

**INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW  
FORM 12.903(c)(1)  
ANSWER TO PETITION AND COUNTERPETITION FOR DISSOLUTION OF  
MARRIAGE WITH DEPENDENT OR MINOR CHILD(REN (11/15))**

**When should this form be used?**

This form should be used when you are responding to a petition for dissolution of marriage with dependent or minor child(ren) and you are asking the court for something not contained in the petition. The answer portion of this form is used to admit or deny the allegations contained in the petition, and the counterpetition portion of this form is used to ask for whatever you want the court to do for you.

This form should be typed or printed in black ink. After completing this form, you should sign the form before a notary public or deputy clerk. You should file the original with the clerk of the circuit court in the county where the petition was filed and keep a copy for your records. The person filing the petition in a dissolution of marriage proceeding is also referred to as the petitioner and his or her spouse as the respondent. The person filing a counterpetition is also referred to as the counterpetitioner and his or her spouse as the counterrespondent.

**IMPORTANT INFORMATION REGARDING E-FILING**

The Florida Rules of Judicial Administration now require that all petitions, pleadings, and documents be filed electronically except in certain circumstances. **Self-represented litigants may file petitions or other pleadings or documents electronically; however, they are not required to do so.** If you choose to file your pleadings or other documents electronically, you must do so in accordance with Florida Rule of Judicial Administration 2.525, and you must follow the procedures of the judicial circuit in which you file. **The rules and procedures should be carefully read and followed.**

**What should I do next?**

You have 20 days to answer after being served with your spouse's petition. A copy of this form must be mailed, e-mailed, or hand delivered to your spouse. After you file an answer and counterpetition your case will then generally proceed as follows:

The other party is required to answer your counterpetition within 20 days using an **Answer to Counterpetition**, Florida Supreme Court Approved Family Law Form 12.903(d).

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

**CONTESTED...** Your dissolution is contested if you and your spouse disagree on any issue raised in the

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

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

**Before proceeding, you should read General Information for Self-Represented Litigants found at the beginning of these forms.** The words that are in **bold underline** in these instructions are defined there. For further information, see chapter 61, Florida Statutes.

### **IMPORTANT INFORMATION REGARDING E-SERVICE ELECTION**

After the initial service of process of the petition or supplemental petition by the Sheriff or certified process server, the Florida Rules of Judicial Administration now require that all documents required or permitted to be served on the other party must be served by electronic mail (e-mail) except in certain circumstances. **You must strictly comply with the format requirements set forth in the Rules of Judicial Administration.** If you elect to participate in electronic service, which means serving or receiving pleadings by electronic mail (e-mail), or through the Florida Courts E-Filing Portal, you must review Florida Rule of Judicial Administration 2.516. You may find this rule at [www.flcourts.org](http://www.flcourts.org) through the link to the Rules of Judicial Administration provided under either Family Law Forms: Getting Started, or Rules of Court in the A-Z Topical Index.

**SELF-REPRESENTED LITIGANTS MAY SERVE DOCUMENTS BY E-MAIL; HOWEVER, THEY ARE NOT REQUIRED TO DO SO.** If a self-represented litigant elects to serve and receive documents by e-mail, the procedures must always be followed once the initial election is made.

To serve and receive documents by e-mail, you must designate your e-mail addresses by using the **Designation of Current Mailing and E-mail Address**, Florida Supreme Court Approved Family Law Form 12.915, and you must provide your e-mail address on each form on which your signature appears. Please **CAREFULLY** read the rules and instructions for: **Certificate of Service (General)**, Florida Supreme Court Approved Family Law Form 12.914; **Designation of Current Mailing and E-mail Address**, Florida Supreme Court Approved Family Law Form 12.915; and Florida Rule of Judicial Administration 2.516.

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

With this form, you must also file the following:

- **Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) Affidavit**, Florida Supreme Court Approved Family Law Form 12.902(d)
- **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 served on you.)

Instructions for Florida Supreme Court Approved Family Law Form 12.903(c)(1), Answer to Petition and Counterpetition for Dissolution of Marriage with Dependent or Minor Child(ren) (11/15)

