



## Family Law Forms

# Package 70 - Joint Supplemental Petition to Modify Judgment Dissolving Marriage

### **What this package contains:**

- Joint Petition to Modify Judgment dissolving marriage. This form covers custody, visitation, support, alimony.
- Financial affidavits, Mandatory Disclosure, UCCJEA affidavit, support guidelines worksheet.
- Notice of hearing.

### **How this package may be used:**

- To modify custody, visitation, child support, and/or alimony provisions of the final divorce decree. This is a joint form.

### **How this package may NOT be used:**

- To request modification if both parties in the case have not signed the petition.
- To modify the divorce decree if both parties do not agree on the changes.

**This can be a complicated area of the law, if you have any questions concerning the use of these forms or your legal rights, you are encouraged to seek legal advice from an attorney.**

LAST UPDATE  
7-2006

Forms for Use With  
**Joint Supplemental Petition To Modify  
Judgment Dissolving Marriage - 70**

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**Information:**

- **Appendix - General Information for Pro Se Litigants**
- **Mediation Information**
- **Address and telephone number list**

<u>Form No.</u>	<u>Name of Form</u>
FFLF 12.900(a)	<b>Disclosure from Nonlawyer</b>
FFLF-L	<b>Civil Cover Sheet</b>
FFLF-L	<b>Joint Supplemental Petition to Modify Judgment Dissolving Marriage</b>
FFLF 12.902(j)	<b>Notice of Social Security Number*</b>
FFLF 12.902(j)	<b>Notice of Social Security Number*</b>
	<b>* Each party must complete and file this form.</b>
FFLF 12.902(d)	<b>Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) Affidavit</b>
FFLF 12.902(b)	<b>Financial Affidavit - Under \$50,000.00 Annual Income*</b>
FFLF 12.902(b)	<b>Financial Affidavit - Under \$50,000.00 Annual Income*</b>
FFLF 12.902(c)	<b>Financial Affidavit - Over \$50,000.00 Annual Income *</b>
FFLF 12.902(c)	<b>Financial Affidavit - Over \$50,000.00 Annual Income *</b>
	<b>* Both parties must file a financial statement, use the form appropriate to your income.</b>

**Mandatory Disclosure:**

FFLF 12.932	<b>Certificate of Compliance With Mandatory Disclosure*</b>
FFLF 12.932	<b>Certificate of Compliance With Mandatory Disclosure*</b>
FFLF-L	<b>Waiver of Mandatory Disclosure *</b>
	<b>* Each party must complete mandatory disclosure or agree to waive this requirement. Use the form(s) appropriate to your case.</b>

**Miscellaneous forms:**

FFLF 12.902(e)	<b>Child Support Guidelines Worksheet</b>
FFLF-L	<b>Motion To/For</b>
FFLF 12.924	<b>Notice for Trial</b>
FFLF 12.923	<b>Notice of Hearing (General)</b>

FFLF = Florida Supreme Court Approved Family Law Form/Florida Family Law Rules of Procedure Form  
FFLF-L = Sixth Judicial Circuit Local Form

Updated 7-2006

## FAMILY LAW FORMS, COMMENTARY, AND INSTRUCTIONS

### GENERAL INFORMATION FOR SELF-REPRESENTED LITIGANTS

**You should read this General Information thoroughly before taking any other steps to file your case or represent yourself in court.** Most of this information is **not** repeated in the attached forms. This information should provide you with an overview of the court system, its participants, and its processes. It should be useful whether you want to represent yourself in a pending matter or have a better understanding of the way family court works. **This is not intended as a substitute for legal advice from an attorney. Each case has its own particular set of circumstances, and an attorney may advise you of what is best for you in your individual situation.**

These instructions are not the only place that you can get information about how a family case works. You may want to look at other books for more help. The Florida Statutes, Florida Family Law Rules of Procedure, Florida Rules of Civil Procedure, and other legal information or books may be found at the public library or in a law library at your county courthouse or a law school in your area. If you are filing a petition for **Name Change** and/or **Adoption**, these instructions may not apply.

If the word(s) is printed in **bold**, this means that the word is being emphasized. Throughout these instructions, you will also find words printed in **bold** and **underlined**. This means that the definitions of these words may be found in the glossary of common family law terms at the end of this general information section.

#### Commentary

**1995 Adoption.** To help the many people in family law court cases who do not have attorneys to represent them (pro se litigants), the Florida Supreme Court added these simplified forms and directions to the Florida Family Law Rules of Procedure. The directions refer to the Florida Family Law Rules of Procedure or the Florida Rules of Civil Procedure. Many of the forms were adapted from the forms accompanying the Florida Rules of Civil Procedure. Practitioners should refer to the committee notes for those forms for rule history.

The forms were adopted by the Court pursuant to *Family Law Rules of Procedure*, 667 So. 2d 202 (Fla. 1995); *In re Petition for Approval of Forms Pursuant to Rule 10-1.1(b) of the Rules Regulating the Florida Bar—Stepparent Adoption Forms*, 613 So. 2d 900 (Fla. 1992); *Rules Regulating the Florida Bar—Approval of Forms*, 581 So. 2d 902 (Fla. 1991).

Although the forms are part of these rules, they are not all inclusive and additional forms, as necessary, should be taken from the Florida Rules of Civil Procedure as provided in Florida Family Law Rules of Procedure. Also, the following notice has been included to strongly encourage individuals to seek the advice, when needed, of an attorney who is a member in good standing of the Florida Bar.

**1997 Amendment.** In 1997, the Florida Family Law Forms were completely revised to simplify and correct the forms. Additionally, the appendices were eliminated, the instructions contained in the appendices were incorporated into the forms, and the introduction following the Notice to Parties was created. Minor changes were also made to the Notice to Parties set forth below.

#### **NOTICE TO PARTIES WHO ARE NOT REPRESENTED BY AN ATTORNEY WHO IS A MEMBER IN GOOD STANDING OF THE FLORIDA BAR**

**If you have questions or concerns about these forms, instructions, commentary, the use of the forms, or your legal rights, it is strongly recommended that you talk to an attorney. If you do not know an attorney, you should call the lawyer referral service listed in the yellow pages of the telephone book under “Attorney.” If you do not have the money to hire an attorney, you should call the legal aid office in your area.**

**Because the law does change, the forms and information about them may have become outdated. You should be aware that changes may have taken place in the law or court rules that would affect the accuracy of the forms or instructions.**

**In no event will the Florida Supreme Court, The Florida Bar, or anyone contributing to the production of these forms or instructions be liable for any direct, indirect, or consequential damages resulting from their use.**

## FAMILY LAW PROCEDURES

**Communication with the court... Ex parte** communication is communication with the judge with only one party present. Judges are not allowed to engage in ex parte communication except in very limited circumstances, so, absent specific authorization to the contrary, you should not try to speak with or write to the judge in your case unless the other **party** is present or has been properly notified. **If you have something you need to tell the judge, you must ask for a hearing and give notice to the other party or file a written statement in the court file and send a copy of the written statement to the other party.**

**Filing a case...** A case begins with the filing of a **petition**. A petition is a written request to the court for some type of legal action. The person who originally asks for legal action is called the **petitioner** and remains the petitioner throughout the case.

A petition is given to the **clerk of the circuit court**, whose office is usually located in the county courthouse or a branch of the county courthouse. A case number is assigned and an official court file is opened. Delivering the petition to the clerk's office is called **filing** a case. A **filing fee** is usually required.

Once a case has been filed, a copy must be given to (served on) the respondent. The person against whom the original legal action is being requested is called the **respondent**, because he or she is expected to respond to the petition. The respondent remains the respondent throughout the case.

**Service...** When one party files a **petition, motion,** or other **pleading**, the other party must be "served" with a copy of the document. This means that the other party is given proper notice of the pending action(s) and any scheduled hearings. **Personal service** of the petition and summons on the respondent by a deputy sheriff or private process server is required in all **original petitions** and **supplemental petitions**, unless **constructive service** is permitted by law. Personal service may also be required in other actions by some judges. After initial service of the original or supplemental petition and summons by a deputy sheriff or private process server, service of most motions and other documents or papers filed in the case generally may be made by regular U.S. mail or hand delivery. However, service by **certified mail** is required at other times so you have proof that the other party actually received the papers. The instructions with each form will advise you of the type of **service** required for that form. **If the other party is represented by an attorney, you should serve the attorney and send a copy to the other party, except for original or supplemental petitions, which must be personally served on the respondent.**

Other than the initial original or supplemental petitions, anytime you file additional pleadings or motions in your case, you must provide a copy to the other party and include a **certificate of service**. Likewise, the other party must provide you with copies of everything that he or she files. Service of additional documents is usually completed by U.S. mail. For more information, see the instructions for **Certificate of Service (General)**, Florida Supreme Court Approved Family Law Form 12.914.

Forms for service of process are included in the Florida Family Law Forms, along with more detailed instructions and information regarding service. The instructions to those forms should be read carefully to ensure that you have the other party properly served. **If proper service is not obtained, the court cannot hear your case.**

**Note:** If you absolutely do not know where the other party to your case lives or if the other party resides in another state, you may be able to use **constructive service**. However, if constructive service is used, other than granting a divorce, the court may only grant limited relief. For more information on constructive service, see **Notice of Action for Dissolution of Marriage**, Florida Supreme Court Approved Family Law Form 12.913(a), and **Affidavit of Diligent Search and Inquiry**, Florida Family Law Rules of Procedure Form 12.913(b). Additionally, if the other party is in the military service of the United States, additional steps for service may be required. See, for example, **Memorandum for Certificate of Military Service**, Florida Supreme Court Approved Family Law Form 12.912(a). In sum, the law regarding constructive service and service on an individual in the military service is very complex and you may wish to consult an attorney regarding these issues.

**Default...** After being served with a petition or **counterpetition**, the other party has 20 days to file a response. If a response to a petition is not filed, the petitioner may file a **Motion for Default**, Florida Supreme Court Approved Family Law Form 12.922(a), with the clerk. This means that you may proceed with your case and set a **final hearing**, and a **judge** will make a decision, even if the other party will not cooperate. For more information, see rule 12.080(c), Florida Family Law Rules of Procedure.

**Answer and counterpetition...** After being served, the respondent has 20 days to file an answer admitting or denying each of the allegations contained in the petition. In addition to an answer, the respondent may also file a counterpetition. In a counterpetition, the respondent may request the same or some other relief or action not requested by the petitioner. If the respondent files a counterpetition, the petitioner should then file an **Answer to Counterpetition**, Florida Supreme Court Approved Family Law Form 12.903(d), and either admit or deny the allegations in the respondent's counterpetition.

**Mandatory disclosure...** Rule 12.285, Florida Family Law Rules of Procedure, requires each party in a **dissolution of marriage** to exchange certain information and documents, and file a **Family Law Financial Affidavit**, Florida Family Law Rules of Procedure Form 12.902(b) or (c). Failure to make this required disclosure within the time required by the Florida Family Law Rules of Procedure may allow the court to dismiss the case or to refuse to consider the pleadings of the party failing to comply. This requirement also must be met in other family law cases, **except** adoptions, simplified dissolutions of marriage, enforcement proceedings, contempt proceedings, and proceedings for injunctions for domestic or repeat violence. The **Certificate of Compliance with Mandatory Disclosure**, Florida Family Law Rules of Procedure Form 12.932, lists the documents that must be given to the other party. For more information see rule 12.285, Florida Family Law Rules of Procedure, and the instructions to the **Certificate of Compliance with Mandatory Disclosure**, Florida Family Law Rules of Procedure Form 12.932.

**Setting a hearing or trial...** Generally, the court will have hearings on motions, final hearings on **uncontested** or **default** cases, and trials on contested cases. Before setting your case for **final hearing** or trial, certain requirements such as completing mandatory disclosure and filing certain papers and having them served on the other party must be met. These requirements vary depending on the type of case and the procedures in your particular jurisdiction. For further information, you should refer to the instructions for the type of form you are filing.

Next, you must obtain a hearing or trial date so that the court may consider your request. You should ask the clerk of court, or **family law intake staff** about the local procedure for setting a hearing or trial, which you should attend. These family law forms contain **orders** and **final judgments**, which the judge may use. You should ask the clerk of court or family law intake staff if you need to bring one of these forms with you to the hearing or trial. 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.

**Below are explanations of symbols or parts of different family law forms...**

*{specify}, {date}, {name(s)}, {street}, {city}, {state}, {phone}*

Throughout these forms, you will find hints such as those above. These tell you what to put in the blank(s).

**one only**     **all that apply**

These show how many choices you should check. Sometimes you may check only one, while other times you may check several choices. ( ) This also shows an area where you must make a choice. Check the ( ) in front of the choice that applies to you or your case.

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ (1) \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ (2) \_\_\_\_\_ COUNTY, FLORIDA  
Case No.: \_\_\_\_\_ (3) \_\_\_\_\_  
Division: \_\_\_\_\_ (4) \_\_\_\_\_  
\_\_\_\_\_,  
(5) \_\_\_\_\_,  
Petitioner,

and

\_\_\_\_\_(6)\_\_\_\_\_,  
Respondent.

**Line 1** The clerk of court can tell you the number of your judicial circuit. Type or print it here.

**Line 2** Type or print your county name on line (2).

**Line 3** If you are filing an initial petition or pleading, the Clerk of the Court will assign a case number after the case is filed. You should type or print this case number on all papers you file in this case.

**Line 4** The clerk of the court can tell you the name of the division in which your case is being filed, and you should type or print it here. Divisions vary from court to court. For example, your case may be filed in the civil division, the family division, or the juvenile division.

**Line 5** Type or print the legal name of the person who originally filed the case on line 5. This person is the petitioner because he/she is the one who filed the original petition.

**Line 6** Type or print the other party's legal name on line 6. The other party is the respondent because he/she is responding to the petition.

**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: \_\_\_\_\_(1)\_\_\_\_\_

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

Signature of Petitioner

Printed Name: \_\_\_\_\_(3)\_\_\_\_\_

Address: \_\_\_\_\_(4)\_\_\_\_\_

City, State, Zip: \_\_\_\_\_(5)\_\_\_\_\_

Telephone Number: \_\_\_\_\_(6)\_\_\_\_\_

Fax Number: \_\_\_\_\_(7)\_\_\_\_\_

Some forms require that your signature be witnessed. You must sign the form in the presence of a **notary public** or deputy clerk (employee of the clerk of the court's office). When signing the form, you must have a valid photo identification unless the notary knows you personally. You should completely fill in all lines (1 3-7) except 2 with the requested information, if applicable. **Line 2, the signature line, must be signed in the presence of the notary public or deputy clerk.**

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 \_\_\_\_\_

**DO NOT SIGN OR FILL IN THIS PART OF ANY FORM.** This section of the form is to be completed by the notary public who is witnessing your signature.

**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} \_\_\_\_\_(1)\_\_\_\_\_

a nonlawyer, located at {street} \_\_\_\_\_ (2) \_\_\_\_\_, {city} \_\_\_\_\_ (3) \_\_\_\_\_  
{state} \_\_\_\_\_ (4) \_\_\_\_\_, {phone} \_\_\_\_\_ (5) \_\_\_\_\_, helped {name} \_\_\_\_\_ (6) \_\_\_\_\_,  
who is the petitioner, fill out this form.

This section should be completed by anyone who helps you fill out these forms but is **not** an attorney who is a member in good standing of The Florida Bar, which means that he or she is not licensed to practice law in Florida.

- Line 1** The **nonlawyer** who helps you should type or print his or her name on line 1.  
**Lines 2–5** The nonlawyer’s address and telephone number should be typed or printed on lines 2–5.  
**Line 6** Your name should be typed or printed on line 6.

In addition, a **Disclosure from Nonlawyer**, Florida Family Law Rules of Procedure Form 12.900 (a), should be completed if a nonlawyer assists you. The disclosure is available as a family law form and should be completed before the nonlawyer helps you. This is to be sure that you understand the role and limitations of a nonlawyer. You and the nonlawyer should keep a copy of this disclosure for your records.

## FAMILY LAW GLOSSARY OF COMMON TERMS AND DEFINITIONS

**Note:** The following definitions are intended to be helpful, BUT they are not intended to constitute legal advice or address every possible meaning of the term(s) contained in this glossary.

**Affidavit** - a written statement in which the facts stated are sworn or affirmed to be true.

**Answer** - written response by a respondent that states whether he or she admits (agrees with) or denies (disagrees with) the allegations in the petition. Any allegations not specifically denied are considered to be admitted.

**Appeal** - asking a district court of appeal to review the decision in your case. There are strict procedural and time requirements for filing an appeal.

**Asset** - everything owned by you or your spouse, including property, cars, furniture, bank accounts, jewelry, life insurance policies, businesses, or retirement plans. An asset may be marital or nonmarital, but that distinction is for the court to determine if you and your spouse do not agree.

**Attorney** - a person with special education and training in the field of law who is a member in good standing of The Florida Bar and licensed to practice law in Florida. An attorney is the only person who is allowed to give you legal advice. An attorney may file your case and represent you in court, or just advise you of your rights before you file your own case. In addition to advising you of your rights, an attorney may tell you what to expect and help prepare you for court. In family law matters, you are not entitled to a court-appointed lawyer, like a public defender in a criminal case. However, legal assistance is often available for those who are unable to hire a private attorney. You may consult the yellow pages of the telephone directory for a listing of legal aid or lawyer referral services in your area, or ask your local clerk of court or family law intake staff what services are available in your area. You may also obtain information from the Florida Supreme Court’s Internet site located at <http://www.flcourts.org/courts/supct>.

**Bond** - money paid to the clerk of court by one party in a case, to be held and paid to an enjoined party in the event that the first party causes loss or damage of property as a result of wrongfully enjoining the other party.

**Central Governmental Depository** - the office of the clerk of court that is responsible for collecting and disbursing court-ordered alimony and child support payments. The depository also keeps payment records and files judgments if support is not paid.

**Certificate of Service** - a document that must be filed whenever a form you are using does not contain a statement for you to fill in showing to whom you are sending copies of the form. Florida Supreme Court Approved Family Law Form 12.914 is the certificate of service form and contains additional instructions.

**Certified Copy** - a copy of an order or final judgment, certified by the clerk of the circuit court to be an authentic copy.

**Certified Mail** - mail which requires the receiving party to sign as proof that they received it.

**Child Support** - money paid from one parent to the other for the benefit of their dependent or minor child(ren).

**Clerk of the Circuit Court** - elected official in whose office papers are filed, a case number is assigned, and case files are maintained. The clerk's office usually is located in the county courthouse.

**Constructive Service** - notification of the other party by newspaper publication or posting of notice at designated places when the other party cannot be located for personal service. You may also be able to use constructive service when the other party lives in another state. Constructive service is also called "service by publication." However, when constructive service is used, the relief the Court may grant is limited. For more information on service, see the instructions for Florida Family Law Rules of Procedure Forms 12.910(a) and 12.913(b) and Florida Supreme Court Approved Family Law Form 12.913(a).

**Contested Issues** - any or all issues upon which the parties are unable to agree and which must be resolved by the judge at a hearing or trial.

**Contingent Asset** - an asset that you **may** receive or get later, such as income, tax refund, accrued vacation or sick leave, a bonus, or an inheritance.

**Contingent Liability** - a liability that you **may** owe later, such as payments for lawsuits, unpaid taxes, or debts that you have agreed or guaranteed to pay if someone else does not.

**Counterpetition** - a written request to the court for legal action, which is filed by a respondent after being served with a petition.

**Default** - a failure of a party to respond to the pleading of another party. This failure to respond may allow the court to decide the case without input from the party who did not appear or respond.

**Delinquent** - late.

**Dependent Child(ren)** - child(ren) who depend on their parent(s) for support either because they are under the age of 18, they have a mental or physical disability that prevents them from supporting themselves, or they are in high school while between the ages of 18 and 19 and are performing in good faith with reasonable expectation of graduation before the age of 19.

**Deputy Clerk** - an employee of the office of the clerk of court, which is usually located in the county courthouse or a branch of the county courthouse.

**Dissolution of Marriage** - divorce; a court action to end a marriage.

**Enjoined** - prohibited by the court from doing a specific act.

**Ex Parte** - communication with the judge by only one party. In order for a judge to speak with either party, the other party must have been properly notified and have an opportunity to be heard. If you have something you wish to tell the judge, you should ask for a hearing or file information in the clerk of court's office, with certification that a copy was sent to the other party.

**Family Law Intake Staff** - a court's employee(s) who is (are) available to assist you in filing a family law case. Family law intake staff are not attorneys and cannot give legal advice. They may only assist you with filling out the form(s). Your local clerk's office can tell you if your county has such assistance available.



**Filing** – delivering a petition, response, motion, or other pleading in a court case to the clerk of court’s office.

**Filing Fee** - an amount of money, set by law, that the petitioner must pay when filing a case. If you cannot afford to pay the fee, you must file an **Application for Determination of Civil Indigent Status**, to ask the clerk to file your case without payment of the fee. This form can be obtained from the clerk’s office.

**Final Hearing** - trial in your case.

**Financial Affidavit** - a sworn statement that contains information regarding your income, expenses, assets, and liabilities.

**Final Judgment** - a written document signed by a judge and recorded in the clerk of the circuit court’s office that contains the judge’s decision in your case.

**Guardian ad Litem** - a neutral person who may be appointed by the court to evaluate or investigate your child’s situation, and file a report with the court about what is in the best interests of your child(ren). Guardians do not “work for” either party. The guardian may interview the parties, visit their homes, visit the child(ren)’s school(s) and speak with teachers, or use other resources to make their recommendation.

**Hearing** - a legal proceeding before a judge or designated officer (general magistrate or hearing officer) on a motion.

**Judge** - an elected official who is responsible for deciding matters on which you and the other parties in your case are unable to agree. A judge is a neutral person who is responsible for ensuring that your case is resolved in a manner which is fair, equitable, and legal. **A judge is prohibited by law from giving you or the other party any legal advice, recommendations, or other assistance, and may not talk to either party unless both parties are present, represented, or at a properly scheduled hearing.**

**Judicial Assistant** - the judge’s personal staff assistant.

**Liabilities** - everything owed by you or your spouse, including mortgages, credit cards, or car loans. A liability may be marital or nonmarital, but that distinction is for the court to determine if you and your spouse do not agree.

