SECTION II. CHILD SUPPORT

[check **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**, Florida Family Law Rules of Procedure Form 12.902(e), is, or will be, filed. Such support should be ordered retroactive to:

[check **one** only]

a. ☐ 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**, 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:

[check **one** only]

a. ☐ Father.

b. ☐ Mother.

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

[check **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**, 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:

[check **one** only]

a. ☐ Father.

b. ☐ Mother.

c. ☐ Both

6. ☐ [X] Petitioner [X] Respondent [X] 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:

[check **all** that apply]

a. ☐ adopts or establishes a Parenting Plan containing provisions for parental responsibility and time-sharing for the minor or dependent child(ren);

b. ☐ awards child support, including medical/dental insurance coverage for the minor child(ren);

c. ☐ 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);

d. ☐ 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 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:

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

Sworn to and subscribed before me this ____ day of _____, 20__.

Personally known _____ or Produced Identification _____

Type of Identification _____

NOTARY PUBLIC or DEPUTY CLERK
State of Florida at Large
My Commission expires:

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [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.