

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

CASE NO. \_\_\_\_\_  
DIVISION: \_\_\_\_\_

IN RE: The Marriage of

\_\_\_\_\_,  
Petitioner/Husband,  
and

\_\_\_\_\_,  
Respondent/Wife.

\_\_\_\_\_/

**PETITION FOR DISSOLUTION OF MARRIAGE  
WITH DEPENDENT OR MINOR CHILDREN**

I [full legal name] \_\_\_\_\_,  
the [check one only] ( ) Husband ( ) Wife, being sworn, certify  
that the following statements are true:

1. JURISDICTION/RESIDENCE. ( ) Husband ( ) Wife has  
(have) lived in Florida for at least 6 months before the  
filing of this Petition for Dissolution of Marriage.
2. The husband [check one only] ( ) is ( ) is not a member  
of the military service.  
The wife [check one only] ( ) is ( ) is not a member of the  
military service.
3. MARRIAGE HISTORY  
Date of Marriage: \_\_\_\_\_, 20\_\_.  
Place of Marriage: [city, state, country] \_\_\_\_\_,  
Date of Separation: \_\_\_\_\_, 20\_\_.
4. DEPENDENT OR MINOR CHILDREN  
[check all that apply]
  - a. \_\_\_\_\_ The wife is pregnant. Baby is due on:  
[date].
  - b. \_\_\_\_\_ The minor (under 18) child(ren) common to  
both parties are:

Name	Place of Birth	Birthdate	Sex
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

c. \_\_\_\_ The minor child(ren) born or conceived during the marriage who are not common to both parties are:

Name	Place of Birth	Birthdate	Sex
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The birth father(s) of the above minor child(ren) is (are) [name and address] \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

d. \_\_\_\_ The child(ren) common to both parties who are 18 or older but who are dependent upon the parties due to a mental or physical disability are:

Name	Place of Birth	Birthdate	Sex
_____	_____	_____	_____
_____	_____	_____	_____

5. A completed Uniform Child Custody Jurisdiction Act (UCCJA) Affidavit (Florida Family Law Form 12.901(f)), is filed with this Petition. [*You must complete and attach this form in a dissolution of marriage with minor children.*]

6. A completed Notice of Social Security Number, Florida Family Law Form 12.901(j) is filed with this Petition.

7. This petition for dissolution of marriage should be granted because:

a. \_\_\_\_ The marriage is irretrievably broken.

b. \_\_\_\_ One of the parties has been adjudged mentally incapacitated for a period of 3 years prior to the filing of this petition. A copy of the Judgment of Incapacity is attached.

SECTION I. MARITAL ASSETS AND LIABILITIES

[check one only]

1. \_\_\_\_ There are no marital assets or debts.

2. \_\_\_\_ There are marital assets or liabilities. All marital and nonmarital assets and liabilities are (or will be) listed in the financial affidavits, Florida Family Law Form 12.901(d) or (e), to be filed in this case.

[check all that apply]

a. \_\_\_\_ All marital assets and liabilities have been divided by a written agreement between the parties, which is attached, to be incorporated into the final judgment of dissolution of marriage. (The parties may use Marital Settlement Agreement for Dissolution of Marriage with Dependent or Minor Child(ren), Florida Family Law Form 12.90(h)(1)).

b. \_\_\_\_ The Court should determine how the assets and liabilities of this marriage are to be distributed, under section 61.075, Florida Statutes.

c. \_\_\_\_ Petitioner should be awarded an interest in Respondent's property because: \_\_\_\_\_

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

SECTION II. SPOUSAL SUPPORT (ALIMONY)

[check one only]

1. \_\_\_\_ Petitioner forever gives up his/her right to spousal support (alimony) from Respondent.

2. \_\_\_\_ Petitioner requests that the Court order Respondent to pay the following spousal support (alimony) and claims that he or she has a need for the support that he or she is requesting and Respondent has the ability to pay that support. Spousal support (alimony) is requested in the amount of \$ \_\_\_\_\_ every ( ) week ( ) other week ( ) month, beginning [date] \_\_\_\_\_, and continuing until [date or event] \_\_\_\_\_.