**Lump Sum Alimony** - money ordered to be paid by one spouse to another in a limited number of payments, often a single payment.

**Mandatory Disclosure** - items that must be disclosed by both parties except those exempted from disclosure by Florida Family Law Rule 12.285.

**Marital Asset** - generally, anything that you and/or your spouse acquired or received (by gift or purchase) during the marriage. For example, something you owned before your marriage **may** be nonmarital. An asset may only be determined to be marital by agreement of the parties or determination of the judge.

**Marital Liability** - generally, any debt that you and/or your spouse incurred during the marriage. A debt may only be determined to be nonmarital by agreement of the parties or determination of the judge.

**Mediator** - a person who is trained and certified to assist parties in reaching an agreement before going to court. Mediators do not take either party’s side and are not allowed to give legal advice. They are only responsible for helping the parties reach an agreement and putting that agreement into writing. In some areas, mediation of certain family law cases may be required before going to court.

**Modification** - a change made by the court in an order or final judgment.

**Motion** - a request made to the court, other than a petition.

**No Contact** - a court order directing a party not speak to, call, send mail to, visit, or go near his or her spouse, ex-spouse, child(ren), or other family member.

**Nonlawyer** - a person who is not a member in good standing of The Florida Bar.

**Nonmarital Asset** - generally, anything owned separately by you or your spouse. An asset may only be determined to be nonmarital by either agreement of the parties or determination of the judge.

**Nonmarital Liability** - generally, any debt that you or your spouse incurred before your marriage or since your separation. A debt may only be determined to be nonmarital by either agreement of the parties or determination of the judge.

**Nonparty** - a person who is not the petitioner or respondent in a court case.

**Notary Public** - a person authorized to witness signatures on court related forms.

**Obligee** - a person to whom money, such as child support or alimony, is owed.

**Obligor** - a person who is ordered by the court to pay money, such as child support or alimony.

**Order** - a written decision signed by a judge and filed in the clerk of the circuit court's office, that contains the judge's decision on part of your case, usually on a motion.

**Original Petition** - see **Petition**.

**Parenting Course** - a class that teaches parents how to help their child(ren) cope with divorce and other family issues.

**Party** - a person involved in a court case, either as a petitioner or respondent.

**Paternity Action** - A lawsuit used to determine whether a designated individual is the father of a specific child or children.

**Payor** - an employer or other person who provides income to an obligor.

**Permanent Alimony** - spousal support ordered to be paid at a specified, periodic rate until modified by a court order, the death of either party, or the remarriage of the Obligee, whichever occurs first.

**Personal Service** - when a summons and a copy of a petition (or other pleading) that has been filed with the court are delivered by a deputy sheriff or private process server to the other party. Personal service is required for all petitions and supplemental petitions.

**Petition** - a written request to the court for legal action, which begins a court case.

**Petitioner** - the person who files a petition that begins a court case.

**Pleading** - a formal written statement of exactly what a party wants the court to do in a lawsuit or court action.

**Primary Residence** - the home in which the child(ren) spends most of his/her (their) time.

**Pro Se Litigant** - a person who appears in court without the assistance of a lawyer.

**Pro Se Coordinator** - see **Family Law Intake Staff**.

**Reasonable Visitation** - visitation between the nonresidential parent and child(ren) that provides frequent and unhampered contact with the child(ren). Such visitation is designed to encourage a close and continuing relationship with due regard for educational commitments of child(ren), any health or social factors of the child(ren), business and personal commitments of both parents, and home arrangements of both parents.

**Rehabilitative Alimony** - spousal support ordered to be paid for a limited period of time to allow one of the parties an opportunity to complete a plan of education or training, according to a rehabilitative plan accepted by the court, so that he or she may better support himself or herself.

**Respondent** - the person who is served with a petition requesting some legal action against him or her.

**Rotating Custody** - physical custody of child(ren) after divorce, which is alternated between the mother and father at specified periods of time, as determined by the court. Rotating custody allows each parent equal time with the child(ren).

**Scientific Paternity Testing** - a medical test to determine who is the father of a child.

**Secondary Residential Responsibility (Visitation)** - the time that the parent with whom the child(ren) does (do) not have primary residence spends with the child(ren).

**Service** - the delivery of legal documents to a party. This must be accomplished as directed by Florida Family Law Rules 12.070 and 12.080.

**Shared Parental Responsibility** - an arrangement under which both parents have full parental rights and responsibilities for their child(ren), and the parents make major decisions affecting the welfare of the child(ren) jointly. Shared Parental Responsibility is presumptive in Florida.

**Sole Parental Responsibility** - a parenting arrangement under which the responsibility for the minor child(ren) is given to one parent by the court, with or without rights of visitation to the other parent.

**Specified Visitation** - a parenting arrangement under which a specific schedule is established for the visitation and exchange of the child(ren).

**Spouse** - a husband or wife.

**Supervised Visitation** - a parenting arrangement under which visitation between a parent and his or her child(ren) is supervised by either a friend, family member, or a supervised visitation center.

**Supplemental Petition** - a petition that may be filed by either party after the judge has made a decision in a case and a final judgment or order has been entered. For example, a supplemental petition may be used to request that the court modify the previously entered final judgment or order.

**Trial** - the final hearing in a contested case.

**Uncontested** - any and all issues on which the parties are able to agree and which are part of a marital settlement agreement.

**Administrative Office of the Courts**  
**The Sixth Judicial Circuit of Florida**  
**(727)582-7200**

**MEDIATION INFORMATION**

Mediation means a process whereby a neutral third person called a mediator acts to encourage and facilitate the resolution of a dispute between two or more parties. It is an informal and non-adversarial process with the objective of helping you and the other party reach a mutually acceptable and voluntary agreement. The decision making authority rests with the parties.

“Family Mediation” which means mediation of family matters, including married or unmarried persons, before and after judgments involving dissolution of marriage; property division; shared or sole parental responsibility; or child support, custody, and visitation. Referrals to mediation on temporary matters such as child support /alimony and custody/visitation may also be made.

If an agreement is reached, it is placed in writing, signed by you and the other party, and filed with the court; unless otherwise agreed upon by the parties.

If you do not reach an agreement, the mediator reports the lack of agreement to the court without comment or recommendation. With the consent of the parties, the mediator’s report may also identify any pending motions or outstanding legal issues, discovery process, or other action by any party which, if resolved or completed, would facilitate the possibility of a settlement.

If you want the court to order mediation in your case, you must file a motion stating what issues in your case need to be referred to mediation. The original motion must be filed with the clerk of court and a copy sent to the other party. Once your motion has been properly filed, you must call to obtain a hearing date so the judge or general master can consider your motion.

Mediators are paid for their services. The court can determine the portion of the cost each party pays for mediation upon request. If you cannot afford the mediation costs, you can file a motion asking the court to waive the cost or change the percentage of the costs that you are ordered to pay. When filing a motion to waive or reassign the costs in a mediation, it is normally necessary to file a current financial affidavit with your request.

For further information, see Florida Family Law Rules of Procedure 12.740-12.741.

**Administrative Office of the Courts Φ The Sixth Judicial Circuit of Florida Φ 727-582-7200**

<b>South Pinellas County(St. Petersburg)</b>		
Name	Address	Telephone Number(s) or other information
Courts Information and Resource Center	Family law procedural assistance & information on approved forms.	727-582-7200 (walk-in assistance is not available) Office hours 8 a.m. to Noon, 1 p.m. to 5 p.m. Monday - Friday.
Lawyer Referral Service		727-821-5450 (30 min. consultation with a lawyer for a small fee)
Legal Aid St. Petersburg	Bay Area Legal Services-West 2600-9 <sup>th</sup> Street North, Ste. 401 St. Petersburg, FL 33704	Bay Area Legal Services-West: 727-490-4040 Gulfcoast Legal Services: 727-821-0726 Community Law Program: 727-582-7402
St. Petersburg Courthouse	545-1 <sup>st</sup> Avenue North St. Petersburg, FL 33701	Clerk of Court: 727-582-7771 Child Support Automated Information Line: 727-464-4845
Alternative Dispute Resolution Programs	Court ordered civil mediation and arbitration services.	Mediation/Arbitration: 727-464-4943, Family Mediation: 727-464-4947
<b>North Pinellas County(Clearwater)</b>		
Clearwater Courthouse	315 Court Street Clearwater, FL 33756	Clerk of Court: 727-464-3267 Child Support Automated Information Line: 727-464-4845 Clearwater Courthouse Legal Assistance Program: 727-464-3267
Courts Information and Resource Center	Family law procedural assistance & information on approved forms.	727-582-7200 (walk-in assistance is not available) Office hours 8 a.m. to Noon, 1 p.m. to 5 p.m. Monday - Friday.
Lawyer Referral Service		727-461-4880 (30 minute consultation for a small fee)
Legal Aid Clearwater	Gulfcoast Legal Services 314 S. Missouri Avenue, #109 Clearwater, FL 33756	727-443-0657
Pinellas County Information	315 Court Street Clearwater, FL 33756	727-464-3000
Alternative Dispute Resolution Programs	Court ordered mediation and arbitration services.	Mediation/Arbitration: 727-464-4943, Family Mediation: 727-464-4947
<b>Pasco County (New Port Richey &amp; Dade City)</b>		
Clerk of Court-Civil (New Port Richey)	7530 Little Road New Port Richey, FL 34654	727-847-8176 727-847-2411
Clerk of Court-Civil (Dade City)	38053 Live Oak Avenue Dade City, FL 33523-3805	352-521-4517
Legal Aid-Pasco	Bay Area Legal Services Offices in New Port Richey and Dade City	New Port Richey: 727-847-5494 Dade City: 352-567-9044
Pasco County General Information	38053 Live Oak Avenue Dade City, FL 33523-3805	352-521-4274
<b>Miscellaneous</b>		
Florida Dept. of Revenue	Many offices statewide	Child Support Enforcement: 800-622-5437
211	Information and referral for a variety of state, local and private services in the areas of health care, psychological services, domestic violence, support groups, tutoring and more.	Dial 211 (24 hours per day, 7 days per week) Multilingual Internet page: <a href="http://www.211tampabay.com">http://www.211tampabay.com</a>
Internet Pages	Florida Supreme Court <a href="http://www.flcourts.org">http://www.flcourts.org</a> , Pinellas County Clerk of Court <a href="http://clerk.co.pinellas.fl.us/">http://clerk.co.pinellas.fl.us/</a> , Sixth Judicial Circuit Court <a href="http://www.jud6.org">http://www.jud6.org</a> , Sixth Judicial Circuit Family Division <a href="http://www.jud6.org/GeneralInfo/AboutTheCircuit/AOC/Courtprograms/familyLaw/familylaw.htm">http://www.jud6.org/GeneralInfo/AboutTheCircuit/AOC/Courtprograms/familyLaw/familylaw.htm</a>	
State of Florida FLSDU	SDU P.O. Box 8500 Tallahassee, FL 32314-8500	For income deducted support payments 1-877-769-0251 Toll free (you will need your case number and social security number)

**CIRCUIT/COUNTY COURT, PINELLAS COUNTY, FLORIDA  
CIVIL DIVISION**

**CIVIL COVER SHEET**

The civil cover sheet and the information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use of the clerk of Court for the purpose of reporting judicial workload data pursuant to Florida Statute 25.075.

**I. CASE STYLE**

(Name of Court) \_\_\_\_\_

Plaintiff \_\_\_\_\_

Ref. \_\_\_\_\_

Defendant \_\_\_\_\_

UCN: \_\_\_\_\_

Judge: \_\_\_\_\_

**II. TYPE OF CASE** (Place an X in one box only. If the case fits more than one type of case, select the most definitive.)

<b>Domestic Relations</b>	<b>Torts</b>	<b>Other Civil</b>
<input type="checkbox"/> Simplified Dissolution <input type="checkbox"/> Uncontested Dissolution <input type="checkbox"/> Contested Dissolution <input type="checkbox"/> Support IV-D <input type="checkbox"/> Support – Non IV-D <input type="checkbox"/> URESA - IV-D <input type="checkbox"/> URESA – Non IV-D <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Other Domestic Relations	<input type="checkbox"/> Professional Malpractice <input type="checkbox"/> Products liability <input type="checkbox"/> Auto negligence <input type="checkbox"/> Other negligence	<input type="checkbox"/> Contracts <input type="checkbox"/> Condominium <input type="checkbox"/> Real property / Mortgage foreclosure <input type="checkbox"/> Eminent Domain <input type="checkbox"/> Other
	<b>Specific Case Type</b>	
	<input type="checkbox"/> (per Administrative order 86-44)	

**III. Is Jury Trial Demanded in Complaint?**

Yes  No

DATE: \_\_\_\_\_

SIGNATURE OF ATTORNEY FOR  
PARTY INITIATING ACTION:  
\_\_\_\_\_

ATTORNEY'S SPN NUMBER: \_\_\_\_\_

## Instruction Sheet For Filing A Notice Of Related Cases, Pinellas County

### When should this form be used?

**Rule of Judicial Administration 2.085(d)** requires the **petitioner** in a family case to file with the court a **notice of related cases**, if the petitioner is aware that related cases exist or if the petitioner should be able to reasonably determine that related cases exist.

A related case is a case that is **separate** from the new case to be filed by the petitioner that:

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

Family cases include:

- dissolution of marriage (divorce),
- annulment,
- support unconnected with dissolution of marriage,
- paternity,
- child support,
- UIFSA,
- custodial care of and access to children,
- adoption,
- name change,
- declaratory judgment actions related to premarital, marital, or post-marital agreements,
- civil domestic violence, repeat violence, dating violence, and sexual violence injunctions,
- juvenile dependency,
- termination of parental rights,
- juvenile delinquency,
- emancipation of a minor,
- CINS/FINS,
- truancy, and
- modification and enforcement of orders entered in these cases.

The party filing a case, should review the above list, and if that party has or had another court case that fits under one of the categories listed above, that case should be listed on the Notice of Related Cases.

## **Instruction Sheet For Filing A Notice Of Related Cases, Pinellas County**

The Notice of Related Cases should be typed or printed in black ink. After completing the form, you should **file** the original with the **clerk of the circuit court** in the county where your case is filed and keep a copy for your records. A copy of the form must be mailed or hand delivered to any other party in your case. **You must do this and show the date that you did it.**

Rule of Judicial Administration 2.085(d) requires the petitioner to serve the Notice of Related Cases on the chief judge or family administrative judge. In this Circuit, this shall be done by sending or faxing this form to:

Debra Leiman, Unified Family Court Staff Director,  
Administrative Office of the Courts, Criminal Justice  
Center, 14250 49<sup>th</sup> Street North, Clearwater, FL 33762  
Fax: \_\_\_\_\_.

### **What should I do next?**

**Each party, whether the petitioner or the respondent** has a **continuing duty** to inform the court of any cases in this or any other state that could affect the current case.

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

Read the "General Information for Self-Represented Litigants" found at the beginning of the Family Law Forms in the Florida Rules of Court, Family Law Rules. You may also refer to Rule of Judicial Administration 2.085(d).



**IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT  
OF THE STATE OF FLORIDA, IN AND FOR PINELLAS COUNTY  
FAMILY LAW DIVISION**

UCN: 52-200\_\_DR0\_\_\_\_\_XX\_\_\_\_FD

Ref. No.: \_\_\_\_\_ Division: \_\_\_\_\_

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

and

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

**NOTICE OF RELATED CASES**

I, *{full legal name}* \_\_\_\_\_, certify the following:

I am aware of the following case(s) which are or may be related to the current case above:

(Attach additional sheets as necessary.)

**Related Case**

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

Case Name: \_\_\_\_\_  
(e.g., Smith v. Jones; In Re: the matter of R. S.; State v. Smith; etc.)

Case Type: { } Dissolution of Marriage { } Paternity { } Child Support { } UIFSA { } Juvenile Dependency  
{ } Juvenile Delinquency { } Domestic Violence Injunction { } CINS/FINS  
{ } Other Petition: \_\_\_\_\_

How are the cases related? { } Same Parties { } One Party the Same: \_\_\_\_\_ { } Same Children  
{ } Same Issues

**Related Case**

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

Case Name: \_\_\_\_\_  
(e.g., Smith v. Jones; In Re: the matter of R. S.; State v. Smith; etc.)

Case Type: { } Dissolution of Marriage { } Paternity { } Child Support { } UIFSA { } Juvenile Dependency  
{ } Juvenile Delinquency { } Domestic Violence Injunction { } CINS/FINS  
{ } Other Petition: \_\_\_\_\_

How are the cases related? { } Same Parties { } One Party the Same: \_\_\_\_\_ { } Same Children  
{ } Same Issues

**Related Case**

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

Case Name: \_\_\_\_\_  
(e.g., Smith v. Jones; In Re: the matter of R. S.; State v. Smith; etc.)

Case Type: { } Dissolution of Marriage { } Paternity { } Child Support { } UIFSA { } Juvenile Dependency  
{ } Juvenile Delinquency { } Domestic Violence Injunction { } CINS/FINS  
{ } Other Petition: \_\_\_\_\_

How are the cases related? { } Same Parties { } One Party the Same: \_\_\_\_\_ { } Same Children  
{ } Same Issues

[ any that apply.]

- I believe assignment of the cases to one judge or another method of coordination will conserve judicial resources and promote an efficient determination of the actions.
- I believe assignment of the cases to one judge or another method of coordination will not conserve judicial resources nor promote an efficient determination of the actions because \_\_\_\_\_
- I request coordination of the following above-listed cases: (Note: Out-of-county cases cannot be coordinated.)  
\_\_\_\_\_  
\_\_\_\_\_

**I UNDERSTAND THAT THE CIRCUIT COURT RESERVES THE RIGHT TO DECIDE WHEN AND HOW TO COORDINATE FILED CASES.**

**I UNDERSTAND THAT I HAVE A CONTINUING DUTY TO INFORM THE COURT OF ANY CASES IN THIS OR ANY OTHER STATE THAT COULD AFFECT THE CURRENT CASE.**

**THIS FORM SHALL BE USED FOR CASE MANAGEMENT PURPOSES ONLY AND MAY BE SEALED BY THE CLERK OF CIRCUIT COURT IF IT IS DETERMINED CONFIDENTIAL INFORMATION IS INCLUDED IN THIS FORM.**

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} \_\_\_\_\_

Other party or his/her attorney:  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_

Other party or his/her attorney:  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_

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

Signature of Party: \_\_\_\_\_

## Instruction Sheet For Filing A Notice Of Related Cases, Pasco County

### When should this form be used?

**Rule of Judicial Administration 2.085(d)** requires the **petitioner** in a family case to file with the court a **notice of related cases**, if the petitioner is aware that related cases exist or if the petitioner should be able to reasonably determine that related cases exist.

A related case is a case that is **separate** from the new case to be filed by the petitioner that:

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

Family cases include:

- dissolution of marriage (divorce),
- annulment,
- support unconnected with dissolution of marriage,
- paternity,
- child support,
- UIFSA,
- custodial care of and access to children,
- adoption,
- name change,
- declaratory judgment actions related to premarital, marital, or post-marital agreements,
- civil domestic violence, repeat violence, dating violence, and sexual violence injunctions,
- juvenile dependency,
- termination of parental rights,
- juvenile delinquency,
- emancipation of a minor,
- CINS/FINS,
- truancy, and
- modification and enforcement of orders entered in these cases.

The party filing a case, should review the above list, and if that party has or had another court case that fits under one of the categories listed above, that case should be listed on the Notice of Related Cases.

## **Instruction Sheet For Filing A Notice Of Related Cases, Pasco County**

The Notice of Related Cases should be typed or printed in black ink. After completing the form, you should **file** the original with the **clerk of the circuit court** in the county where your case is filed and keep a copy for your records. A copy of the form must be mailed or hand delivered to any other party in your case. **You must do this and show the date that you did it.**

Rule of Judicial Administration 2.085(d) requires the petitioner to serve the Notice of Related Cases on the chief judge or family administrative judge. In this Circuit, this shall be done by sending or faxing this form to:

In West Pasco: \_\_\_\_\_, Unified  
Family Court, Administrative Office of the Courts,  
West Pasco Judicial Center, 7530 Little Road, New  
Port Richey, FL, 34654  
Fax: \_\_\_\_\_.

In East Pasco: \_\_\_\_\_, Unified  
Family Court, Administrative Office of the Courts,  
West Pasco Judicial Center, 38053 Live Oak Avenue,  
Dade City, FL, 33525  
Fax: \_\_\_\_\_.

### **What should I do next?**

**Each party, whether the petitioner or the respondent** has a **continuing duty** to inform the court of any cases in this or any other state that could affect the current case.

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

Read the "General Information for Self-Represented Litigants" found at the beginning of the Family Law Forms in the Florida Rules of Court, Family Law Rules. You may also refer to Rule of Judicial Administration 2.085(d).

**IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT  
OF THE STATE OF FLORIDA, IN AND FOR PASCO COUNTY  
FAMILY LAW DIVISION**

UCN: 51-200 \_\_\_\_\_

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

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

**and**

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

**NOTICE OF RELATED CASES**

I, *{full legal name}* \_\_\_\_\_, certify the following:

I am aware of the following case(s) which are or may be related to the current case above:

(Attach additional sheets as necessary.)

**Related Case**

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

Case Name: \_\_\_\_\_  
(e.g., Smith v. Jones; In Re: the matter of R. S.; State v. Smith; etc.)

Case Type: { } Dissolution of Marriage { } Paternity { } Child Support { } UIFSA { } Juvenile Dependency  
{ } Juvenile Delinquency { } Domestic Violence Injunction { } CINS/FINS  
{ } Other Petition: \_\_\_\_\_

How are the cases related? { } Same Parties { } One Party the Same: \_\_\_\_\_ { } Same Children  
{ } Same Issues

**Related Case**

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

Case Name: \_\_\_\_\_  
(e.g., Smith v. Jones; In Re: the matter of R. S.; State v. Smith; etc.)

Case Type: { } Dissolution of Marriage { } Paternity { } Child Support { } UIFSA { } Juvenile Dependency  
{ } Juvenile Delinquency { } Domestic Violence Injunction { } CINS/FINS  
{ } Other Petition: \_\_\_\_\_

How are the cases related? { } Same Parties { } One Party the Same: \_\_\_\_\_ { } Same Children  
{ } Same Issues

**Related Case**

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

Case Name: \_\_\_\_\_  
(e.g., Smith v. Jones; In Re: the matter of R. S.; State v. Smith; etc.)

Case Type: { } Dissolution of Marriage { } Paternity { } Child Support { } UIFSA { } Juvenile Dependency  
{ } Juvenile Delinquency { } Domestic Violence Injunction { } CINS/FINS  
{ } Other Petition: \_\_\_\_\_

How are the cases related? { } Same Parties { } One Party the Same: \_\_\_\_\_ { } Same Children  
{ } Same Issues

[✓any that apply.]

I believe assignment of the cases to one judge or another method of coordination will conserve judicial resources and promote an efficient determination of the actions.

I believe assignment of the cases to one judge or another method of coordination will not conserve judicial resources nor promote an efficient determination of the actions because \_\_\_\_\_.

I request coordination of the following above-listed cases: (Note: Out-of-county cases cannot be coordinated.)  
\_\_\_\_\_  
\_\_\_\_\_

**I UNDERSTAND THAT THE CIRCUIT COURT RESERVES THE RIGHT TO DECIDE WHEN AND HOW TO COORDINATE FILED CASES.**

**I UNDERSTAND THAT I HAVE A CONTINUING DUTY TO INFORM THE COURT OF ANY CASE IN THIS OR ANY OTHER STATE THAT COULD AFFECT THE CURRENT CASE.**

**THIS FORM SHALL BE USED FOR CASE MANAGEMENT PURPOSES ONLY AND MAY BE SEALED BY THE CLERK OF CIRCUIT COURT IF IT IS DETERMINED CONFIDENTIAL INFORMATION IS INCLUDED IN THIS FORM.**

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} \_\_\_\_\_.

Other party or his/her attorney:

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

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

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

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

Other party or his/her attorney:

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

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

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

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

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

Signature of Party: \_\_\_\_\_

**Attorney Instruction Sheet For Filing A Notice Of Related Cases,**  
**Pinellas County**

Per Rule of Judicial Administration 2.085(d), the petitioner in a family case shall file with the court a notice of related cases, if related cases are known or reasonably ascertainable.

A case is related when:

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

Family cases include:

- dissolution of marriage,
- annulment,
- support unconnected with dissolution of marriage,
- paternity,
- child support,
- UIFSA,
- custodial care of and access to children,
- adoption,
- name change,
- declaratory judgment actions related to premarital, marital, or post-marital agreements,
- civil domestic violence, repeat violence, dating violence, and sexual violence injunctions,
- juvenile dependency,
- termination of parental rights,
- juvenile delinquency,
- emancipation of a minor,
- CINS/FINS,
- truancy, and
- modification and enforcement of orders entered in these cases.

The Notice of Related Cases shall be filed with the initial pleading by the filing attorney or self-represented petitioner.

Each party has a continuing duty to inform the court of any proceedings in this or any other state that could affect the current proceeding.

**Attorney Instruction Sheet For Filing A Notice Of Related Cases,**  
**Pinellas County**

This Notice of Related Cases shall be filed with the Clerk of the Circuit Court and copies of this notice shall be served on all parties in the related cases.

Rule of Judicial Administration 2.085(d) requires the petitioner to also serve the Notice of Related Cases on the chief judge or family administrative judge. In this Circuit, this shall be accomplished by sending or faxing this form to:

Debra Leiman, Unified Family Court Staff Director,  
Administrative Office of the Courts, Criminal Justice  
Center, 14250 49<sup>th</sup> Street North, Clearwater, FL 33762  
Fax: \_\_\_\_\_.



**Attorney Instruction Sheet For Filing A Notice Of Related Cases,**  
**Pasco County**

Per Rule of Judicial Administration 2.085(d), the petitioner in a family case shall file with the court a notice of related cases, if related cases are known or reasonably ascertainable.

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

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- annulment,
- support unconnected with dissolution of marriage,
- paternity,
- child support,
- UIFSA,
- custodial care of and access to children,
- adoption,
- name change,
- declaratory judgment actions related to premarital, marital, or post-marital agreements,
- civil domestic violence, repeat violence, dating violence, and sexual violence injunctions,
- juvenile dependency,
- termination of parental rights,
- juvenile delinquency,
- emancipation of a minor,
- CINS/FINS,
- truancy, and
- modification and enforcement of orders entered in these cases.

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**Attorney Instruction Sheet For Filing A Notice Of Related Cases,**  
**Pasco County**

This Notice of Related Cases shall be filed with the Clerk of the Circuit Court and copies of this notice shall be served on all parties in the related cases.

Rule of Judicial Administration 2.085(d) requires the petitioner to also serve the Notice of Related Cases on the chief judge or family administrative judge. In this Circuit, this shall be accomplished by sending or faxing this form to:

In West Pasco: \_\_\_\_\_, Unified  
Family Court, Administrative Office of the Courts,  
West Pasco Judicial Center, 7530 Little Road, New  
Port Richey, FL, 34654  
Fax: \_\_\_\_\_.

In East Pasco: \_\_\_\_\_, Unified  
Family Court, Administrative Office of the Courts,  
West Pasco Judicial Center, 38053 Live Oak Avenue,  
Dade City, FL, 33525  
Fax: \_\_\_\_\_.

INSTRUCTIONS FOR FLORIDA FAMILY LAW RULES OF PROCEDURE FORM 12.900(a),  
DISCLOSURE FROM NONLAWYER

**When should this form be used?**

This form must be used when anyone who is **not** a lawyer in good standing with The Florida Bar helps you complete any Florida Family Law Form. Attorneys who are licensed to practice in other states but not Florida, or who have been disbarred or suspended from the practice of law in Florida, are nonlawyers for the purposes of the Florida Family Law Forms and instructions.

The nonlawyer must complete this form and both of you are to sign it before the nonlawyer assists you in completing any Family Law Form.

**In addition**, on any other form with which a nonlawyer helps you, the nonlawyer shall complete the nonlawyer section located at the bottom of the form unless otherwise specified in the instructions to the form. This is to protect you and be sure that you are informed in advance of the nonlawyer's limitations.

**What should I do next?**

A copy of this disclosure, signed by both the nonlawyer and the person, must be given to the person and the nonlawyer must keep a copy in the person's file. The nonlawyer must keep copies for at least six years of all forms given to the person being assisted.

**Special notes...**

This disclosure form does NOT act as or constitute a waiver, disclaimer, or limitation of liability.

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

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

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

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

and

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

### DISCLOSURE FROM NONLAWYER

{Name} \_\_\_\_\_, told me that he/she is a nonlawyer and may not give legal advice, cannot tell me what my rights or remedies are, cannot tell me how to testify in court, and cannot represent me in court.

Rule 10-2.1(b) of the Rules Regulating The Florida Bar defines a paralegal as a person who works under the supervision of a member of The Florida Bar and who performs specifically delegated substantive legal work for which a member of The Florida Bar is responsible. Only persons who meet the definition may call themselves paralegals. {Name} \_\_\_\_\_, informed me that he/she is not a paralegal and cannot call himself/herself a paralegal.

{Name} \_\_\_\_\_, told me that he/she may only type the factual information provided by me in writing into the blanks on the form. {Name} \_\_\_\_\_, may not help me fill in the form and may not complete the form for me. If using a form approved by the Supreme Court of Florida, {name} \_\_\_\_\_, may ask me factual questions to fill in the blanks on the form and may also tell me how to file the form.

[ **one** only]

I can read English.

I cannot read English, but this disclosure was read to me [fill in **both** blanks] by

{name} \_\_\_\_\_ in {language} \_\_\_\_\_, which I understand.

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

\_\_\_\_\_  
Signature of Party

\_\_\_\_\_  
Signature of **NONLAWYER**

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

Name of Business: \_\_\_\_\_

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

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

## **Instructions for Using Joint Supplemental Petition to Modify Judgment Dissolving Marriage**

This form is intended to be used jointly by parties to a dissolution (divorce) case to modify some provision of their final judgment of dissolution (divorce order). This form addresses child support, insurance, parental responsibility, and/or alimony.

Depending upon what parts of your final order you are requesting to modify, you must also file with the court, some, or all, of the following supporting documents and provide a copy to the other party:

- **Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) Affidavit**, Florida Supreme Court Approved Family Law Form 12.902(d). This form should be used in any case involving custody of or visitation with any minor child(ren). This affidavit is required even if the custody and visitation of the minor child(ren) are not in dispute.
- **Notice of Social Security Number**, Florida Supreme Court Approved Family Law Form 12.902(j). (This must be filed by both parties)
- **Financial Affidavit**, Florida Family Law Rules of Procedure Form 12.902 (b) or (c). (This must be filed by both parties)
- **Certificate of Compliance with Mandatory Disclosure**, Florida Family Law Rules of Procedure Form 12.932. (This must be filed unless you and the other party have agreed not to exchange these documents; See Sixth Judicial Circuit Local Form--Waiver of Mandatory Disclosure)
- **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.)

After the joint supplemental petition has been filed, one party will need to call to request a hearing on the supplemental petition before a family law judge or general master. A hearing may not be granted until you have properly followed procedures by filing all necessary supporting documents. New supporting documents are necessary even if the order you are modifying was quite recent. If you have any questions concerning your legal rights in this type of proceeding you are **strongly** urged to seek advice from an attorney.

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

REF: \_\_\_\_\_  
UCN: \_\_\_\_\_  
Division: \_\_\_\_\_

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

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

\_\_\_\_\_ /

**JOINT SUPPLEMENTAL PETITION TO MODIFY JUDGMENT  
DISSOLVING MARRIAGE**

The request of the parties shows:

1. We, the parties to this cause, were divorced on \_\_\_\_\_, \_\_\_\_\_. **A copy of the Final Judgment of Dissolution of Marriage is attached.**
2. We have agreed, and hereby stipulate, to a change in the terms of the Judgment as indicated below, and request this Court to issue an Order of Judgment so modifying our judgment:

**Child support** shall be  increased /  decreased to the sum of \$ \_\_\_\_\_ per \_\_\_\_\_, to be paid by way of an  Income Deduction Order,  Order Directing Payment Through Central Depository, until \_\_\_\_\_, or until further Order of this Court.

The parties request that the Court award a child support amount that is more than or less than Florida's child support guidelines. Both parties understand that a Motion to Deviate from Child Support Guidelines, Florida Supreme Court Approved Family Law Form 12.943, **must** be completed and filed by one of the parties before the Court will consider this request.

**Medical/dental insurance coverage** for the minor child(ren) will be provided by  Former Husband /  Former Wife. Uninsured medical/dental expenses for the child(ren) will be paid by:  
[ one only]  
 Former Husband.  
 Former Wife.  
 Former Wife and Former Husband each pay one-half.  
 Former Wife and Former Husband each pay according to the percentages in the Child Support Guidelines Worksheet, Florida Family Law Rules of Procedure Form 12.902(e).

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

**Life insurance** to secure child support will be provided by  Former Husband /  Former Wife /  Both.

**Arrears** will be addressed and resolved as follows: \_\_\_\_\_  
\_\_\_\_\_

**Primary parental responsibility/custody** of the minor child(ren) shall be changed to the  Former Husband /  Former Wife, until \_\_\_\_\_, or until further Order of this Court.

Monthly childcare costs of \$ \_\_\_\_\_ will be paid by the non-custodial parent.

**The non-custodial parent's visitation** with the minor child(ren) shall be changed to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Alimony** shall be  increased /  decreased to the sum of \$ \_\_\_\_\_ per \_\_\_\_\_, to be paid by way of an  Income Deduction Order /  Order Directing Payment Through Central Depository, until \_\_\_\_\_, or until the death or remarriage of the recipient of said alimony, or until further Order of this Court.

**Other** agreed provisions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. We further agree that these modifications are to become effective upon entry of the order.
4. The modifications requested are in the best interest of the parties and/or our minor child(ren).

5. All other provisions of the Final Judgment not in conflict with the changes indicated above shall remain in full force and effect.

**We understand that we are 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—STATE OF FLORIDA

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

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

**We understand that we are 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 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—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 THEY MUST FILL IN THE  
BLANKS BELOW:** [☞☐ fill in **all** blanks]

I, *{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.

INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW FORM  
12.902(j),  
NOTICE OF SOCIAL SECURITY NUMBER

**When should this form be used?**

This form must be completed and filed by each party in all **paternity**, **child support**, and **dissolution of marriage** cases, regardless of whether the case involves a minor child(ren) and/or property.

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 case 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 it is not **served** on him or her with your initial papers.

**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 sections 61.052 and 61.13, Florida Statutes.

**Special notes...**

**If this is a domestic violence case and you want to keep your address confidential for safety reasons, do not enter the address, telephone, and fax information at the bottom of this form.** Instead, file **Petitioner’s Request for Confidential Filing of Address**,  Florida Supreme Court Approved Family Law Form 12.980(i).

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 \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

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

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

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

and

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

**NOTICE OF SOCIAL SECURITY NUMBER**

I, *{full legal name}* \_\_\_\_\_,  
certify that my social security number is \_\_\_\_\_, as required in section  
61.052(7), sections 61.13(9) or (10), section 742.031(3), sections 742.032(1)–(3), and/or sections  
742.10(1)–(2), Florida Statutes. My date of birth is \_\_\_\_\_.

[ one only]

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

Name	Birth date	Social Security Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*{Attach additional pages if necessary.}*

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

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

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

\_\_\_\_\_  
Signature  
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:** [  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.

INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW FORM  
12.902(j),  
NOTICE OF SOCIAL SECURITY NUMBER

**When should this form be used?**

This form must be completed and filed by each party in all **paternity**, **child support**, and **dissolution of marriage** cases, regardless of whether the case involves a minor child(ren) and/or property.

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 case 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 it is not **served** on him or her with your initial papers.

**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 sections 61.052 and 61.13, Florida Statutes.

**Special notes...**

**If this is a domestic violence case and you want to keep your address confidential for safety reasons, do not enter the address, telephone, and fax information at the bottom of this form.** Instead, file **Petitioner’s Request for Confidential Filing of Address**,  Florida Supreme Court Approved Family Law Form 12.980(i).

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 \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

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

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

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

and

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

**NOTICE OF SOCIAL SECURITY NUMBER**

I, *{full legal name}* \_\_\_\_\_,  
certify that my social security number is \_\_\_\_\_, as required in section  
61.052(7), sections 61.13(9) or (10), section 742.031(3), sections 742.032(1)–(3), and/or sections  
742.10(1)–(2), Florida Statutes. My date of birth is \_\_\_\_\_.

[ one only]

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

Name	Birth date	Social Security Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*{Attach additional pages if necessary.}*

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

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

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

\_\_\_\_\_  
Signature  
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:** [  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.

INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW FORM 12.902(d),  
UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA) AFFIDAVIT

**When should this form be used?**

This form should be used in any case involving custody of or visitation with any minor child(ren). This **affidavit** is **required** even if the custody and visitation of the minor child(ren) are not in dispute.

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 it is not served on him or her with your initial papers.

**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 sections 61.501–61.542, Florida Statutes.

**Special notes...**

If you are the petitioner in an injunction for protection against domestic violence case and you have filed **Petitioner’s Request for Confidential Filing of Address**,  Florida Supreme Court Approved Family Law Form 12.980(i), you should write “confidential” in any space on this form that would require you to write the address where you are currently living.

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 \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

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

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

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

and

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

**UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA) AFFIDAVIT**

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

1. The number of minor child(ren) subject to this proceeding is \_\_\_\_\_. The name, place of birth, birth date, and sex of each child; the present address, periods of residence, and places where each child has lived **within the past five (5) years**; and the name, present address, and relationship to the child of each person with whom the child has lived during that time are:

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

Child's Full Legal Name: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

**Child's Residence for the past 5 years:**

Dates (From/To)	Address (including city and state) where child lived	Name and present address of person child lived with	Relationship to child
_____ /present*			
_____ /			
_____ /			
_____ /			
_____ /			
_____ /			

\* If you are the petitioner in an injunction for protection against domestic violence case and you have filed

(Make as many copies of page 2 as necessary.)

**Petitioner's Request for Confidential Filing of Address,  Florida Supreme Court Approved Family Law Form 12.980(i), you should write "confidential" in any space on this form that would require you to enter the address where you are currently living.**

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

Child's Full Legal Name: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

**Child's Residence for the past 5 years:**

Dates (From/To)	Address (including city and state) where child lived	Name and present address of person child lived with	Relationship to child
_____/present			
_____/_____			
_____/_____			
_____/_____			
_____/_____			
_____/_____			

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

Child's Full Legal Name: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

**Child's Residence for the past 5 years:**

Dates (From/To)	Address (including city and state) where child lived	Name and present address of person child lived with	Relationship to child
_____/present			
_____/_____			
_____/_____			
_____/_____			
_____/_____			

/			
---	--	--	--

**2. Participation in custody proceeding(s):**

[  one only]

\_\_\_\_\_ I HAVE NOT participated as a party, witness, or in any capacity in any other litigation or custody proceeding in this or any other state, concerning custody of a child subject to this proceeding.

\_\_\_\_\_ I HAVE participated as a party, witness, or in any capacity in any other litigation or custody proceeding in this or another state, concerning custody of a child subject to this proceeding.

Explain:

a. Name of each child: \_\_\_\_\_

b. Type of proceeding: \_\_\_\_\_

c. Court and state: \_\_\_\_\_

d. Date of court order or judgment (if any): \_\_\_\_\_

**3. Information about custody proceeding(s):**

[  one only]

\_\_\_\_\_ I HAVE NO INFORMATION of any custody proceeding pending in a court of this or any other state concerning a child subject to this proceeding.

\_\_\_\_\_ I HAVE THE FOLLOWING INFORMATION concerning a custody proceeding pending in a court of this or another state concerning a child subject to this proceeding, other than set out in item 2. Explain:

a. Name of each child: \_\_\_\_\_

b. Type of proceeding: \_\_\_\_\_

c. Court and state: \_\_\_\_\_

d. Date of court order or judgment (if any): \_\_\_\_\_

**4. Persons not a party to this proceeding:**

[  one only]

\_\_\_\_\_ I DO NOT KNOW OF ANY PERSON not a party to this proceeding who has physical custody or claims to have custody or visitation rights with respect to any child subject to this proceeding.

\_\_\_\_\_ I KNOW THAT THE FOLLOWING NAMED PERSON(S) not a party to this proceeding has (have) physical custody or claim(s) to have custody or visitation rights with respect to any child subject to this proceeding:

a. Name and address of person: \_\_\_\_\_

( ) has physical custody ( ) claims custody rights ( ) claims visitation rights.

Name of each child: \_\_\_\_\_

b. Name and address of person: \_\_\_\_\_

( ) has physical custody ( ) claims custody rights ( ) claims visitation rights.

Name of each child: \_\_\_\_\_

c. Name and address of person: \_\_\_\_\_

( ) has physical custody ( ) claims custody rights ( ) claims visitation rights.

Name of each child: \_\_\_\_\_

5. **Knowledge of prior child support proceedings:**

[  one only]

\_\_\_\_\_ The child(ren) described in this affidavit are NOT subject to existing child support order(s) in this or any state or territory.

\_\_\_\_\_ The child(ren) described in this affidavit are subject to the following existing child support order(s):

a. Name of each child: \_\_\_\_\_

b. Type of proceeding: \_\_\_\_\_

c. Court and address: \_\_\_\_\_

d. Date of court order/judgment (if any): \_\_\_\_\_

e. Amount of child support paid and by whom: \_\_\_\_\_

6. **I acknowledge that I have a continuing duty to advise this Court of any custody, visitation, child support, or guardianship proceeding (including dissolution of marriage, separate maintenance, child neglect, or dependency) concerning the child(ren) in this state or any other state about which information is obtained during this proceeding.**

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} \_\_\_\_\_.

**Other party 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 affidavit 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:** [ ✎ 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.

INSTRUCTIONS FOR FLORIDA FAMILY LAW RULES OF PROCEDURE FORM 12.902(b),  
FAMILY LAW FINANCIAL AFFIDAVIT (SHORT FORM)

**When should this form be used?**

This form should be used when you are involved in a family law case which requires a **financial affidavit** and your individual gross income is **UNDER \$50,000 per year**.

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 **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 it is not served on him or her with your initial papers. This must be accomplished within 45 days of service of the petition.

**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 rule 12.285, Florida Family Law Rules of Procedure.

**Special notes...**

If this is a domestic violence case and you want to keep your address confidential for safety reasons, do not enter the address, telephone, and fax information at the bottom of this form. Instead, file **Petitioner’s Request for Confidential Filing of Address**,  Florida Supreme Court Approved Family Law Form 12.980(i).

The affidavit must be completed using **monthly** income and expense amounts. If you are paid or your bills are due on a schedule which is not monthly, you must convert those amounts. Hints are provided below for making these conversions.

**Hourly** - If you are paid by the hour, you may convert your income to monthly as follows:

Hourly amount	×	Hours worked per week	=	Weekly amount
Weekly amount	×	52 Weeks per year	=	Yearly amount
Yearly amount	÷	12 Months per year	=	<b>Monthly Amount</b>

**Daily** - If you are paid by the day, you may convert your income to monthly as follows:

Daily amount	×	Days worked per week	=	Weekly amount
Weekly amount	×	52 Weeks per year	=	Yearly amount
Yearly amount	÷	12 Months per year	=	<b>Monthly Amount</b>

**Weekly** - If you are paid by the week, you may convert your income to monthly as follows:

Weekly amount	×	52 Weeks per year	=	Yearly amount
Yearly amount	÷	12 Months per year	=	<b>Monthly Amount</b>


**Bi-weekly** - If you are paid every two weeks, you may convert your income to monthly as follows:

Bi-weekly amount	×	26	=	Yearly amount
Yearly amount	÷	12 Months per year	=	<b>Monthly Amount</b>

**Bi-monthly** - If you are paid twice per month, you may convert your income to monthly as follows:

Bi-monthly amount	×	2	=	<b>Monthly Amount</b>
-------------------	---	---	---	-----------------------

Expenses may be converted in the same manner.