Explain why the Court should order Respondent to pay and any specific request(s) for type of alimony (temporary, permanent, rehabilitative, and/or lump sum: \_\_\_\_\_

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

[check if applies] ( ) Petitioner requests life insurance on Respondent's life, provided by Respondent, to secure such support.

SECTION III. 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:  
[check 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:

[check all that apply]

a. \_\_\_ No visitation.

b. \_\_\_ Limited visitation.

c. \_\_\_ Supervised visitation.

d. \_\_\_ Supervised or third-person 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 request is in the best interests of the child(ren): \_\_\_\_\_

Has the above visitation or time-sharing been agreed to by the parties? ( ) Yes ( ) No.

SECTION IV. 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 Form 12.90(g), is, or will be filed. Such support should be ordered retroactive to:

- a. \_\_\_\_ The date of separation.
- b. \_\_\_\_ The date of filing of this petition.
- c. \_\_\_\_ Other [date] \_\_\_\_\_ [explain]

2. \_\_\_\_ Petitioner requests that the Court award child support to be paid beyond the age of 18 years because:

\_\_\_\_\_

a. \_\_\_\_ The following child(ren) [name(s)] \_\_\_\_\_

\_\_\_\_\_ is  
(are) dependent because of a mental or physical incapacity which began before the age of 18. [explain]

b.  The following child(ren) [name(s)] \_\_\_\_\_  
\_\_\_\_\_ is  
(are) in high school while he/she (they) are between  
the ages of 18 and 19; said child(ren) is (are)  
performing in good faith with reasonable expectation of  
graduation before the age of 19.

3.  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  
Motion to Deviate from Child Support Guidelines, Florida  
Family Law Form 12.943, must be filed before the court will  
consider this request.

4.  Petitioner requests that medical/dental insurance  
coverage for the minor child(ren) be provided by: (check one  
only)

- a.  Father
- b.  Mother

5.  Petitioner requests that uninsured medical/dental  
expenses for the child(ren) be provided by : (check one  
only)

- a.  Father
- b.  Mother
- c.  by Father and Mother [each pay one-half]
- d.  according to the percentages in the Child  
Support Guidelines Worksheet, Florida Family Law Form  
12.901(g).
- e.  Other [explain] \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6.  Petitioner requests that life insurance to secure  
child support be provided by:

- a.  Father
- b.  Mother
- c.  Both

SECTION V. OTHER

1. [If Petitioner is also the Wife, check one only]  
( ) yes ( ) no. Petitioner/Wife wants to be known by her  
former name, which was [full legal name] \_\_\_\_\_  
\_\_\_\_\_.

2. Other relief [specify]: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECTION VI. PETITIONER'S REQUEST (This section summarizes what you are asking the Court to include in the final judgment of dissolution of marriage.)

Petitioner requests that the Court enter an order dissolving the marriage and [check all that apply]

1. \_\_\_ distributing marital assets and liabilities as requested in Section I of this Petition.
2. \_\_\_ awarding spousal support (alimony) as requested in Section II of this Petition.
3. \_\_\_ establishing the primary residential parent (custody), parental responsibility, and visitation for the dependent or minor child(ren) common to both parties, as requested in Section III of this Petition.
4. \_\_\_ establishing child support for the dependent or minor child(ren) common to both parties, as requested in Section IV of this Petition.
5. \_\_\_ restoring Wife's former name as requested in Section V of this Petition.
6. \_\_\_ awarding other relief as requested in Section V of this Petition.

and any other terms the Court deems necessary.

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 (area code and number)

\_\_\_\_\_  
Telefax (area code and number)

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

Sworn to or affirmed before me on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Florida

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

Check one:

\_\_\_\_\_ Personally known  
\_\_\_\_\_ Produced identification

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