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 \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

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

\_\_\_\_\_  
Petitioner,  
and  
\_\_\_\_\_  
Respondent.

**FAMILY LAW FINANCIAL AFFIDAVIT (SHORT FORM)**  
(Under \$50,000 Individual Gross Annual Income)

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

My Occupation: \_\_\_\_\_ Employed by: \_\_\_\_\_

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

Pay rate: \$ \_\_\_\_\_ ( ) every week ( ) every other week ( ) twice a month ( ) monthly ( ) other: \_\_\_\_

Check here if unemployed and explain on a separate sheet your efforts to find employment.

**SECTION I. PRESENT MONTHLY GROSS INCOME:**

**All amounts must be MONTHLY.** See the instructions with this form to figure out money amounts for anything that is NOT paid monthly. Attach more paper, if needed. Items included under "other" should be listed separately with separate dollar amounts.

- |  |               |
|--|---------------|
| 1. Monthly gross salary or wages   | 1. \$ _____   |
| 2. Monthly bonuses, commissions, allowances, overtime, tips, and similar payments  | 2. _____      |
| 3. Monthly business income from sources such as self-employment, partnerships, close corporations, and/or independent contracts (gross receipts minus ordinary and necessary expenses required to produce income) ( <input type="checkbox"/> Attach sheet itemizing such income and expenses.) | 3. _____      |
| 4. Monthly disability benefits/SSI   | 4. _____      |
| 5. Monthly Workers' Compensation   | 5. _____      |
| 6. Monthly Unemployment Compensation   | 6. _____      |
| 7. Monthly pension, retirement, or annuity payments  | 7. _____      |
| 8. Monthly Social Security benefits  | 8. _____      |
| 9. Monthly alimony actually received   |               |
| 9a. From this case: \$ _____   |               |
| 9b. From other case(s): _____  | Add 9a and 9b |
| 10. Monthly interest and dividends   | 9. _____      |
| 11. Monthly rental income (gross receipts minus ordinary and necessary expenses required to produce income) ( <input type="checkbox"/> Attach sheet itemizing such income and expense items.)  | 10. _____     |
| 12. Monthly income from royalties, trusts, or estates  | 11. _____     |
| 13. Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses   | 12. _____     |
| 14. Monthly gains derived from dealing in property (not including nonrecurring gains)  | 13. _____     |
| 15. Any other income of a recurring nature (list source) _____   | 14. _____     |
| 16. _____  | 15. _____     |
|  | 16. _____     |

**17. PRESENT MONTHLY GROSS INCOME (Add lines 1-16) TOTAL: 17. \$ \_\_\_\_\_**



**PRESENT MONTHLY DEDUCTIONS:**

- 18. Monthly federal, state, and local income tax (corrected for filing status and allowable dependents and income tax liabilities)
  - a. Filing Status \_\_\_\_\_
  - b. Number of dependents claimed \_\_\_\_\_ 18. \$ \_\_\_\_\_
- 19. Monthly FICA or self-employment taxes 19. \_\_\_\_\_
- 20. Monthly Medicare payments 20. \_\_\_\_\_
- 21. Monthly mandatory union dues 21. \_\_\_\_\_
- 22. Monthly mandatory retirement payments 22. \_\_\_\_\_
- 23. Monthly health insurance payments (including dental insurance), excluding portion paid for any minor children of this relationship 23. \_\_\_\_\_
- 24. Monthly court-ordered child support actually paid for children from another relationship 24. \_\_\_\_\_
- 25. Monthly court-ordered alimony actually paid
  - 25a. from this case: \$ \_\_\_\_\_
  - 25b. from other case(s): \_\_\_\_\_ Add 25a and 25b 25. \_\_\_\_\_

**26. TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30, FLORIDA STATUTES** (Add lines 18 through 25) **TOTAL: 26. \$** \_\_\_\_\_

**PRESENT NET MONTHLY INCOME** (Subtract line 26 from line 17) **27. \$** \_\_\_\_\_

**SECTION II. AVERAGE MONTHLY EXPENSES**

**A. HOUSEHOLD:**

- Mortgage or rent \$ \_\_\_\_\_
- Property taxes \$ \_\_\_\_\_
- Utilities \$ \_\_\_\_\_
- Telephone \$ \_\_\_\_\_
- Food \$ \_\_\_\_\_
- Meals outside home \$ \_\_\_\_\_
- Maintenance/Repairs \$ \_\_\_\_\_
- Other: \_\_\_\_\_ \$ \_\_\_\_\_

**B. AUTOMOBILE**

- Gasoline \$ \_\_\_\_\_
- Repairs \$ \_\_\_\_\_
- Insurance \$ \_\_\_\_\_

**C. CHILD(REN)'S EXPENSES**

- Day care \$ \_\_\_\_\_
- Lunch money \$ \_\_\_\_\_
- Clothing \$ \_\_\_\_\_
- Grooming \$ \_\_\_\_\_
- Gifts for holidays \$ \_\_\_\_\_
- Medical/dental (uninsured) \$ \_\_\_\_\_
- Other: \_\_\_\_\_ \$ \_\_\_\_\_

**D. INSURANCE**

- Medical/dental \$ \_\_\_\_\_
- Child(ren)'s medical/dental \$ \_\_\_\_\_
- Life \$ \_\_\_\_\_
- Other: \_\_\_\_\_ \$ \_\_\_\_\_

**E. OTHER EXPENSES NOT LISTED ABOVE**

- Clothing \$ \_\_\_\_\_
- Medical/Dental (uninsured) \$ \_\_\_\_\_
- Grooming \$ \_\_\_\_\_
- Entertainment \$ \_\_\_\_\_
- Gifts \$ \_\_\_\_\_
- Religious organizations \$ \_\_\_\_\_
- Miscellaneous \$ \_\_\_\_\_
- Other: \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_

**F. PAYMENTS TO CREDITORS**

CREDITOR:	MONTHLY PAYMENT
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**28. TOTAL MONTHLY EXPENSES** (add ALL monthly amounts in A through F above) **28. \$** \_\_\_\_\_

**SUMMARY**

**29. TOTAL PRESENT MONTHLY NET INCOME**

(from line 27 of SECTION I. INCOME)

**29. \$** \_\_\_\_\_

**30. TOTAL MONTHLY EXPENSES** (from line 28 above)

**30. \$** \_\_\_\_\_

**31. SURPLUS** (If line 29 is more than line 30, subtract line 30 from line 29.

This is the amount of your surplus. Enter that amount here.)

**31. \$** \_\_\_\_\_

**32. (DEFICIT)** (If line 30 is more than line 29, subtract line 29 from line 30.

This is the amount of your deficit. Enter that amount here.)

**32. (\$** \_\_\_\_\_ **)**

**SECTION III. ASSETS AND LIABILITIES**

Use the nonmarital column only if this is a petition for dissolution of marriage and you believe an item is “nonmarital,” meaning it belongs to only one of you and should not be divided. You should indicate to whom you believe the item(s) or debt belongs. (Typically, you will only use this column if property/debt was owned/owed by one spouse before the marriage. See the “General Information for Self-Represented Litigants” found at the beginning of these forms and section 61.075(1), Florida Statutes, for definitions of “marital” and “nonmarital” assets and liabilities.)

**A. ASSETS:**

DESCRIPTION OF ITEM(S). List a description of each separate item owned by you (and/or your spouse, if this is a petition for dissolution of marriage). DO NOT LIST ACCOUNT NUMBERS. ✓ the box next to any asset(s) which you are requesting the judge award to you.	Current Fair Market Value	Nonmarital (✓ correct column)	
		husband	wife
<input type="checkbox"/> Cash (on hand)	\$		
<input type="checkbox"/> Cash (in banks or credit unions)			
<input type="checkbox"/> Stocks, Bonds, Notes			
<input type="checkbox"/> Real estate: (Home)			
<input type="checkbox"/> (Other)			
<input type="checkbox"/> Automobiles			
<input type="checkbox"/> Other personal property			
<input type="checkbox"/> Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)			
<input type="checkbox"/> Other			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> ✓ here if additional pages are attached.			
<b>Total Assets</b> (add column B)	<b>\$</b> _____		

**B. LIABILITIES:**

DESCRIPTION OF ITEM(S). List a description of each separate debt owed by you (and/or your spouse, if this is a petition for dissolution of marriage). DO NOT LIST ACCOUNT NUMBERS. <input checked="" type="checkbox"/> the box next to any debt(s) for which you believe you should be responsible.	Current Amount Owed	Nonmarital ( <input checked="" type="checkbox"/> correct column)	
		husband	wife
<input type="checkbox"/> Mortgages on real estate: First mortgage on home	\$		
<input type="checkbox"/> Second mortgage on home			
<input type="checkbox"/> Other mortgages			
<input type="checkbox"/>			
<input type="checkbox"/> Auto loans			
<input type="checkbox"/>			
<input type="checkbox"/> Charge/credit card accounts			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Other			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> <input checked="" type="checkbox"/> here if additional pages are attached.			
<b>Total Debts</b> (add column B)	\$ _____		

**C. CONTINGENT ASSETS AND LIABILITIES:**

INSTRUCTIONS: If you have any **POSSIBLE assets** (income potential, accrued vacation or sick leave, bonus, inheritance, etc.) or **POSSIBLE liabilities** (possible lawsuits, future unpaid taxes, contingent tax liabilities, debts assumed by another), you must list them here.

Contingent Assets <input checked="" type="checkbox"/> the box next to any contingent asset(s) which you are requesting the judge award to you.	Possible Value	Nonmarital ( <input checked="" type="checkbox"/> correct column)	
		husband	wife
<input type="checkbox"/>	\$		
<input type="checkbox"/>			
<b>Total Contingent Assets</b>	\$ _____		

Contingent Liabilities <input checked="" type="checkbox"/> the box next to any contingent debt(s) for which you believe you should be responsible.	Possible Amount Owed	Nonmarital ( <input checked="" type="checkbox"/> correct column)	
		husband	wife
<input type="checkbox"/>	\$		
<input type="checkbox"/>			
<b>Total Contingent Liabilities</b>	\$ _____		

**SECTION IV. CHILD SUPPORT GUIDELINES WORKSHEET**

( Florida Family Law Rules of Procedure Form 12.902(e), Child Support Guidelines Worksheet, MUST be filed with the court at or prior to a hearing to establish or modify child support. This requirement cannot be waived by the parties.)  
[  one only]

\_\_\_\_\_ **A Child Support Guidelines Worksheet IS or WILL BE filed in this case.** This case involves the establishment or modification of child support.

\_\_\_\_\_ **A Child Support Guidelines Worksheet IS NOT being filed in this case.** The establishment or modification of child support is not an issue in this case.

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}* \_\_\_\_\_.

**Other party 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 affidavit 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:** [  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.

INSTRUCTIONS FOR FLORIDA FAMILY LAW RULES OF PROCEDURE FORM 12.902(b),  
FAMILY LAW FINANCIAL AFFIDAVIT (SHORT FORM)

**When should this form be used?**

This form should be used when you are involved in a family law case which requires a **financial affidavit** and your individual gross income is **UNDER \$50,000 per year**.

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 **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 it is not served on him or her with your initial papers. This must be accomplished within 45 days of service of the petition.

**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 rule 12.285, Florida Family Law Rules of Procedure.

**Special notes...**

If this is a domestic violence case and you want to keep your address confidential for safety reasons, do not enter the address, telephone, and fax information at the bottom of this form. Instead, file **Petitioner’s Request for Confidential Filing of Address**,  Florida Supreme Court Approved Family Law Form 12.980(i).

The affidavit must be completed using **monthly** income and expense amounts. If you are paid or your bills are due on a schedule which is not monthly, you must convert those amounts. Hints are provided below for making these conversions.

**Hourly** - If you are paid by the hour, you may convert your income to monthly as follows:

Hourly amount	×	Hours worked per week	=	Weekly amount
Weekly amount	×	52 Weeks per year	=	Yearly amount
Yearly amount	÷	12 Months per year	=	<b>Monthly Amount</b>

**Daily** - If you are paid by the day, you may convert your income to monthly as follows:

Daily amount	×	Days worked per week	=	Weekly amount
Weekly amount	×	52 Weeks per year	=	Yearly amount
Yearly amount	÷	12 Months per year	=	<b>Monthly Amount</b>

**Weekly** - If you are paid by the week, you may convert your income to monthly as follows:

Weekly amount	×	52 Weeks per year	=	Yearly amount
Yearly amount	÷	12 Months per year	=	<b>Monthly Amount</b>


**Bi-weekly** - If you are paid every two weeks, you may convert your income to monthly as follows:

Bi-weekly amount	×	26	=	Yearly amount
Yearly amount	÷	12 Months per year	=	<b>Monthly Amount</b>

**Bi-monthly** - If you are paid twice per month, you may convert your income to monthly as follows:

Bi-monthly amount	×	2	=	<b>Monthly Amount</b>
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Expenses may be converted in the same manner.

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 \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

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

\_\_\_\_\_  
Petitioner,  
and  
\_\_\_\_\_  
Respondent.

**FAMILY LAW FINANCIAL AFFIDAVIT (SHORT FORM)**  
(Under \$50,000 Individual Gross Annual Income)

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

My Occupation: \_\_\_\_\_ Employed by: \_\_\_\_\_

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

Pay rate: \$ \_\_\_\_\_ ( ) every week ( ) every other week ( ) twice a month ( ) monthly ( ) other: \_\_\_\_

Check here if unemployed and explain on a separate sheet your efforts to find employment.

**SECTION I. PRESENT MONTHLY GROSS INCOME:**

**All amounts must be MONTHLY.** See the instructions with this form to figure out money amounts for anything that is NOT paid monthly. Attach more paper, if needed. Items included under "other" should be listed separately with separate dollar amounts.

- |  |               |
|--|---------------|
| 1. Monthly gross salary or wages   | 1. \$ _____   |
| 2. Monthly bonuses, commissions, allowances, overtime, tips, and similar payments  | 2. _____      |
| 3. Monthly business income from sources such as self-employment, partnerships, close corporations, and/or independent contracts (gross receipts minus ordinary and necessary expenses required to produce income) ( <input type="checkbox"/> Attach sheet itemizing such income and expenses.) | 3. _____      |
| 4. Monthly disability benefits/SSI   | 4. _____      |
| 5. Monthly Workers' Compensation   | 5. _____      |
| 6. Monthly Unemployment Compensation   | 6. _____      |
| 7. Monthly pension, retirement, or annuity payments  | 7. _____      |
| 8. Monthly Social Security benefits  | 8. _____      |
| 9. Monthly alimony actually received   |               |
| 9a. From this case: \$ _____   |               |
| 9b. From other case(s): _____  | Add 9a and 9b |
| 10. Monthly interest and dividends   | 9. _____      |
| 11. Monthly rental income (gross receipts minus ordinary and necessary expenses required to produce income) ( <input type="checkbox"/> Attach sheet itemizing such income and expense items.)  | 10. _____     |
| 12. Monthly income from royalties, trusts, or estates  | 11. _____     |
| 13. Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses   | 12. _____     |
| 14. Monthly gains derived from dealing in property (not including nonrecurring gains)  | 13. _____     |
| 15. Any other income of a recurring nature (list source) _____   | 14. _____     |
| 16. _____  | 15. _____     |
|  | 16. _____     |

**17. PRESENT MONTHLY GROSS INCOME (Add lines 1-16) TOTAL: 17. \$ \_\_\_\_\_**

**PRESENT MONTHLY DEDUCTIONS:**

- 18. Monthly federal, state, and local income tax (corrected for filing status and allowable dependents and income tax liabilities)
  - a. Filing Status \_\_\_\_\_
  - b. Number of dependents claimed \_\_\_\_\_ 18. \$ \_\_\_\_\_
- 19. Monthly FICA or self-employment taxes 19. \_\_\_\_\_
- 20. Monthly Medicare payments 20. \_\_\_\_\_
- 21. Monthly mandatory union dues 21. \_\_\_\_\_
- 22. Monthly mandatory retirement payments 22. \_\_\_\_\_
- 23. Monthly health insurance payments (including dental insurance), excluding portion paid for any minor children of this relationship 23. \_\_\_\_\_
- 24. Monthly court-ordered child support actually paid for children from another relationship 24. \_\_\_\_\_
- 25. Monthly court-ordered alimony actually paid
  - 25a. from this case: \$ \_\_\_\_\_
  - 25b. from other case(s): \_\_\_\_\_ Add 25a and 25b 25. \_\_\_\_\_

**26. TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30, FLORIDA STATUTES** (Add lines 18 through 25) **TOTAL: 26. \$** \_\_\_\_\_

**PRESENT NET MONTHLY INCOME** (Subtract line 26 from line 17) **27. \$** \_\_\_\_\_

**SECTION II. AVERAGE MONTHLY EXPENSES**

**A. HOUSEHOLD:**

- Mortgage or rent \$ \_\_\_\_\_
- Property taxes \$ \_\_\_\_\_
- Utilities \$ \_\_\_\_\_
- Telephone \$ \_\_\_\_\_
- Food \$ \_\_\_\_\_
- Meals outside home \$ \_\_\_\_\_
- Maintenance/Repairs \$ \_\_\_\_\_
- Other: \_\_\_\_\_ \$ \_\_\_\_\_

**B. AUTOMOBILE**

- Gasoline \$ \_\_\_\_\_
- Repairs \$ \_\_\_\_\_
- Insurance \$ \_\_\_\_\_

**C. CHILD(REN)'S EXPENSES**

- Day care \$ \_\_\_\_\_
- Lunch money \$ \_\_\_\_\_
- Clothing \$ \_\_\_\_\_
- Grooming \$ \_\_\_\_\_
- Gifts for holidays \$ \_\_\_\_\_
- Medical/dental (uninsured) \$ \_\_\_\_\_
- Other: \_\_\_\_\_ \$ \_\_\_\_\_

**D. INSURANCE**

- Medical/dental \$ \_\_\_\_\_
- Child(ren)'s medical/dental \$ \_\_\_\_\_
- Life \$ \_\_\_\_\_
- Other: \_\_\_\_\_ \$ \_\_\_\_\_

**E. OTHER EXPENSES NOT LISTED ABOVE**

- Clothing \$ \_\_\_\_\_
- Medical/Dental (uninsured) \$ \_\_\_\_\_
- Grooming \$ \_\_\_\_\_
- Entertainment \$ \_\_\_\_\_
- Gifts \$ \_\_\_\_\_
- Religious organizations \$ \_\_\_\_\_
- Miscellaneous \$ \_\_\_\_\_
- Other: \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_

**F. PAYMENTS TO CREDITORS**

CREDITOR:	MONTHLY PAYMENT
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**28. TOTAL MONTHLY EXPENSES** (add ALL monthly amounts in A through F above) **28. \$** \_\_\_\_\_



**SUMMARY**

**29. TOTAL PRESENT MONTHLY NET INCOME**

(from line 27 of SECTION I. INCOME)

**29. \$** \_\_\_\_\_

**30. TOTAL MONTHLY EXPENSES** (from line 28 above)

**30. \$** \_\_\_\_\_

**31. SURPLUS** (If line 29 is more than line 30, subtract line 30 from line 29.

This is the amount of your surplus. Enter that amount here.)

**31. \$** \_\_\_\_\_

**32. (DEFICIT)** (If line 30 is more than line 29, subtract line 29 from line 30.

This is the amount of your deficit. Enter that amount here.)

**32. (\$** \_\_\_\_\_ **)**

**SECTION III. ASSETS AND LIABILITIES**

Use the nonmarital column only if this is a petition for dissolution of marriage and you believe an item is “nonmarital,” meaning it belongs to only one of you and should not be divided. You should indicate to whom you believe the item(s) or debt belongs. (Typically, you will only use this column if property/debt was owned/owed by one spouse before the marriage. See the “General Information for Self-Represented Litigants” found at the beginning of these forms and section 61.075(1), Florida Statutes, for definitions of “marital” and “nonmarital” assets and liabilities.)

**A. ASSETS:**

DESCRIPTION OF ITEM(S). List a description of each separate item owned by you (and/or your spouse, if this is a petition for dissolution of marriage). DO NOT LIST ACCOUNT NUMBERS. ✓ the box next to any asset(s) which you are requesting the judge award to you.	Current Fair Market Value	Nonmarital (✓ correct column)	
		husband	wife
<input type="checkbox"/> Cash (on hand)	\$		
<input type="checkbox"/> Cash (in banks or credit unions)			
<input type="checkbox"/> Stocks, Bonds, Notes			
<input type="checkbox"/> Real estate: (Home)			
<input type="checkbox"/> (Other)			
<input type="checkbox"/> Automobiles			
<input type="checkbox"/> Other personal property			
<input type="checkbox"/> Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)			
<input type="checkbox"/> Other			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> ✓ here if additional pages are attached.			
<b>Total Assets</b> (add column B)	<b>\$</b> _____		

**B. LIABILITIES:**

DESCRIPTION OF ITEM(S). List a description of each separate debt owed by you (and/or your spouse, if this is a petition for dissolution of marriage). DO NOT LIST ACCOUNT NUMBERS. <input checked="" type="checkbox"/> the box next to any debt(s) for which you believe you should be responsible.	Current Amount Owed	Nonmarital ( <input checked="" type="checkbox"/> correct column)	
		husband	wife
<input type="checkbox"/> Mortgages on real estate: First mortgage on home	\$		
<input type="checkbox"/> Second mortgage on home			
<input type="checkbox"/> Other mortgages			
<input type="checkbox"/>			
<input type="checkbox"/> Auto loans			
<input type="checkbox"/>			
<input type="checkbox"/> Charge/credit card accounts			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Other			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> <input checked="" type="checkbox"/> here if additional pages are attached.			
<b>Total Debts</b> (add column B)	<b>\$</b> _____		

**C. CONTINGENT ASSETS AND LIABILITIES:**

INSTRUCTIONS: If you have any **POSSIBLE assets** (income potential, accrued vacation or sick leave, bonus, inheritance, etc.) or **POSSIBLE liabilities** (possible lawsuits, future unpaid taxes, contingent tax liabilities, debts assumed by another), you must list them here.

Contingent Assets <input checked="" type="checkbox"/> the box next to any contingent asset(s) which you are requesting the judge award to you.	Possible Value	Nonmarital ( <input checked="" type="checkbox"/> correct column)	
		husband	wife
<input type="checkbox"/>	\$		
<input type="checkbox"/>			
<b>Total Contingent Assets</b>	<b>\$</b> _____		

Contingent Liabilities <input checked="" type="checkbox"/> the box next to any contingent debt(s) for which you believe you should be responsible.	Possible Amount Owed	Nonmarital ( <input checked="" type="checkbox"/> correct column)	
		husband	wife
<input type="checkbox"/>	\$		
<input type="checkbox"/>			
<b>Total Contingent Liabilities</b>	<b>\$</b> _____		

**SECTION IV. CHILD SUPPORT GUIDELINES WORKSHEET**

( Florida Family Law Rules of Procedure Form 12.902(e), Child Support Guidelines Worksheet, MUST be filed with the court at or prior to a hearing to establish or modify child support. This requirement cannot be waived by the parties.)  
[  one only]

\_\_\_\_\_ **A Child Support Guidelines Worksheet IS or WILL BE filed in this case.** This case involves the establishment or modification of child support.

\_\_\_\_\_ **A Child Support Guidelines Worksheet IS NOT being filed in this case.** The establishment or modification of child support is not an issue in this case.

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}* \_\_\_\_\_.

**Other party 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 affidavit 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:** [  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.

INSTRUCTIONS FOR FLORIDA FAMILY LAW RULE OF PROCEDURE FORM 12.902(c),  
FAMILY LAW FINANCIAL AFFIDAVIT

**When should this form be used?**

This form should be used when you are involved in a family law case which requires a **financial affidavit** and your individual gross income is \$50,000 OR MORE per year.

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 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 it is not served on him or her with your initial papers. This must be accomplished within 45 days of service of the petition.

**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 rule 12.285, Florida Family Law Rules of Procedure.

**Special notes...**

If this is a domestic violence case and you want to keep your address confidential for safety reasons, do not enter the address, telephone, and fax information at the bottom of this form. Instead, file **Petitioner’s Request for Confidential Filing of Address**,  Florida Supreme Court Approved Family Law Form 12.980(i).

The affidavit must be completed using **monthly** income and expense amounts. If you are paid or your bills are due on a schedule which is not monthly, you must convert those amounts. Hints are provided below for making these conversions.

**Hourly** - If you are paid by the hour, you may convert your income to monthly as follows:

Hourly amount	×	Hours worked per week	=	Weekly amount
Weekly amount	×	52 Weeks per year	=	Yearly amount
Yearly amount	÷	12 Months per year	=	<b>Monthly Amount</b>

**Daily** - If you are paid by the day, you may convert your income to monthly as follows:

Daily amount	×	Days worked per week	=	Weekly amount
Weekly amount	×	52 Weeks per year	=	Yearly amount
Yearly amount	÷	12 Months per year	=	<b>Monthly Amount</b>

**Weekly** - If you are paid by the week, you may convert your income to monthly as follows:

Weekly amount	×	52 Weeks per year	=	Yearly amount
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**Bi-weekly** - If you are paid every two weeks, you may convert your income to monthly as follows:

Bi-weekly amount	×	26	=	Yearly amount
Yearly amount	÷	12 Months per year	=	<b>Monthly Amount</b>

**Bi-monthly** - If you are paid twice per month, you may convert your income to monthly as follows:

Bi-monthly amount	×	2	=	<b>Monthly Amount</b>
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Expenses may be converted in the same manner.

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**, 

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.

**FAMILY LAW FINANCIAL AFFIDAVIT**  
(\$50,000 or more Individual Gross Annual Income)

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

**SECTION I. INCOME**

1. Date of Birth: \_\_\_\_\_

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

3. I am currently

[  all that apply]

\_\_\_ a. Unemployed

Describe your efforts to find employment, how soon you expect to be employed, and the pay you expect to receive: \_\_\_\_\_

\_\_\_ b. Employed by: \_\_\_\_\_

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

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

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

Pay rate: \$ \_\_\_\_\_ ( ) every week ( ) every other week ( ) twice a month

( ) monthly ( ) other: \_\_\_\_\_

If you are expecting to become unemployed or change jobs soon, describe the change you expect and why and how it will affect your income: \_\_\_\_\_

Check here if you currently have more than one job. List the information above for the second job(s) on a separate sheet and attach it to this affidavit.

\_\_\_ c. Retired. Date of retirement: \_\_\_\_\_

Employer from whom retired: \_\_\_\_\_



- |  |                 |                     |
|--|-----------------|---------------------|
| 21. Monthly mandatory union dues   | 21.             | _____               |
| 22. Monthly mandatory retirement payments  | 22.             | _____               |
| 23. Monthly health insurance payments (including dental insurance), excluding portion paid for any minor children of this relationship | 23.             | _____               |
| 24. Monthly court-ordered child support actually paid for children from another relationship   | 24.             | _____               |
| 25. Monthly court-ordered alimony actually paid  |                 |                     |
| 25a. from this case: \$ _____  |                 |                     |
| 25b. from other case(s): _____   |                 |                     |
|  | Add 25a and 25b | 25. _____           |
| <b>26. TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30, FLORIDA STATUTES</b> (Add lines 18 through 25)                                  | <b>TOTAL:</b>   | <b>26. \$ _____</b> |

**27. PRESENT NET MONTHLY INCOME** (Subtract line 26 from line 17) **27. \$ \_\_\_\_\_**

<b>SECTION II. AVERAGE MONTHLY EXPENSES</b>
---

**Proposed/Estimated Expenses.** If this is a dissolution of marriage case **and** your expenses as listed below do not reflect what you actually pay currently, you should write “estimate” next to each amount that is estimated.

**HOUSEHOLD:**

- |  |     |          |
|--|-----|----------|
| 1. Monthly mortgage or rent payments                                     | 1.  | \$ _____ |
| 2. Monthly property taxes (if not included in mortgage)                  | 2.  | _____    |
| 3. Monthly insurance on residence (if not included in mortgage)          | 3.  | _____    |
| 4. Monthly condominium maintenance fees and homeowner’s association fees | 4.  | _____    |
| 5. Monthly electricity   | 5.  | _____    |
| 6. Monthly water, garbage, and sewer                                     | 6.  | _____    |
| 7. Monthly telephone   | 7.  | _____    |
| 8. Monthly fuel oil or natural gas                                       | 8.  | _____    |
| 9. Monthly repairs and maintenance                                       | 9.  | _____    |
| 10. Monthly lawn care  | 10. | _____    |
| 11. Monthly pool maintenance   | 11. | _____    |
| 12. Monthly pest control   | 12. | _____    |
| 13. Monthly misc. household  | 13. | _____    |
| 14. Monthly food and home supplies                                       | 14. | _____    |
| 15. Monthly meals outside home   | 15. | _____    |
| 16. Monthly cable t.v.   | 16. | _____    |
| 17. Monthly alarm service contract                                       | 17. | _____    |
| 18. Monthly service contracts on appliances                              | 18. | _____    |
| 19. Monthly maid service   | 19. | _____    |
| Other:   |     |          |
| 20. _____  | 20. | _____    |
| 21. _____  | 21. | _____    |
| 22. _____  | 22. | _____    |
| 23. _____  | 23. | _____    |
| 24. _____  | 24. | _____    |



25. **SUBTOTAL** (add lines 1 through 24) 25. \$ \_\_\_\_\_

**AUTOMOBILE:**

- 26. Monthly gasoline and oil 26. \$ \_\_\_\_\_
- 27. Monthly repairs 27. \_\_\_\_\_
- 28. Monthly auto tags and emission testing 28. \_\_\_\_\_
- 29. Monthly insurance 29. \_\_\_\_\_
- 30. Monthly payments (lease or financing) 30. \_\_\_\_\_
- 31. Monthly rental/replacements 31. \_\_\_\_\_
- 32. Monthly alternative transportation (bus, rail, car pool, etc.) 32. \_\_\_\_\_
- 33. Monthly tolls and parking 33. \_\_\_\_\_
- 34. Other: \_\_\_\_\_ 34. \_\_\_\_\_

35. **SUBTOTAL** (add lines 26 through 34) 35. \$ \_\_\_\_\_

**MONTHLY EXPENSES FOR CHILDREN COMMON TO BOTH PARTIES:**

- 36. Monthly nursery, babysitting, or day care 36. \$ \_\_\_\_\_
- 37. Monthly school tuition 37. \_\_\_\_\_
- 38. Monthly school supplies, books, and fees 38. \_\_\_\_\_
- 39. Monthly after school activities 39. \_\_\_\_\_
- 40. Monthly lunch money 40. \_\_\_\_\_
- 41. Monthly private lessons or tutoring 41. \_\_\_\_\_
- 42. Monthly allowances 42. \_\_\_\_\_
- 43. Monthly clothing and uniforms 43. \_\_\_\_\_
- 44. Monthly entertainment (movies, parties, etc.) 44. \_\_\_\_\_
- 45. Monthly health insurance 45. \_\_\_\_\_
- 46. Monthly medical, dental, prescriptions (nonreimbursed only) 46. \_\_\_\_\_
- 47. Monthly psychiatric/psychological/counselor 47. \_\_\_\_\_
- 48. Monthly orthodontic 48. \_\_\_\_\_
- 49. Monthly vitamins 49. \_\_\_\_\_
- 50. Monthly beauty parlor/barber shop 50. \_\_\_\_\_
- 51. Monthly nonprescription medication 51. \_\_\_\_\_
- 52. Monthly cosmetics, toiletries, and sundries 52. \_\_\_\_\_
- 53. Monthly gifts from child(ren) to others (other children, relatives, teachers, etc.) 53. \_\_\_\_\_
- 54. Monthly camp or summer activities 54. \_\_\_\_\_
- 55. Monthly clubs (Boy/Girl Scouts, etc.) 55. \_\_\_\_\_
- 56. Monthly access expenses (for nonresidential parent) 56. \_\_\_\_\_
- 57. Monthly miscellaneous 57. \_\_\_\_\_

58. **SUBTOTAL** (add lines 36 through 57) 58. \$ \_\_\_\_\_

**MONTHLY EXPENSES FOR CHILD(REN) FROM ANOTHER RELATIONSHIP: (other than court-ordered child support)**

- 59. \_\_\_\_\_ 59. \$ \_\_\_\_\_
- 60. \_\_\_\_\_ 60. \_\_\_\_\_
- 61. \_\_\_\_\_ 61. \_\_\_\_\_
- 62. \_\_\_\_\_ 62. \_\_\_\_\_

63. SUBTOTAL (add lines 59 through 62) 63. \$ \_\_\_\_\_

**MONTHLY INSURANCE:**

64. Health insurance, excluding portion paid for any minor child(ren) of this relationship 64. \$ \_\_\_\_\_

65. Life insurance 65. \_\_\_\_\_

66. Dental insurance 66. \_\_\_\_\_

Other:

67. \_\_\_\_\_ 67. \_\_\_\_\_

68. \_\_\_\_\_ 68. \_\_\_\_\_

69. SUBTOTAL (add lines 64 through 68) 69. \$ \_\_\_\_\_

**OTHER MONTHLY EXPENSES NOT LISTED ABOVE:**

70. Monthly dry cleaning and laundry 70. \$ \_\_\_\_\_

71. Monthly clothing 71. \_\_\_\_\_

72. Monthly medical, dental, and prescription (unreimbursed only) 72. \_\_\_\_\_

73. Monthly psychiatric, psychological, or counselor (unreimbursed only) 73. \_\_\_\_\_

74. Monthly non-prescription medications, cosmetics, toiletries, and sundries 74. \_\_\_\_\_

75. Monthly grooming 75. \_\_\_\_\_

76. Monthly gifts 76. \_\_\_\_\_

77. Monthly pet expenses 77. \_\_\_\_\_

78. Monthly club dues and membership 78. \_\_\_\_\_

79. Monthly sports and hobbies 79. \_\_\_\_\_

80. Monthly entertainment 80. \_\_\_\_\_

81. Monthly periodicals/books/tapes/CD's 81. \_\_\_\_\_

82. Monthly vacations 82. \_\_\_\_\_

83. Monthly religious organizations 83. \_\_\_\_\_

84. Monthly bank charges/credit card fees 84. \_\_\_\_\_

85. Monthly education expenses 85. \_\_\_\_\_

Other: (include any usual and customary expenses not otherwise mentioned in the items listed above) 86. \_\_\_\_\_

86. \_\_\_\_\_ 87. \_\_\_\_\_

87. \_\_\_\_\_ 88. \_\_\_\_\_

88. \_\_\_\_\_ 89. \_\_\_\_\_

89. \_\_\_\_\_

90. SUBTOTAL (add lines 70 through 89) 90. \$ \_\_\_\_\_

**MONTHLY PAYMENTS TO CREDITORS:** (only when payments are currently made by you on outstanding balances)

NAME OF CREDITOR(s):

91. \_\_\_\_\_ 91. \$ \_\_\_\_\_

92. \_\_\_\_\_ 92. \_\_\_\_\_

93. \_\_\_\_\_ 93. \_\_\_\_\_

94. \_\_\_\_\_ 94. \_\_\_\_\_

95. \_\_\_\_\_ 95. \_\_\_\_\_

96. \_\_\_\_\_ 96. \_\_\_\_\_

97. \_\_\_\_\_ 97. \_\_\_\_\_

98. \_\_\_\_\_ 98. \_\_\_\_\_

99. \_\_\_\_\_ 99. \_\_\_\_\_  
 100. \_\_\_\_\_ 100. \_\_\_\_\_  
 101. \_\_\_\_\_ 101. \_\_\_\_\_  
 102. \_\_\_\_\_ 102. \_\_\_\_\_  
 103. \_\_\_\_\_ 103. \_\_\_\_\_

**104. SUBTOTAL (add lines 91 through 103) 104. \$ \_\_\_\_\_**

**105. TOTAL MONTHLY EXPENSES:**  
 (add lines 25, 35, 58, 63, 69, 90, and 104 of Section II, Expenses) **105. \$ \_\_\_\_\_**

**SUMMARY**

**106. TOTAL PRESENT MONTHLY NET INCOME**  
 (from line 27 of SECTION I. INCOME) **106. \$ \_\_\_\_\_**

**107. TOTAL MONTHLY EXPENSES (from line 105 above) 107. \$ \_\_\_\_\_**

**108. SURPLUS (If line 106 is more than line 107, subtract line 107 from line 106. This is the amount of your surplus. Enter that amount here.) 108. \$ \_\_\_\_\_**

**109. (DEFICIT) (If line 107 is more than line 106, subtract line 106 from line 107. This is the amount of your deficit. Enter that amount here.) 109. (\$ \_\_\_\_\_)**

**SECTION III. ASSETS AND LIABILITIES**

**A. ASSETS (This is where you list what you OWN.)**

**INSTRUCTIONS:**

**STEP 1:** In column A, list a description of each separate item owned by you (and/or your spouse, if this is a petition for dissolution of marriage). Blank spaces are provided if you need to list more than one of an item.

**STEP 2:** If this is a petition for dissolution of marriage, check the box in Column A next to any item that you are requesting the judge award to you.

**STEP 3:** In column B, write what you believe to be the current fair market value of all items listed.

**STEP 4:** Use column C only if this is a petition for dissolution of marriage and you believe an item is “nonmarital,” meaning it belongs to only one of you and should not be divided. You should indicate to whom you believe the item belongs. (Typically, you will only use Column C if property was owned by one spouse before the marriage. See the “General Information for Self-Represented Litigants” found at the beginning of these forms and section 61.075(1), Florida Statutes, for definitions of “marital” and “nonmarital” assets and liabilities.)

A ASSETS: DESCRIPTION OF ITEM(S) DO NOT LIST ACCOUNT NUMBERS. <input checked="" type="checkbox"/> the box next to any asset(s) which you are requesting the judge award to you.	B Current Fair Market Value	C Nonmarital ( <input checked="" type="checkbox"/> correct column)	
		husband	wife
<input type="checkbox"/> Cash (on hand)	\$		
<input type="checkbox"/> Cash (in banks or credit unions)			
<input type="checkbox"/>			
<input type="checkbox"/> Stocks/Bonds			
<input type="checkbox"/>			

<b>A</b> <b>ASSETS: DESCRIPTION OF ITEM(S)</b> <b>DO NOT LIST ACCOUNT NUMBERS.</b> <input checked="" type="checkbox"/> the box next to any asset(s) which you are requesting the judge award to you.	<b>B</b> <b>Current Fair</b> <b>Market Value</b>	<b>C</b> <b>Nonmarital</b> <b>(<input checked="" type="checkbox"/> correct column)</b>	
		husband	wife
<input type="checkbox"/>			
<input type="checkbox"/> Notes (money owed to you in writing)			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Money owed to you (not evidenced by a note)			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Real estate: (Home)			
<input type="checkbox"/> (Other)			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Business interests			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Automobiles			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Boats			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Other vehicles			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Furniture & furnishings in home			
<input type="checkbox"/>			
<input type="checkbox"/> Furniture & furnishings elsewhere			



<b>A</b> <b>LIABILITIES: DESCRIPTION OF ITEM(S)</b> <b>DO NOT LIST ACCOUNT NUMBERS.</b> <input checked="" type="checkbox"/> the box next to any debt(s) for which you believe you should be responsible.	<b>B</b> <b>Current</b> <b>Amount Owed</b>	<b>C</b> <b>Nonmarital</b> <b>(<input checked="" type="checkbox"/> correct column)</b>	
		husband	wife
<input type="checkbox"/> Mortgages on real estate: First mortgage on home	\$		
<input type="checkbox"/> Second mortgage on home			
<input type="checkbox"/> Other mortgages			
<input type="checkbox"/>			
<input type="checkbox"/> Charge/credit card accounts			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Auto loan			
<input type="checkbox"/> Auto loan			
<input type="checkbox"/> Bank/Credit Union loans			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Money you owe (not evidenced by a note)			
<input type="checkbox"/>			
<input type="checkbox"/> Judgments			
<input type="checkbox"/>			
<input type="checkbox"/> Other			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<b>Total Debts (add column B)</b>	<b>\$</b> _____		

**C. NET WORTH (excluding contingent assets and liabilities)**

**Total Assets** (enter total of Column B in Asset Table; Section A) \$ \_\_\_\_\_

**Total Liabilities** (enter total of Column B in Liabilities Table; Section B) \$ \_\_\_\_\_

<b>TOTAL NET WORTH (Total Assets minus Total Liabilities)</b> (excluding contingent assets and liabilities)	<b>\$</b> _____
--	-----------------

**D. CONTINGENT ASSETS AND LIABILITIES**

INSTRUCTIONS:

If you have any **POSSIBLE assets** (income potential, accrued vacation or sick leave, bonus, inheritance, etc.) or **POSSIBLE liabilities** (possible lawsuits, future unpaid taxes, contingent tax liabilities, debts assumed by another), you must list them here.

A Contingent Assets  √ the box next to any contingent asset(s) which you are requesting the judge award to you.	B Possible Value	C Nonmarital (√ correct column)	
		husband	wife
<input type="checkbox"/>	\$		
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<b>Total Contingent Assets</b>	<b>\$ _____</b>		

A Contingent Liabilities  √ the box next to any contingent debt(s) for which you believe you should be responsible.	B Possible Amount Owed	C Nonmarital (√ correct column)	
		husband	wife
<input type="checkbox"/>	\$		
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<b>Total Contingent Liabilities</b>	<b>\$ _____</b>		

**E. CHILD SUPPORT GUIDELINES WORKSHEET.**  Florida Family Law Rules of Procedure Form 12.902(e), Child Support Guidelines Worksheet, **MUST** be filed with the court at or prior to a hearing to establish or modify child support. This requirement cannot be waived by the parties.

[ √ one only]

\_\_\_ **A Child Support Guidelines Worksheet IS or WILL BE filed in this case.** This case involves the establishment or modification of child support.

\_\_\_ **A Child Support Guidelines Worksheet IS NOT being filed in this case.** The establishment or modification of child support is not an issue in this case.

**I certify that a copy of this financial affidavit was: ( ) mailed, ( ) faxed and mailed, or ( ) hand delivered to the person(s) listed below on {date} \_\_\_\_\_.**

**Other party 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 affidavit 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:** [  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.



INSTRUCTIONS FOR FLORIDA FAMILY LAW RULE OF PROCEDURE FORM 12.902(c),  
FAMILY LAW FINANCIAL AFFIDAVIT

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**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 rule 12.285, Florida Family Law Rules of Procedure.

**Special notes...**

If this is a domestic violence case and you want to keep your address confidential for safety reasons, do not enter the address, telephone, and fax information at the bottom of this form. Instead, file **Petitioner’s Request for Confidential Filing of Address**,  Florida Supreme Court Approved Family Law Form 12.980(i).

The affidavit must be completed using **monthly** income and expense amounts. If you are paid or your bills are due on a schedule which is not monthly, you must convert those amounts. Hints are provided below for making these conversions.

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Bi-weekly amount	×	26	=	Yearly amount
Yearly amount	÷	12 Months per year	=	<b>Monthly Amount</b>

**Bi-monthly** - If you are paid twice per month, you may convert your income to monthly as follows:

Bi-monthly amount	×	2	=	<b>Monthly Amount</b>
-------------------	---	---	---	-----------------------

Expenses may be converted in the same manner.

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 \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

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

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

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

and

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

**FAMILY LAW FINANCIAL AFFIDAVIT**  
(\$50,000 or more Individual Gross Annual Income)

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

**SECTION I. INCOME**

1. Date of Birth: \_\_\_\_\_

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

3. I am currently

[  all that apply]

\_\_\_\_ a. Unemployed

Describe your efforts to find employment, how soon you expect to be employed, and the pay you expect to receive: \_\_\_\_\_

\_\_\_\_ b. Employed by: \_\_\_\_\_

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

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

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

Pay rate: \$ \_\_\_\_\_ ( ) every week ( ) every other week ( ) twice a month

( ) monthly ( ) other: \_\_\_\_\_

If you are expecting to become unemployed or change jobs soon, describe the change you expect and why and how it will affect your income: \_\_\_\_\_

Check here if you currently have more than one job. List the information above for the second job(s) on a separate sheet and attach it to this affidavit.

\_\_\_\_ c. Retired. Date of retirement: \_\_\_\_\_

Employer from whom retired: \_\_\_\_\_



- |  |                 |                     |
|--|-----------------|---------------------|
| 21. Monthly mandatory union dues   | 21.             | _____               |
| 22. Monthly mandatory retirement payments  | 22.             | _____               |
| 23. Monthly health insurance payments (including dental insurance), excluding portion paid for any minor children of this relationship | 23.             | _____               |
| 24. Monthly court-ordered child support actually paid for children from another relationship   | 24.             | _____               |
| 25. Monthly court-ordered alimony actually paid  |                 |                     |
| 25a. from this case: \$ _____  |                 |                     |
| 25b. from other case(s): _____   |                 |                     |
|  | Add 25a and 25b |                     |
|  | 25.             | _____               |
| <b>26. TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30, FLORIDA STATUTES</b> (Add lines 18 through 25)                                  | <b>TOTAL:</b>   | <b>26. \$</b> _____ |

**27. PRESENT NET MONTHLY INCOME** (Subtract line 26 from line 17)      **27. \$** \_\_\_\_\_

<b>SECTION II. AVERAGE MONTHLY EXPENSES</b>
---

**Proposed/Estimated Expenses.** If this is a dissolution of marriage case **and** your expenses as listed below do not reflect what you actually pay currently, you should write “estimate” next to each amount that is estimated.

**HOUSEHOLD:**

- |  |     |          |
|--|-----|----------|
| 1. Monthly mortgage or rent payments                                     | 1.  | \$ _____ |
| 2. Monthly property taxes (if not included in mortgage)                  | 2.  | _____    |
| 3. Monthly insurance on residence (if not included in mortgage)          | 3.  | _____    |
| 4. Monthly condominium maintenance fees and homeowner’s association fees | 4.  | _____    |
| 5. Monthly electricity   | 5.  | _____    |
| 6. Monthly water, garbage, and sewer                                     | 6.  | _____    |
| 7. Monthly telephone   | 7.  | _____    |
| 8. Monthly fuel oil or natural gas                                       | 8.  | _____    |
| 9. Monthly repairs and maintenance                                       | 9.  | _____    |
| 10. Monthly lawn care  | 10. | _____    |
| 11. Monthly pool maintenance   | 11. | _____    |
| 12. Monthly pest control   | 12. | _____    |
| 13. Monthly misc. household  | 13. | _____    |
| 14. Monthly food and home supplies                                       | 14. | _____    |
| 15. Monthly meals outside home   | 15. | _____    |
| 16. Monthly cable t.v.   | 16. | _____    |
| 17. Monthly alarm service contract                                       | 17. | _____    |
| 18. Monthly service contracts on appliances                              | 18. | _____    |
| 19. Monthly maid service   | 19. | _____    |
| Other:   |     |          |
| 20. _____  | 20. | _____    |
| 21. _____  | 21. | _____    |
| 22. _____  | 22. | _____    |
| 23. _____  | 23. | _____    |
| 24. _____  | 24. | _____    |

25. **SUBTOTAL** (add lines 1 through 24) 25. \$ \_\_\_\_\_

**AUTOMOBILE:**

- 26. Monthly gasoline and oil 26. \$ \_\_\_\_\_
- 27. Monthly repairs 27. \_\_\_\_\_
- 28. Monthly auto tags and emission testing 28. \_\_\_\_\_
- 29. Monthly insurance 29. \_\_\_\_\_
- 30. Monthly payments (lease or financing) 30. \_\_\_\_\_
- 31. Monthly rental/replacements 31. \_\_\_\_\_
- 32. Monthly alternative transportation (bus, rail, car pool, etc.) 32. \_\_\_\_\_
- 33. Monthly tolls and parking 33. \_\_\_\_\_
- 34. Other: \_\_\_\_\_ 34. \_\_\_\_\_

35. **SUBTOTAL** (add lines 26 through 34) 35. \$ \_\_\_\_\_

**MONTHLY EXPENSES FOR CHILDREN COMMON TO BOTH PARTIES:**

- 36. Monthly nursery, babysitting, or day care 36. \$ \_\_\_\_\_
- 37. Monthly school tuition 37. \_\_\_\_\_
- 38. Monthly school supplies, books, and fees 38. \_\_\_\_\_
- 39. Monthly after school activities 39. \_\_\_\_\_
- 40. Monthly lunch money 40. \_\_\_\_\_
- 41. Monthly private lessons or tutoring 41. \_\_\_\_\_
- 42. Monthly allowances 42. \_\_\_\_\_
- 43. Monthly clothing and uniforms 43. \_\_\_\_\_
- 44. Monthly entertainment (movies, parties, etc.) 44. \_\_\_\_\_
- 45. Monthly health insurance 45. \_\_\_\_\_
- 46. Monthly medical, dental, prescriptions (nonreimbursed only) 46. \_\_\_\_\_
- 47. Monthly psychiatric/psychological/counselor 47. \_\_\_\_\_
- 48. Monthly orthodontic 48. \_\_\_\_\_
- 49. Monthly vitamins 49. \_\_\_\_\_
- 50. Monthly beauty parlor/barber shop 50. \_\_\_\_\_
- 51. Monthly nonprescription medication 51. \_\_\_\_\_
- 52. Monthly cosmetics, toiletries, and sundries 52. \_\_\_\_\_
- 53. Monthly gifts from child(ren) to others (other children, relatives, teachers, etc.) 53. \_\_\_\_\_
- 54. Monthly camp or summer activities 54. \_\_\_\_\_
- 55. Monthly clubs (Boy/Girl Scouts, etc.) 55. \_\_\_\_\_
- 56. Monthly access expenses (for nonresidential parent) 56. \_\_\_\_\_
- 57. Monthly miscellaneous 57. \_\_\_\_\_

58. **SUBTOTAL** (add lines 36 through 57) 58. \$ \_\_\_\_\_

**MONTHLY EXPENSES FOR CHILD(REN) FROM ANOTHER RELATIONSHIP: (other than court-ordered child support)**

- 59. \_\_\_\_\_ 59. \$ \_\_\_\_\_
- 60. \_\_\_\_\_ 60. \_\_\_\_\_
- 61. \_\_\_\_\_ 61. \_\_\_\_\_
- 62. \_\_\_\_\_ 62. \_\_\_\_\_

63. SUBTOTAL (add lines 59 through 62) 63. \$ \_\_\_\_\_

**MONTHLY INSURANCE:**

64. Health insurance, excluding portion paid for any minor child(ren) of this relationship 64. \$ \_\_\_\_\_

65. Life insurance 65. \_\_\_\_\_

66. Dental insurance 66. \_\_\_\_\_

Other:

67. \_\_\_\_\_ 67. \_\_\_\_\_

68. \_\_\_\_\_ 68. \_\_\_\_\_

69. SUBTOTAL (add lines 64 through 68) 69. \$ \_\_\_\_\_

**OTHER MONTHLY EXPENSES NOT LISTED ABOVE:**

70. Monthly dry cleaning and laundry 70. \$ \_\_\_\_\_

71. Monthly clothing 71. \_\_\_\_\_

72. Monthly medical, dental, and prescription (unreimbursed only) 72. \_\_\_\_\_

73. Monthly psychiatric, psychological, or counselor (unreimbursed only) 73. \_\_\_\_\_

74. Monthly non-prescription medications, cosmetics, toiletries, and sundries 74. \_\_\_\_\_

75. Monthly grooming 75. \_\_\_\_\_

76. Monthly gifts 76. \_\_\_\_\_

77. Monthly pet expenses 77. \_\_\_\_\_

78. Monthly club dues and membership 78. \_\_\_\_\_

79. Monthly sports and hobbies 79. \_\_\_\_\_

80. Monthly entertainment 80. \_\_\_\_\_

81. Monthly periodicals/books/tapes/CD's 81. \_\_\_\_\_

82. Monthly vacations 82. \_\_\_\_\_

83. Monthly religious organizations 83. \_\_\_\_\_

84. Monthly bank charges/credit card fees 84. \_\_\_\_\_

85. Monthly education expenses 85. \_\_\_\_\_

Other: (include any usual and customary expenses not otherwise mentioned in the items listed above)

86. \_\_\_\_\_ 86. \_\_\_\_\_

87. \_\_\_\_\_ 87. \_\_\_\_\_

88. \_\_\_\_\_ 88. \_\_\_\_\_

89. \_\_\_\_\_ 89. \_\_\_\_\_

90. SUBTOTAL (add lines 70 through 89) 90. \$ \_\_\_\_\_

**MONTHLY PAYMENTS TO CREDITORS:** (only when payments are currently made by you on outstanding balances)

NAME OF CREDITOR(s):

91. \_\_\_\_\_ 91. \$ \_\_\_\_\_

92. \_\_\_\_\_ 92. \_\_\_\_\_

93. \_\_\_\_\_ 93. \_\_\_\_\_

94. \_\_\_\_\_ 94. \_\_\_\_\_

95. \_\_\_\_\_ 95. \_\_\_\_\_

96. \_\_\_\_\_ 96. \_\_\_\_\_

97. \_\_\_\_\_ 97. \_\_\_\_\_

98. \_\_\_\_\_ 98. \_\_\_\_\_

99. \_\_\_\_\_ 99. \_\_\_\_\_  
 100. \_\_\_\_\_ 100. \_\_\_\_\_  
 101. \_\_\_\_\_ 101. \_\_\_\_\_  
 102. \_\_\_\_\_ 102. \_\_\_\_\_  
 103. \_\_\_\_\_ 103. \_\_\_\_\_

**104.** **SUBTOTAL** (add lines 91 through 103) **104.** \$ \_\_\_\_\_

**105. TOTAL MONTHLY EXPENSES:**  
 (add lines 25, 35, 58, 63, 69, 90, and 104 of Section II, Expenses) **105.** \$ \_\_\_\_\_

**SUMMARY**

**106. TOTAL PRESENT MONTHLY NET INCOME**  
 (from line 27 of SECTION I. INCOME) **106.** \$ \_\_\_\_\_

**107. TOTAL MONTHLY EXPENSES** (from line 105 above) **107.** \$ \_\_\_\_\_

**108. SURPLUS** (If line 106 is more than line 107, subtract line 107 from line 106. This is the amount of your surplus. Enter that amount here.) **108.** \$ \_\_\_\_\_

**109. (DEFICIT)** (If line 107 is more than line 106, subtract line 106 from line 107. This is the amount of your deficit. Enter that amount here.) **109.** (\$ \_\_\_\_\_)

**SECTION III. ASSETS AND LIABILITIES**

**A. ASSETS (This is where you list what you OWN.)**

**INSTRUCTIONS:**

**STEP 1:** In column A, list a description of each separate item owned by you (and/or your spouse, if this is a petition for dissolution of marriage). Blank spaces are provided if you need to list more than one of an item.

**STEP 2:** If this is a petition for dissolution of marriage, check the box in Column A next to any item that you are requesting the judge award to you.

**STEP 3:** In column B, write what you believe to be the current fair market value of all items listed.

**STEP 4:** Use column C only if this is a petition for dissolution of marriage and you believe an item is “nonmarital,” meaning it belongs to only one of you and should not be divided. You should indicate to whom you believe the item belongs. (Typically, you will only use Column C if property was owned by one spouse before the marriage. See the “General Information for Self-Represented Litigants” found at the beginning of these forms and section 61.075(1), Florida Statutes, for definitions of “marital” and “nonmarital” assets and liabilities.)

<b>A</b> <b>ASSETS: DESCRIPTION OF ITEM(S)</b> <b>DO NOT LIST ACCOUNT NUMBERS.</b> <input checked="" type="checkbox"/> the box next to any asset(s) which you are requesting the judge award to you.	<b>B</b> <b>Current Fair Market Value</b>	<b>C</b> <b>Nonmarital</b> <input checked="" type="checkbox"/> correct column)	
		husband	wife
<input type="checkbox"/> Cash (on hand)	\$		
<input type="checkbox"/> Cash (in banks or credit unions)			
<input type="checkbox"/>			
<input type="checkbox"/> Stocks/Bonds			
<input type="checkbox"/>			



<b>A</b> <b>ASSETS: DESCRIPTION OF ITEM(S)</b> <b>DO NOT LIST ACCOUNT NUMBERS.</b> <input checked="" type="checkbox"/> the box next to any asset(s) which you are requesting the judge award to you.	<b>B</b> <b>Current Fair</b> <b>Market Value</b>	<b>C</b> <b>Nonmarital</b> <b>(<input checked="" type="checkbox"/> correct column)</b>	
		husband	wife
<input type="checkbox"/>			
<input type="checkbox"/> Notes (money owed to you in writing)			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Money owed to you (not evidenced by a note)			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Real estate: (Home)			
<input type="checkbox"/> (Other)			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Business interests			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Automobiles			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Boats			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Other vehicles			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Furniture & furnishings in home			
<input type="checkbox"/>			
<input type="checkbox"/> Furniture & furnishings elsewhere			



<b>A</b> <b>LIABILITIES: DESCRIPTION OF ITEM(S)</b> <b>DO NOT LIST ACCOUNT NUMBERS.</b> <input checked="" type="checkbox"/> the box next to any debt(s) for which you believe you should be responsible.	<b>B</b> <b>Current</b> <b>Amount Owed</b>	<b>C</b> <b>Nonmarital</b> <b>(<input checked="" type="checkbox"/> correct column)</b>	
		husband	wife
<input type="checkbox"/> Mortgages on real estate: First mortgage on home	\$		
<input type="checkbox"/> Second mortgage on home			
<input type="checkbox"/> Other mortgages			
<input type="checkbox"/>			
<input type="checkbox"/> Charge/credit card accounts			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Auto loan			
<input type="checkbox"/> Auto loan			
<input type="checkbox"/> Bank/Credit Union loans			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Money you owe (not evidenced by a note)			
<input type="checkbox"/>			
<input type="checkbox"/> Judgments			
<input type="checkbox"/>			
<input type="checkbox"/> Other			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<b>Total Debts (add column B)</b>	<b>\$</b> _____		

**C. NET WORTH (excluding contingent assets and liabilities)**

**Total Assets** (enter total of Column B in Asset Table; Section A) \$ \_\_\_\_\_

**Total Liabilities** (enter total of Column B in Liabilities Table; Section B) \$ \_\_\_\_\_

<b>TOTAL NET WORTH (Total Assets minus Total Liabilities)</b> (excluding contingent assets and liabilities)	<b>\$</b> _____
--	-----------------

**D. CONTINGENT ASSETS AND LIABILITIES**

INSTRUCTIONS:

If you have any **POSSIBLE assets** (income potential, accrued vacation or sick leave, bonus, inheritance, etc.) or **POSSIBLE liabilities** (possible lawsuits, future unpaid taxes, contingent tax liabilities, debts assumed by another), you must list them here.

A Contingent Assets  √ the box next to any contingent asset(s) which you are requesting the judge award to you.	B Possible Value	C Nonmarital (√ correct column)	
		husband	wife
<input type="checkbox"/>	\$		
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<b>Total Contingent Assets</b>	<b>\$ _____</b>		

A Contingent Liabilities  √ the box next to any contingent debt(s) for which you believe you should be responsible.	B Possible Amount Owed	C Nonmarital (√ correct column)	
		husband	wife
<input type="checkbox"/>	\$		
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<b>Total Contingent Liabilities</b>	<b>\$ _____</b>		

**E. CHILD SUPPORT GUIDELINES WORKSHEET.**  Florida Family Law Rules of Procedure Form 12.902(e), Child Support Guidelines Worksheet, **MUST** be filed with the court at or prior to a hearing to establish or modify child support. This requirement cannot be waived by the parties.

[ √ one only]

\_\_\_ **A Child Support Guidelines Worksheet IS or WILL BE filed in this case.** This case involves the establishment or modification of child support.

\_\_\_ **A Child Support Guidelines Worksheet IS NOT being filed in this case.** The establishment or modification of child support is not an issue in this case.

**I certify that a copy of this financial affidavit was:** ( ) mailed, ( ) faxed and mailed, or ( ) hand delivered to the person(s) listed below on {date} \_\_\_\_\_.

**Other party 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 affidavit 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:** [  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.

INSTRUCTIONS FOR FLORIDA FAMILY LAW RULES OF PROCEDURE FORM 12.932,  
CERTIFICATE OF COMPLIANCE WITH MANDATORY DISCLOSURE

**When should this form be used?**

**Mandatory disclosure** requires each **party** in a **dissolution of marriage** case to provide the other party with certain financial information and documents. These documents must be provided by mail or hand delivery to the other party within 45 days of **service** of the petition for **dissolution of marriage** or supplemental petition for modification on the **respondent**. The mandatory disclosure rule applies to all original and **supplemental** dissolution of marriage cases, except simplified dissolution of marriage cases and cases where the respondent is served by **constructive service** and does not answer. You should use this form to notify the court and the other party that you have complied with the mandatory disclosure rule.

**Each party must provide the other party with the documents listed in section 2 of this form if the relief being sought is permanent regardless of whether it is an initial or supplemental proceeding.** Of the documents listed on this form, the **financial affidavit and child support guidelines worksheet** are the only documents that must be **filed** with the court **and** sent to the other party; all other documents should be sent to the other party but not filed with the court. If your individual gross annual income is under \$50,000, you should complete the **Family Law Financial Affidavit (Short Form)**, Florida Family Law Rules of Procedure Form 12.902(b). If your individual gross annual income is \$50,000 or more, you should complete the **Family Law Financial Affidavit**, Florida Family Law Rules of Procedure Form 12.902(c).

In addition, there are separate mandatory disclosure requirements that apply to **temporary financial hearings**, which are listed in section 1 of this form. The party seeking temporary financial relief must serve these documents on the other party with the notice of temporary financial hearing. The responding party must either deliver the required documents to the party seeking temporary relief on or before 5:00 p.m., 2 business days before the hearing on temporary relief, **or** mail (postmark) them to the other party seeking temporary relief 7 days before the hearing on temporary financial relief. Any documents that have already been served under the requirements for temporary or initial proceedings, do not need to be reserved again in the same proceeding. If a supplemental petition is filed, seeking modification, then the mandatory disclosure requirements begin again.

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 case is filed and keep a copy for your records. A copy of this form must be mailed **or** hand delivered to any other party in your case.

**What should I do next?**

After you have provided the other party all of the financial information and documents and have filed this form certifying that you have complied with this rule, you are under a continuing duty to promptly give the other party any information or documents that change your financial status or that make the information already provided inaccurate. You should not file with the clerk any of the documents listed in the certificate of compliance other than the financial affidavit and child support guidelines worksheet. Refer to the instructions regarding the **petition** in your case to determine how you should proceed after filing this 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.** For further information, see rule 12.285, Florida Family Law Rules of Procedure.

### Special notes...

You may provide copies of required documents; however, the originals must be produced for inspection if the other party requests to see them.

Although the financial affidavits are based on individual gross income, either party may ask the other party to complete the **Family Law Financial Affidavit**, Florida Family Law Rules of Procedure Form 12.902(c), by serving the appropriate interrogatory form. (See **Standard Family Law Interrogatories**, Florida Family Law Rules of Procedure Form 12.930(b) (original proceedings) or (c) (modification proceedings)).

Any portion of the mandatory disclosure rule may be modified by order of the **judge** or agreement of the parties. Therefore, you and your **spouse** may agree that you will not require each other to produce the documents required under the mandatory disclosure rule. This exception does **not** apply to the **Financial Affidavit**, Family Law Rules of Procedure Form 12.902(b) or (c), which is required in all cases and cannot be waived.

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 \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

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

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

and

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

**CERTIFICATE OF COMPLIANCE WITH MANDATORY DISCLOSURE**

I, *{full legal name}* \_\_\_\_\_, certify that I have complied with the mandatory disclosure required by Florida Family Law Rule 12.285 as follows:

**1. FOR TEMPORARY FINANCIAL RELIEF, ONLY:**

The date the following documents were served: \_\_\_\_\_.

[ all that apply]

- \_\_\_ a. Financial Affidavit (Filing of a Financial Affidavit cannot be waived.)
  - ( ) Florida Family Law Rules of Procedure Form 12.902(b) (short form)
  - ( ) Florida Family Law Rules of Procedure Form 12.902(c) (long form)
- \_\_\_ b. ( ) All personal (1040) federal tax, gift tax, and intangible personal property tax returns for the preceding year; or
  - ( ) Transcript of tax return as provided by IRS form 4506-T; or
  - ( ) IRS forms W-2, 1099, and K-1 for the past year because the income tax return for the past year has not been prepared.
- \_\_\_ c. Pay stubs or other evidence of earned income for the 3 months before the service of the financial affidavit.

**2. FOR INITIAL, SUPPLEMENTAL, AND PERMANENT FINANCIAL RELIEF:**

The date the following documents were served: \_\_\_\_\_.

[ all that apply]

- \_\_\_ a. Financial Affidavit (Filing of a Financial Affidavit cannot be waived.)
  - ( ) Florida Family Law Rules of Procedure Form 12.902(b) (short form)
  - ( ) Florida Family Law Rules of Procedure Form 12.902(c) (long form)
- \_\_\_ b. ( ) All personal (1040) federal and state tax income returns, gift tax returns, and intangible personal property tax returns for the preceding 3 years;
  - ( ) IRS forms W-2, 1099, and K-1 for the past year because the income tax return for the past year has not been prepared.
- \_\_\_ c. Pay stubs or other evidence of earned income for the 3 months before the service of the financial affidavit.
- \_\_\_ d. A statement identifying the source and amount of all income for the 3 months before the service of the financial affidavit, if not reflected on the pay stubs produced.
- \_\_\_ e. All loan applications and financial statements prepared for any purpose or used for any purpose within the 12 months preceding the service of the financial affidavit.
- \_\_\_ f. All deeds to real estate in which I presently own or owned an interest within the past 3 years.



- \_\_\_ All promissory notes in which I presently own or owned an interest within the last 12 months.
- \_\_\_ All present leases in which I own an interest.
- \_\_\_ g. All periodic statements for the last 3 months for all checking accounts and for the last year for all savings accounts, money market funds, certificates of deposit, etc.
- \_\_\_ h. All brokerage account statements for the last 12 months.
- \_\_\_ i. Most recent statement for any pension, profit sharing, deferred compensation, or retirement plan (for example, IRA, 401(k), 403(b), SEP, KEOGH, etc.) and summary plan description for any such plan in which I am a participant or alternate payee.
- \_\_\_ j. The declaration page, the last periodic statement, and the certificate for any group insurance for all life insurance policies insuring my life or the life of me or my spouse.
- \_\_\_ k. All health and dental insurance cards covering either me or my spouse and/or our dependent child(ren).
- \_\_\_ l. Corporate, partnership, and trust tax returns for the last 3 tax years, in which I have an ownership or interest greater than or equal to 30%.
- \_\_\_ m. All credit card and charge account statements and other records showing my (our) indebtedness as of the date of the filing of this action and for the prior 3 months. All promissory notes on which I presently owe or owned within the past year. All lease agreements I presently owe.
- \_\_\_ n. All premarital and marital agreements between the parties to this case.
- \_\_\_ o. If a modification proceeding, all written agreements entered into between the parties at any time since the order to be modified was entered.
- \_\_\_ p. All documents and tangible evidence relating to claims for special equity or nonmarital status of an asset or debt.
- \_\_\_ q. Any court order directing that I pay or receive spousal support (alimony) or child support.

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}* \_\_\_\_\_.

**I understand that I am swearing or affirming under oath to the accuracy of my compliance with the mandatory disclosure requirements of Fla. Fam. L. R. P. 12.285 and that, unless otherwise indicated with specificity, this disclosure is complete. I further understand that the punishment for knowingly making a false statement or incomplete disclosure includes fines and/or imprisonment.**

**Other party 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:** [ 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.

INSTRUCTIONS FOR FLORIDA FAMILY LAW RULES OF PROCEDURE FORM 12.932,  
CERTIFICATE OF COMPLIANCE WITH MANDATORY DISCLOSURE

**When should this form be used?**

**Mandatory disclosure** requires each **party** in a **dissolution of marriage** case to provide the other party with certain financial information and documents. These documents must be provided by mail or hand delivery to the other party within 45 days of **service** of the petition for **dissolution of marriage** or supplemental petition for modification on the **respondent**. The mandatory disclosure rule applies to all original and **supplemental** dissolution of marriage cases, except simplified dissolution of marriage cases and cases where the respondent is served by **constructive service** and does not answer. You should use this form to notify the court and the other party that you have complied with the mandatory disclosure rule.

**Each party must provide the other party with the documents listed in section 2 of this form if the relief being sought is permanent regardless of whether it is an initial or supplemental proceeding.** Of the documents listed on this form, the **financial affidavit and child support guidelines worksheet** are the only documents that must be **filed** with the court **and** sent to the other party; all other documents should be sent to the other party but not filed with the court. If your individual gross annual income is under \$50,000, you should complete the **Family Law Financial Affidavit (Short Form)**, Florida Family Law Rules of Procedure Form 12.902(b). If your individual gross annual income is \$50,000 or more, you should complete the **Family Law Financial Affidavit**, Florida Family Law Rules of Procedure Form 12.902(c).

In addition, there are separate mandatory disclosure requirements that apply to **temporary financial hearings**, which are listed in section 1 of this form. The party seeking temporary financial relief must serve these documents on the other party with the notice of temporary financial hearing. The responding party must either deliver the required documents to the party seeking temporary relief on or before 5:00 p.m., 2 business days before the hearing on temporary relief, **or** mail (postmark) them to the other party seeking temporary relief 7 days before the hearing on temporary financial relief. Any documents that have already been served under the requirements for temporary or initial proceedings, do not need to be reserved again in the same proceeding. If a supplemental petition is filed, seeking modification, then the mandatory disclosure requirements begin again.

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 case is filed and keep a copy for your records. A copy of this form must be mailed **or** hand delivered to any other party in your case.

**What should I do next?**

After you have provided the other party all of the financial information and documents and have filed this form certifying that you have complied with this rule, you are under a continuing duty to promptly give the other party any information or documents that change your financial status or that make the information already provided inaccurate. You should not file with the clerk any of the documents listed in the certificate of compliance other than the financial affidavit and child support guidelines worksheet. Refer to the instructions regarding the **petition** in your case to determine how you should proceed after filing this 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.** For further information, see rule 12.285, Florida Family Law Rules of Procedure.

### Special notes...

You may provide copies of required documents; however, the originals must be produced for inspection if the other party requests to see them.

Although the financial affidavits are based on individual gross income, either party may ask the other party to complete the **Family Law Financial Affidavit**, Florida Family Law Rules of Procedure Form 12.902(c), by serving the appropriate interrogatory form. (See **Standard Family Law Interrogatories**, Florida Family Law Rules of Procedure Form 12.930(b) (original proceedings) or (c) (modification proceedings)).

Any portion of the mandatory disclosure rule may be modified by order of the **judge** or agreement of the parties. Therefore, you and your **spouse** may agree that you will not require each other to produce the documents required under the mandatory disclosure rule. This exception does **not** apply to the **Financial Affidavit**, Family Law Rules of Procedure Form 12.902(b) or (c), which is required in all cases and cannot be waived.

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 \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

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

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

and

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

**CERTIFICATE OF COMPLIANCE WITH MANDATORY DISCLOSURE**

I, *{full legal name}* \_\_\_\_\_, certify that I have complied with the mandatory disclosure required by Florida Family Law Rule 12.285 as follows:

**1. FOR TEMPORARY FINANCIAL RELIEF, ONLY:**

The date the following documents were served: \_\_\_\_\_.

[ all that apply]

- \_\_\_ a. Financial Affidavit (Filing of a Financial Affidavit cannot be waived.)
  - ( ) Florida Family Law Rules of Procedure Form 12.902(b) (short form)
  - ( ) Florida Family Law Rules of Procedure Form 12.902(c) (long form)
- \_\_\_ b. ( ) All personal (1040) federal tax, gift tax, and intangible personal property tax returns for the preceding year; or
  - ( ) Transcript of tax return as provided by IRS form 4506-T; or
  - ( ) IRS forms W-2, 1099, and K-1 for the past year because the income tax return for the past year has not been prepared.
- \_\_\_ c. Pay stubs or other evidence of earned income for the 3 months before the service of the financial affidavit.

**2. FOR INITIAL, SUPPLEMENTAL, AND PERMANENT FINANCIAL RELIEF:**

The date the following documents were served: \_\_\_\_\_.

[ all that apply]

- \_\_\_ a. Financial Affidavit (Filing of a Financial Affidavit cannot be waived.)
  - ( ) Florida Family Law Rules of Procedure Form 12.902(b) (short form)
  - ( ) Florida Family Law Rules of Procedure Form 12.902(c) (long form)
- \_\_\_ b. ( ) All personal (1040) federal and state tax income returns, gift tax returns, and intangible personal property tax returns for the preceding 3 years;
  - ( ) IRS forms W-2, 1099, and K-1 for the past year because the income tax return for the past year has not been prepared.
- \_\_\_ c. Pay stubs or other evidence of earned income for the 3 months before the service of the financial affidavit.
- \_\_\_ d. A statement identifying the source and amount of all income for the 3 months before the service of the financial affidavit, if not reflected on the pay stubs produced.
- \_\_\_ e. All loan applications and financial statements prepared for any purpose or used for any purpose within the 12 months preceding the service of the financial affidavit.
- \_\_\_ f. All deeds to real estate in which I presently own or owned an interest within the past 3 years.

All promissory notes in which I presently own or owned an interest within the last 12 months.  
All present leases in which I own an interest.

- \_\_\_ g. All periodic statements for the last 3 months for all checking accounts and for the last year for all savings accounts, money market funds, certificates of deposit, etc.
- \_\_\_ h. All brokerage account statements for the last 12 months.
- \_\_\_ i. Most recent statement for any pension, profit sharing, deferred compensation, or retirement plan (for example, IRA, 401(k), 403(b), SEP, KEOGH, etc.) and summary plan description for any such plan in which I am a participant or alternate payee.
- \_\_\_ j. The declaration page, the last periodic statement, and the certificate for any group insurance for all life insurance policies insuring my life or the life of me or my spouse.
- \_\_\_ k. All health and dental insurance cards covering either me or my spouse and/or our dependent child(ren).
- \_\_\_ l. Corporate, partnership, and trust tax returns for the last 3 tax years, in which I have an ownership or interest greater than or equal to 30%.
- \_\_\_ m. All credit card and charge account statements and other records showing my (our) indebtedness as of the date of the filing of this action and for the prior 3 months. All promissory notes on which I presently owe or owned within the past year. All lease agreements I presently owe.
- \_\_\_ n. All premarital and marital agreements between the parties to this case.
- \_\_\_ o. If a modification proceeding, all written agreements entered into between the parties at any time since the order to be modified was entered.
- \_\_\_ p. All documents and tangible evidence relating to claims for special equity or nonmarital status of an asset or debt.
- \_\_\_ q. Any court order directing that I pay or receive spousal support (alimony) or child support.

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}* \_\_\_\_\_.

**I understand that I am swearing or affirming under oath to the accuracy of my compliance with the mandatory disclosure requirements of Fla. Fam. L. R. P. 12.285 and that, unless otherwise indicated with specificity, this disclosure is complete. I further understand that the punishment for knowingly making a false statement or incomplete disclosure includes fines and/or imprisonment.**

**Other party 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:** [ 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.

## WAIVER OF MANDATORY DISCLOSURE

### INSTRUCTIONS FOR USE

Rule 12.285, Florida Family Court Rules of Procedure, requires that each party to any Dissolution of Marriage action which may involve some financial/asset issues (except those cases specifically filed as a Simplified Dissolution of Marriage) provide certain documentation to the other party so that each will be fully informed about the financial circumstances of the opposition for settlement discussions and so that sufficient evidence may be presented to the Court for a proper decision on the financial issues if the case is not settled before trial. The Rule specifically lists the documents to be provided (known in general as “discovery”), at what stage of the proceeding disclosure must be made, and the extent of the disclosure necessary based upon the income and expenses of each party.

In many cases, however, it is not necessary to provide all of the documents listed in the Rule. This is usually when the parties have agreed by written Marital Settlement Agreement to a resolution of all of the potentially contested issues and are satisfied that the Agreement is fair to each and that each fully understood the financial circumstances of the opposing party at the time of making the Agreement. In those cases, the parties can agree to waive most of the disclosure requirements of Rule 12.285 (the requirement that each party file a completed Financial Affidavit **cannot** be waived and the Affidavit **must** be filed).

If both you and your spouse fit into the above category of litigants you may file a Waiver of Mandatory Disclosure with the Court. If you agree to waive everything (except the Financial Affidavit), check every line on the form. If you agree to waive only part of the "mandatory" disclosure, check only those items that each of you agree do not need to be reviewed before you appear in Court. The form needs to be signed by **both** you and your spouse.

Signing and filing the Waiver of Mandatory Disclosure form, however, does not guarantee that the documents will not be needed. The Judge or General Master who hears your case may want additional information before he/she can find that the Marital Settlement Agreement is, in fact, legally fair and equitable to both you and your spouse or is otherwise acceptable to the Court. Although this will not be known until the hearing, filing the Waiver of Mandatory Disclosure, if you are satisfied with your level of understanding, will be beneficial to the Court and will possibly avoid unnecessary delay in the proceedings.



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

**REF:** \_\_\_\_\_  
**UCN:** \_\_\_\_\_  
**Division:** \_\_\_\_\_

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

and

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

**WAIVER OF MANDATORY DISCLOSURE**

The undersigned parties to this action, pro se or through counsel, hereby waive the mandatory disclosure required by Rule 12.285, Fla. Fam. L.R.P., as follows, acknowledging that the requirement to file a financial affidavit cannot be waived:

**(I.) FOR TEMPORARY RELIEF:**

[4all that apply]

- \_\_\_\_\_ a. ( ) All personal (1040) federal tax, gift tax, and intangible personal property tax returns for the preceding year; or  
( ) Transcript of tax return as provided by IRS form 4506; or  
( ) IRS forms W-2, 1099, and K-1 for past year because the income tax return for the past year has not been prepared;
- \_\_\_\_\_ b. Pay stubs or other evidence of earned income for the 3 months before the service of the financial affidavit.

**(II.) FOR INITIAL, SUPPLEMENTAL, AND PERMANENT FINANCIAL RELIEF:**

- \_\_\_\_\_ a. ( ) All personal (1040) federal and state income tax returns, gift tax returns, and intangible personal property tax returns for the preceding 3 years; or  
( ) IRS forms W-2, 1099, and K-1 for past year because the income tax return for the past year has not been prepared;
- \_\_\_\_\_ b. Pay stubs or other evidence of earned income for the 3 months before the service of the financial affidavit.
- \_\_\_\_\_ c. A statement identifying the source and amount of all income for the 3 months before the service of the financial affidavit, if not reflected on the pay stubs produced.
- \_\_\_\_\_ d. All loan applications and financial statements prepared for any purpose or used for any purpose within the 12 months preceding the service of the financial affidavit.
- \_\_\_\_\_ e. All deeds to real estate in which the other party presently owns or owned an interest within the past 3 years. All promissory notes in which the other party presently owns or owned an interest within the last 12 months. All present leases in which the other party owns an interest.
- \_\_\_\_\_ f. All periodic statements for the last 3 months for all checking accounts and for the last year for all savings accounts, money market funds, certificates of deposit, etc.
- \_\_\_\_\_ g. All brokerage account statements for the past 12 months.
- \_\_\_\_\_ h. Most recent statement for any pension, profit sharing, deferred compensation, or retirement plan (for example, IRA, 401(k), 403(b), SEP, KEOGH, etc.) and summary

plan description for any such plan in which the other party is a participant or alternate payee.

- \_\_\_\_\_ i. The declarations page, the last periodic statement, and the certificate for any group insurance for all life insurance policies insuring my life or the life of my spouse.
- \_\_\_\_\_ j. All health and dental insurance cards covering either me or my spouse and/or our dependent child(ren).
- \_\_\_\_\_ k. Corporate, partnership, and trust tax returns for last 3 tax years, in which the other party has an ownership or interest greater than or equal to 30%.
- \_\_\_\_\_ l. All credit card and charge account statements and other records showing my(our) indebtedness as of the date of the filing of this action and for the prior 3 months. All promissory notes on which the other party presently owes or owed with the past year. All lease agreements either party presently owes.
- \_\_\_\_\_ m. All premarital and marital agreements between the parties to this case;
- \_\_\_\_\_ n. If a modification proceeding, all written agreements entered into between the parties at any time since the order to be modified was entered.
- \_\_\_\_\_ o. All documents and tangible evidence relating to claims for special equity or nonmarital status of an asset or debt.
- \_\_\_\_\_ p. Any court order directing that either party pay or receive spousal support (alimony) or child support.

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Respondent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, THE NONLAWYER WHO HELPED YOU MUST FILL IN THE BLANKS BELOW:**

I, *{name of nonlawyer}* \_\_\_\_\_, a nonlawyer, located at *{street}* \_\_\_\_\_ *{city}* \_\_\_\_\_ *{state}* \_\_\_\_\_, *{phone}* \_\_\_\_\_, helped *{name}* \_\_\_\_\_, who is the [check one only] \_\_\_\_\_ petitioner **or** \_\_\_\_\_ respondent, fill out this form.

INSTRUCTIONS FOR FLORIDA FAMILY LAW RULES OF PROCEDURE FORM 12.902(e),  
CHILD SUPPORT GUIDELINES WORKSHEET

**When should this form be used?**

You should complete this worksheet if **child support** is being requested in your case. If you know the income of the other **party**, this worksheet should accompany your **financial affidavit**. If you do not know the other party's income, this form must be completed after the other party files his or her financial affidavit, and **erves** a copy on you.

This form should be typed or printed in black ink. You should file the original with the **clerk of the circuit court** in the county where your case 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 other party in your case, if it is not **served** on him or her with your initial papers.

**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 section 61.30, Florida Statutes.


**Special notes...**


If this is a domestic violence case and you want to keep your address confidential for safety reasons, do not enter the address, telephone, and fax information at the bottom of this form. Instead, file **Petitioner's Request for Confidential Filing of Address**,  Florida Supreme Court Approved Family Law Form 12.980(i).

The chart below contains the guideline amounts that you should use when calculating child support. This amount is based on the number of children and the combined income of the parents, and it is divided between the parents in direct proportion to their income or earning capacity. From time to time, some of the amounts in the child support guidelines chart will change. Be sure you have the most recent version of the chart before using it.

Because the guidelines are based on monthly amounts, it may be necessary to convert some income and expense figures from other frequencies to monthly. You should do this as follows:

<b>If payment is twice per month</b>	Payment amount	×	2	=	<b>Monthly amount</b>
<b>If payment is every two weeks</b>	Payment amount	×	26	=	Yearly amount due
	Yearly amount	÷	12	=	<b>Monthly amount</b>
<b>If payment is weekly</b>	Weekly amount	×	52	=	Yearly amount due
	Yearly amount	÷	12	=	<b>Monthly amount</b>

If you or the other parent request that the court award an amount that is different than the guideline amount, you must also complete and attach a **Motion to Deviate from Child Support Guidelines**,  Florida Supreme Court Approved Family Law Form 12.943.

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.

## CHILD SUPPORT GUIDELINES CHART

Combined Monthly Available Income	One Child	Two Children	Three Children	Four Children	Five Children	Six Children
650.00	74	75	75	76	77	78
700.00	119	120	121	123	124	125
750.00	164	166	167	169	171	173
800.00	190	211	213	216	218	220
850.00	202	257	259	262	265	268
900.00	213	302	305	309	312	315
950.00	224	347	351	355	359	363
1000.00	235	365	397	402	406	410
1050.00	246	382	443	448	453	458
1100.00	258	400	489	495	500	505
1150.00	269	417	522	541	547	553
1200.00	280	435	544	588	594	600
1250.00	290	451	565	634	641	648
1300.00	300	467	584	659	688	695
1350.00	310	482	603	681	735	743
1400.00	320	498	623	702	765	790
1450.00	330	513	642	724	789	838
1500.00	340	529	662	746	813	869
1550.00	350	544	681	768	836	895
1600.00	360	560	701	790	860	920
1650.00	370	575	720	812	884	945
1700.00	380	591	740	833	907	971
1750.00	390	606	759	855	931	996
1800.00	400	622	779	877	955	1022
1850.00	410	638	798	900	979	1048
1900.00	421	654	818	923	1004	1074
1950.00	431	670	839	946	1029	1101
2000.00	442	686	859	968	1054	1128
2050.00	452	702	879	991	1079	1154
2100.00	463	718	899	1014	1104	1181
2150.00	473	734	919	1037	1129	1207
2200.00	484	751	940	1060	1154	1234
2250.00	494	767	960	1082	1179	1261
2300.00	505	783	980	1105	1204	1287
2350.00	515	799	1000	1128	1229	1314
2400.00	526	815	1020	1151	1254	1340
2450.00	536	831	1041	1174	1279	1367
2500.00	547	847	1061	1196	1304	1394
2550.00	557	864	1081	1219	1329	1420
2600.00	568	880	1101	1242	1354	1447
2650.00	578	896	1121	1265	1379	1473
2700.00	588	912	1141	1287	1403	1500
2750.00	597	927	1160	1308	1426	1524
2800.00	607	941	1178	1328	1448	1549
2850.00	616	956	1197	1349	1471	1573

Combined Monthly Available Income	One Child	Two Children	Three Children	Four Children	Five Children	Six Children
2900.00	626	971	1215	1370	1494	1598
2950.00	635	986	1234	1391	1517	1622
3000.00	644	1001	1252	1412	1540	1647
3050.00	654	1016	1271	1433	1563	1671
3100.00	663	1031	1289	1453	1586	1695
3150.00	673	1045	1308	1474	1608	1720
3200.00	682	1060	1327	1495	1631	1744
3250.00	691	1075	1345	1516	1654	1769
3300.00	701	1090	1364	1537	1677	1793
3350.00	710	1105	1382	1558	1700	1818
3400.00	720	1120	1401	1579	1723	1842
3450.00	729	1135	1419	1599	1745	1867
3500.00	738	1149	1438	1620	1768	1891
3550.00	748	1164	1456	1641	1791	1915
3600.00	757	1179	1475	1662	1814	1940
3650.00	767	1194	1493	1683	1837	1964
3700.00	776	1208	1503	1702	1857	1987
3750.00	784	1221	1520	1721	1878	2009
3800.00	793	1234	1536	1740	1899	2031
3850.00	802	1248	1553	1759	1920	2053
3900.00	811	1261	1570	1778	1940	2075
3950.00	819	1275	1587	1797	1961	2097
4000.00	828	1288	1603	1816	1982	2119
4050.00	837	1302	1620	1835	2002	2141
4100.00	846	1315	1637	1854	2023	2163
4150.00	854	1329	1654	1873	2044	2185
4200.00	863	1342	1670	1892	2064	2207
4250.00	872	1355	1687	1911	2085	2229
4300.00	881	1369	1704	1930	2106	2251
4350.00	889	1382	1721	1949	2127	2273
4400.00	898	1396	1737	1968	2147	2295
4450.00	907	1409	1754	1987	2168	2317
4500.00	916	1423	1771	2006	2189	2339
4550.00	924	1436	1788	2024	2209	2361
4600.00	933	1450	1804	2043	2230	2384
4650.00	942	1463	1821	2062	2251	2406
4700.00	951	1477	1838	2081	2271	2428
4750.00	959	1490	1855	2100	2292	2450
4800.00	968	1503	1871	2119	2313	2472
4850.00	977	1517	1888	2138	2334	2494
4900.00	986	1530	1905	2157	2354	2516
4950.00	993	1542	1927	2174	2372	2535
5000.00	1000	1551	1939	2188	2387	2551
5050.00	1006	1561	1952	2202	2402	2567
5100.00	1013	1571	1964	2215	2417	2583
5150.00	1019	1580	1976	2229	2432	2599
5200.00	1025	1590	1988	2243	2447	2615

Combined Monthly Available Income	One Child	Two Children	Three Children	Four Children	Five Children	Six Children
5250.00	1032	1599	2000	2256	2462	2631
5300.00	1038	1609	2012	2270	2477	2647
5350.00	1045	1619	2024	2283	2492	2663
5400.00	1051	1628	2037	2297	2507	2679
5450.00	1057	1638	2049	2311	2522	2695
5500.00	1064	1647	2061	2324	2537	2711
5550.00	1070	1657	2073	2338	2552	2727
5600.00	1077	1667	2085	2352	2567	2743
5650.00	1083	1676	2097	2365	2582	2759
5700.00	1089	1686	2109	2379	2597	2775
5750.00	1096	1695	2122	2393	2612	2791
5800.00	1102	1705	2134	2406	2627	2807
5850.00	1107	1713	2144	2418	2639	2820
5900.00	1111	1721	2155	2429	2651	2833
5950.00	1116	1729	2165	2440	2663	2847
6000.00	1121	1737	2175	2451	2676	2860
6050.00	1126	1746	2185	2462	2688	2874
6100.00	1131	1754	2196	2473	2700	2887
6150.00	1136	1762	2206	2484	2712	2900
6200.00	1141	1770	2216	2495	2724	2914
6250.00	1145	1778	2227	2506	2737	2927
6300.00	1150	1786	2237	2517	2749	2941
6350.00	1155	1795	2247	2529	2761	2954
6400.00	1160	1803	2258	2540	2773	2967
6450.00	1165	1811	2268	2551	2785	2981
6500.00	1170	1819	2278	2562	2798	2994
6550.00	1175	1827	2288	2573	2810	3008
6600.00	1179	1835	2299	2584	2822	3021
6650.00	1184	1843	2309	2595	2834	3034
6700.00	1189	1850	2317	2604	2845	3045
6750.00	1193	1856	2325	2613	2854	3055
6800.00	1196	1862	2332	2621	2863	3064
6850.00	1200	1868	2340	2630	2872	3074
6900.00	1204	1873	2347	2639	2882	3084
6950.00	1208	1879	2355	2647	2891	3094
7000.00	1212	1885	2362	2656	2900	3103
7050.00	1216	1891	2370	2664	2909	3113
7100.00	1220	1897	2378	2673	2919	3123
7150.00	1224	1903	2385	2681	2928	3133
7200.00	1228	1909	2393	2690	2937	3142
7250.00	1232	1915	2400	2698	2946	3152
7300.00	1235	1921	2408	2707	2956	3162
7350.00	1239	1927	2415	2716	2965	3172
7400.00	1243	1933	2423	2724	2974	3181
7450.00	1247	1939	2430	2733	2983	3191
7500.00	1251	1945	2438	2741	2993	3201
7550.00	1255	1951	2446	2750	3002	3211

Combined Monthly Available Income	One Child	Two Children	Three Children	Four Children	Five Children	Six Children
7600.00	1259	1957	2453	2758	3011	3220
7650.00	1263	1963	2461	2767	3020	3230
7700.00	1267	1969	2468	2775	3030	3240
7750.00	1271	1975	2476	2784	3039	3250
7800.00	1274	1981	2483	2792	3048	3259
7850.00	1278	1987	2491	2801	3057	3269
7900.00	1282	1992	2498	2810	3067	3279
7950.00	1286	1998	2506	2818	3076	3289
8000.00	1290	2004	2513	2827	3085	3298
8050.00	1294	2010	2521	2835	3094	3308
8100.00	1298	2016	2529	2844	3104	3318
8150.00	1302	2022	2536	2852	3113	3328
8200.00	1306	2028	2544	2861	3122	3337
8250.00	1310	2034	2551	2869	3131	3347
8300.00	1313	2040	2559	2878	3141	3357
8350.00	1317	2046	2566	2887	3150	3367
8400.00	1321	2052	2574	2895	3159	3376
8450.00	1325	2058	2581	2904	3168	3386
8500.00	1329	2064	2589	2912	3178	3396
8550.00	1333	2070	2597	2921	3187	3406
8600.00	1337	2076	2604	2929	3196	3415
8650.00	1341	2082	2612	2938	3205	3425
8700.00	1345	2088	2619	2946	3215	3435
8750.00	1349	2094	2627	2955	3224	3445
8800.00	1352	2100	2634	2963	3233	3454
8850.00	1356	2106	2642	2972	3242	3464
8900.00	1360	2111	2649	2981	3252	3474
8950.00	1364	2117	2657	2989	3261	3484
9000.00	1368	2123	2664	2998	3270	3493
9050.00	1372	2129	2672	3006	3279	3503
9100.00	1376	2135	2680	3015	3289	3513
9150.00	1380	2141	2687	3023	3298	3523
9200.00	1384	2147	2695	3032	3307	3532
9250.00	1388	2153	2702	3040	3316	3542
9300.00	1391	2159	2710	3049	3326	3552
9350.00	1395	2165	2717	3058	3335	3562
9400.00	1399	2171	2725	3066	3344	3571
9450.00	1403	2177	2732	3075	3353	3581
9500.00	1407	2183	2740	3083	3363	3591
9550.00	1411	2189	2748	3092	3372	3601
9600.00	1415	2195	2755	3100	3381	3610
9650.00	1419	2201	2763	3109	3390	3620
9700.00	1422	2206	2767	3115	3396	3628
9750.00	1425	2210	2772	3121	3402	3634
9800.00	1427	2213	2776	3126	3408	3641
9850.00	1430	2217	2781	3132	3414	3647
9900.00	1432	2221	2786	3137	3420	3653



Combined Monthly Available Income	One Child	Two Children	Three Children	Four Children	Five Children	Six Children
9950.00	1435	2225	2791	3143	3426	3659
10000.00	1437	2228	2795	3148	3432	3666

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

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

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

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

and

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

**NOTICE OF FILING CHILD SUPPORT GUIDELINES WORKSHEET**

PLEASE TAKE NOTICE, that {name} \_\_\_\_\_, is filing his/her  
Child Support Guidelines Worksheet attached and labeled Exhibit 1.

**CERTIFICATE OF SERVICE**

I certify that a copy of this Notice of Filing with the Child Support Guidelines Worksheet was  
[  one only ] (  ) mailed (  ) faxed and mailed (  ) hand delivered to the person(s) listed below on  
{date} \_\_\_\_\_.

**Other party or his/her attorney:**

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

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

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

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

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Party

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

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

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


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

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


<b>CHILD SUPPORT GUIDELINES WORKSHEET</b>			
	<b>A. FATHER</b>	<b>B. MOTHER</b>	<b>TOTAL</b>
<b>1. Present Net Monthly Income</b> Enter the amount from line number 27, Section I of <input type="checkbox"/> Florida Family Law Rules of Procedure Form 12.902(b) or (c), Financial Affidavit.			
<b>2. Basic Monthly Obligation</b> There is (are) {number} _____ minor child(ren) common to the parties. Using the total amount from line 1, enter the appropriate amount from the child support guidelines chart.			
<b>3. Percent of Financial Responsibility</b> Divide the amount on line 1A by the total amount on line 1 to get Father's percentage financial responsibility. Enter answer on line 3A. Divide the amount on line 1B by the total amount on line 1 to get Mother's percentage financial responsibility. Enter answer on line 3B.	. %	. %	
<b>4. Share of Basic Monthly Obligation</b> Multiply the number on line 2 by the percentage on line 3A to get Father's share of basic obligation. Enter answer on line 4A. Multiply the number on line 2 by the percentage on line 3B to get Mother's share of basic obligation. Enter answer on line 4B.			
<b>Additional Support — Health Insurance, Child Care &amp; Other</b>			
<b>5a. 75% of Monthly Child Care Costs</b> [Child care costs should not exceed the level required to provide quality care from a licensed source for the child(ren). See section 61.30(7), Fla. Stat. for more information.]			
<b>5b. Total Monthly Child(ren)'s Health Insurance Cost</b> [This is only amounts actually paid for health insurance on the child(ren).]			
<b>5c. Total Monthly Child(ren)'s Noncovered Medical, Dental and Prescription Medication Costs</b>			
<b>5d. Total Monthly Child Care &amp; Health Costs</b> [Add lines 5a+5b+5c]			
<b>6. Additional Support Payments</b> Multiply the number on line 5d by the percentage on line 3A to determine the Father's share. Enter answer on line 6A. Multiply the number on line 5d by the percentage on line 3B to determine the Mother's share. Enter answer on line 6B.			
<b>Statutory Adjustments/Credits</b>			
<b>7a. Monthly child care payments actually made</b>			
<b>7b. Monthly health insurance payments actually made</b>			
<b>7c. Other payments/credits actually made for any noncovered medical, dental and prescription medication expenses of the child(ren) not ordered to be separately paid on a percentage basis.</b> [See § 61.30 (8), Florida Statutes]			
<b>8. Total Support Payments actually made</b> [Add 7a through 7c]			
<b>9. MINIMUM CHILD SUPPORT OBLIGATION FOR EACH PARENT</b> [Line 4 plus line 6; minus line 8]			
<b>Substantial Shared Parenting (GROSS UP METHOD) If the noncustodial parent exercises visitation at least 40 percent of the overnights in the year (146 overnights in the year), complete Nos. 10 through 21</b>			
<b>10. Basic Monthly Obligation x 150%</b> [ Multiply line 2by 1.5]			

## CHILD SUPPORT GUIDELINES WORKSHEET

	A. FATHER	B. MOTHER	TOTAL
<b>11. Increased Basic Obligation for each parent</b> Multiply the number on line 10 by the percentage on line 3A to determine the Father's share. Enter answer on line 11A. Multiply the number on line 10 by the percentage on line 3B to determine the Mother's share. Enter answer on line 11B.			
<b>12. Percentage of overnight stays with each parent</b> The child(ren) spend(s) _____ overnight stays with the father each year. Using the number on the above line, multiply it by 100 and divide by 365. Enter this number on line 12A. The child(ren) spend(s) _____ overnight stays with the mother each year. Using the number on the above line, multiply it by 100 and divide by 365. Enter this number on line 12B.	%	%	
<b>13. Parent's support multiplied by other Parent's percentage of overnights</b> [Multiply line 11A by line 12B. Enter this number in 13A. Multiply line 11B by line 12A. Enter this number in 13B.]			
<b>Additional Support — Health Insurance, Child Care &amp; Other</b>			
<b>14a. Total Monthly Child Care Costs</b> [Child care costs should not exceed the level required to provide quality care from a licensed source for the child(ren). See section 61.30(7), Fla. Stat. for more information.]			
<b>14b. Total Monthly Child(ren)'s Health Insurance Cost</b> [This is only amounts actually paid for health insurance on the child(ren).]			
<b>14c. Total Monthly Child(ren)'s Noncovered Medical, Dental and Prescription Medication Costs</b>			
<b>14d. Total Monthly Child Care &amp; Health Costs</b> [Add lines 14a+14b+14c]			
<b>15. Additional Support Payments</b> Multiply the number on line 14d by the percentage on line 3A to determine the Father's share. Enter answer on line 15A. Multiply the number on line 14d by the percentage on line 3B to determine the Mother's share. Enter answer on line 15B.			
<b>Statutory Adjustments/Credits</b>			
<b>16a. Monthly child care payments actually made</b>			
<b>16b. Monthly health insurance payments actually made</b>			
<b>16c. Other payments/credits actually made for any noncovered medical, dental and prescription medication expenses of the child(ren) not ordered to be separately paid on a percentage basis.</b> [See § 61.30 (8), Florida Statutes]			
<b>17. Total Support Payments actually made</b> [Add 16a through 16c]			
<b>18. Total Additional Support Transfer Amount</b> [Line 15 minus line 17; Enter any negative number as zero]			
<b>19. Total Child Support Owed from Father to Mother</b> [Add line 13A+18A]			
<b>20. Total Child Support Owed from Mother to Father</b> [Add line 13B+18B]			
<b>21. Actual Child Support to Be Paid.</b> [Comparing lines 19 and 20. Subtract the smaller amount owed from the larger amount owed and enter the result in the column for the parent that owes the larger amount of support]	\$ _____	-or- \$ _____	


**ADJUSTMENTS TO GUIDELINES AMOUNT.** If you or the other parent is requesting the Court to award a child support amount that is more or less than the child support guidelines, you must complete and file Motion to Deviate from Child Support Guidelines,   Florida Supreme Court Approved Family Law Form 12.943.

[  **one** only]

\_\_\_ a. **Deviation from the guidelines amount is requested.** The Motion to Deviate from Child Support Guidelines,   Florida Supreme Court Approved Family Law Form 12.943, is attached.

\_\_\_ b. **Deviation from the guidelines amount is NOT requested.** The Motion to Deviate from Child Support Guidelines,   Florida Supreme Court Approved Family Law Form 12.943, is not attached.

**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 [  **one** only] \_\_\_ petitioner **or** \_\_\_ respondent, fill out this form.

*Forms for use with:*

# **Motion to/for**

## INSTRUCTIONS FOR

### MOTION TO/FOR

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Before a Judge (or in certain instances, a General Master/Hearing Officer) can hear your case, you must first put in writing what you are asking the Court to do and why. Usually this is done in the form of a *Motion*. Some examples of Motions you might file are:

Motion to Compel Discovery

Motion to Continue

Motion to Clarify

Motion for Contempt\*

Once you have filled out the Motion, (see attached example) you must file the original with the Clerk of Court and mail a copy to the other party in your case. If the other party has an attorney, you should mail a copy to the attorney instead. You must schedule your Motion for a Hearing before the assigned Judge or a General Master/Hearing Officer. You must coordinate a mutually agreeable time and date for the Hearing, and give no less than 5 (five) working days advance Notice of Hearing to the opposing party or attorney, in writing. See the Instructions to the “Notice of Hearing” forms to learn more about how to schedule your case for a Hearing.

#### **\*If this Motion is filed after a Final Judgment has been entered:**

- (1) the Motion should be set for Hearing before a General Master.
  
- (2) the Motion should **not** be used to modify any provisions of a Final Judgment. Instead, a Supplemental Petition must be filed.

**MOTION EXAMPLE**  
**IN THE CIRCUIT COURT OF THE 6<sup>TH</sup> JUDICIAL CIRCUIT, IN**  
**AND FOR (county name, where case is filed) COUNTY, FLORIDA**

REF: (your pinellas county case number)  
UCN: (your statewide uniform case number)  
Division: (court division of your case)

**(The name of the person who filed the case originally)** ,  
Petitioner,

and

**(The name of the other party in this case)** \_\_\_\_\_ ,  
Respondent.  
\_\_\_\_\_ /

**MOTION TO/FOR: (What you are asking for)**

**(Your name)**, respectfully moves this Honorable Court to grant this Motion to/for  
**(What you are asking for)**, and as grounds therefore would show:

1. **(Why you think you should get what you are asking for)**

2. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_  
\_\_\_\_\_

\* **The below section must be completed.** Here you are certifying that you have provided a copy of your pleadings to the other party, and how you did so.

**THIS SECTION MUST NOT BE LEFT BLANK OR INCOMPLETE.**

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a copy hereof has been furnished by mail/hand delivery/personal service to the persons listed below this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Party or their attorney(if represented)  
Name \_\_\_\_\_  
Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone No. \_\_\_\_\_  
Telefax No. \_\_\_\_\_

DATED: \_\_\_\_\_

Other  
Name \_\_\_\_\_  
Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone No. \_\_\_\_\_  
Telefax No. \_\_\_\_\_



\* This section must be completed by you. All pleadings must be signed. A return address or p.o. box is required.

\_\_\_\_\_  
Signature of party signing certificate and pleading

Printed name \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

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

REF: \_\_\_\_\_  
UCN: \_\_\_\_\_  
Division: \_\_\_\_\_

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

and

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

\_\_\_\_\_ /

**MOTION TO/FOR:**

\_\_\_\_\_, respectfully moves this Honorable Court to grant  
this Motion to/for \_\_\_\_\_, and as grounds therefore would show:

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a copy hereof has been furnished by mail/hand  
delivery/personal service to the persons listed below this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Party or their attorney(if represented)  
Name \_\_\_\_\_  
Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone No. \_\_\_\_\_  
Telefax No. \_\_\_\_\_

Other  
Name \_\_\_\_\_  
Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone No. \_\_\_\_\_  
Telefax No. \_\_\_\_\_

DATED: \_\_\_\_\_

\_\_\_\_\_  
Signature of party signing certificate and pleading

Printed name \_\_\_\_\_

Address \_\_\_\_\_

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

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



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

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM THEY MUST FILL IN THE BLANKS BELOW:**

I, (name of nonlawyer) \_\_\_\_\_, a nonlawyer, located at  
(street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_  
(phone) \_\_\_\_\_, helped (name) \_\_\_\_\_, who is the  
[check one only] \_\_\_ petitioner or \_\_\_ respondent, fill out this form.

INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW FORM 12.923,  
NOTICE OF HEARING (GENERAL)

**When should this form be used?**

Anytime you have set a hearing before a **judge**, you must send notice of the **hearing** to the other party. **IMPORTANT:** If your hearing has been set before a general magistrate, you should use **Notice of Hearing Before General Magistrate**,  Florida Family Law Rules of Procedure Form 12.920(c). If your hearing has been set before a child support enforcement hearing officer, you should use **Notice of Hearing (Child Support Hearing Officer)**,  Florida Supreme Court Approved Family Law Form 12.921.

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 case 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 a **default** has been entered, you must still send this form to the other party to notify the other party of the **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.** For further information on serving notices of hearing, see rule 1.090(d), Florida Civil Rules of Procedure.

**Special notes...**

To set a hearing date and time, you will usually have to make a good-faith effort to coordinate a mutually convenient date and time for you, the other parties in the case, and the judge, except in certain emergency situations. Some circuits may have additional procedural requirements that you must follow when you notify the court and other parties of your scheduled hearing. Therefore, before you complete this form, you should contact the clerk’s office, **family law intake staff**, or **judicial assistant** for information regarding the proper procedure to follow.

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**,  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

Ref. No.: \_\_\_\_\_  
UCN: \_\_\_\_\_  
Division: \_\_\_\_\_

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

and

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

**NOTICE OF HEARING (GENERAL)**

[ ✎ fill in **all** blanks]

TO: *{name of other party}* \_\_\_\_\_

There will be a hearing before Judge *{name}* \_\_\_\_\_, on  
*{date}* \_\_\_\_\_, at *{time}* \_\_\_\_\_ m., in Room \_\_\_\_\_ of the \_\_\_\_\_  
Courthouse, located at: *{address}* \_\_\_\_\_ on  
the following issues: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ hour(s)/ \_\_\_\_\_ minutes have been reserved for this hearing.

**This part to be filled out by the court or to be filled in with information you obtained from the court:**

**If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Within two (2) working days of your receipt of this (describe notice/order) \_\_\_\_\_**

**\_\_\_\_\_ please contact the Human Rights Office, 400 S. Ft. Harrison Ave., Ste. 300, Clearwater, FL 33756, (727)464-4062(V/TDD).**

If you are represented by an attorney or plan to retain an attorney for this matter, you should notify the attorney of this hearing.

If this matter is resolved, the moving party shall contact the judge's office to cancel this hearing.

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} \_\_\_\_\_.

**Other party 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: \_\_\_\_\_

**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 [  **one only**] \_\_\_ petitioner **or** \_\_\_ respondent, fill out this form.

INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW FORM 12.924,  
NOTICE FOR TRIAL

**When should this form be used?**

Generally, the court will have **trials** (or **final hearings**) on contested cases. This form is to be used to notify the court that your case is ready to be set for trial. Before setting your case for trial, certain requirements such as completing **mandatory disclosure** and **filing** certain papers and having them **served** on the other **party** must be met. These requirements vary depending on the type of case and the procedures in your particular circuit. In some circuits you must complete **mediation** or a **parenting course** before you can set a final hearing by using a **Notice of Hearing (General)**,  Florida Supreme Court Approved Family Law Form 12.923, or other appropriate notice of hearing form. Other circuits may require that you set the trial using an **Order Setting Trial**. Contact the **clerk of the circuit court, family law intake staff, or judicial assistant** to determine how the **judge** assigned to your case sets trials. For further information, you should refer to the instructions for the type of form you are filing.

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 case 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 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.** For further information, see rule 12.440, Florida Family Law Rules of Procedure.

**Special notes...**

These family law forms contain **orders** and **final judgments**, which the judge may use. You should ask the clerk of court, family law intake staff, or judicial assistant if you need to bring one of these forms with you to the hearing or trial. 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**,  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.

### NOTICE FOR TRIAL

Pursuant to rule 12.440, Florida Family Law Rules of Procedure, the party signing below states that the case is ready to be set for trial. The estimated time needed for the parties to present their cases is: *{hours}* \_\_\_\_\_.

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}* \_\_\_\_\_.

#### Other party 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: \_\_\_\_\_

#### 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 [ one only] \_\_\_ petitioner **or** \_\_\_ respondent, fill out this form.