- **Affidavit of Corroborating Witness**, Florida Supreme Court Approved Family Law Form 12.902(i) **OR** photocopy of current Florida driver's license, Florida identification card, or voter's registration card (issue date of copied document must be at least six months before date case is actually filed with the clerk of the circuit court).
- **Marital Settlement Agreement for Dissolution of Marriage with Dependent or Minor Child(ren)**, Florida Supreme Court Approved Family Law Form 12.902(f)(1), if you have reached an agreement on any or all of the issues.
- **Parenting Plan**, Florida Supreme Court Approved Family Law Form 12.9.995(a), **Safety-Focused Parenting Plan**, Form 12.995(b), or **Relocation/Long-Distance Parenting Plan**, Form 12.995(c). If the parents have reached an agreement, a signed and notarized Parenting Plan should be attached. If the parents have not reached an agreement, a proposed Parenting Plan **may** be filed.
- **Notice of Social Security Number**, Florida Supreme Court Approved Family Law Form 12.902(j).
- **Family Law Financial Affidavit**, Florida Family Law Rules of Procedure Form 12.902(b) or (c). (This must be filed within 45 days of service of the petition on you, if not filed at the time you file this answer.)
- **Certificate of Compliance with Mandatory Disclosure**, Florida Family Law Rules of Procedure Form 12.932. (This must be filed within 45 days of service of the petition on you, if not filed at the time you file this answer, unless you and the other party have agreed not to exchange these documents.)

**Parenting Plan and Time-Sharing...** If you and your spouse are unable to agree on parenting arrangements and a time-sharing schedule, a **judge** will decide for you as part of establishing a Parenting Plan. The judge will decide the parenting arrangements and time-sharing schedule based on the child(ren)'s best interests. Regardless of whether there is an agreement, the court reserves jurisdiction to modify issues relating to the minor child(ren).

The judge may request a **parenting plan recommendation** or appoint a **guardian ad litem** in your case. This means that a neutral person will review your situation and report to the judge concerning parenting issues. The purpose of such intervention is to be sure that the best interests of the child(ren) is (are) being served. For more information, you may consult section 61.13, Florida Statutes.

A **parenting course** must be completed prior to entry of the final judgment. You should contact the clerk, family law intake staff, or judicial assistant about requirements for parenting courses or mediation where you live.

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

- **Shared Parental Responsibility**
- **Sole Parental Responsibility**
- **Supervised Time-Sharing**
- **No contact**
- **Parenting Plan**
- **Parenting Plan Recommendation**

- **Time-Sharing Schedule**

**Child Support...** The court may order one parent to pay child support to assist the other parent in meeting the child(ren)'s material needs. **Both parents are required to provide financial support**, but one parent may be ordered to pay a portion of his or her support for the child(ren) to the other parent. Florida has adopted guidelines for determining the amount of child support to be paid. These guidelines are based on the combined income of **both** parents and take into account the financial contributions of both parents. You must file a **Family Law Financial Affidavit**, Florida Family Law Rules of Procedure Form 12.902(b) or (c), and your spouse will be required to do the same. From your financial affidavits, you should be able to calculate the amount of child support that should be paid using the **Child Support Guidelines Worksheet**, Florida Family Law Rules of Procedure Form 12.902(e). Because the child support guidelines take several factors into consideration, change over time, and vary from state to state, your child support obligation may be more or less than that of other people in seemingly similar situations.

**Alimony...** Alimony may be awarded to a spouse if the judge finds that he or she has an actual need for it and that the other spouse has the ability to pay. **If you want alimony, you must request it in writing in your counterpetition. If you do not request alimony in writing before the final hearing, it is waived (you may not request it later).** You may request permanent alimony, bridge-the-gap alimony, durational alimony, lump sum alimony, or rehabilitative alimony.

**Marital/Nonmarital Assets and Liabilities...** Florida law requires an **equitable distribution** of marital assets and marital liabilities. Equitable does not necessarily mean equal. Many factors, including child support, time-sharing and alimony awards, may lead the court to make an unequal (but still equitable) distribution of assets and liabilities. Nonmarital assets and nonmarital liabilities are those assets and liabilities which the parties agree or the court determines belong to, or are the responsibility of, only one of the parties. If the parties agree or the court finds an asset or liability to be nonmarital, the judge will not consider it when distributing marital assets and liabilities.

**Parenting Plan...** In all cases involving minor or dependent child(ren), a Parenting Plan shall be approved or established by the court. If you and your spouse have reached an agreement, you should file **Parenting Plan**, Florida Supreme Court Approved Family Law Form 12.995(a), 12.995(b), or 12.995(c), which addresses the time-sharing schedule for the child(ren). If you have not reached an agreement, a proposed Parenting Plan **may** be filed. **If you and your spouse cannot agree, a Parenting Plan will be established by the court.**

**Temporary Relief...** If you need temporary relief regarding temporary use of assets, temporary responsibility for liabilities, parental responsibility and time-sharing with child(ren), temporary child support, or temporary alimony, you may file a **Motion for Temporary Support and Time-Sharing with Dependent or Minor Child(ren)**, Florida Supreme Court Approved Family Law Form 12.947(a). For more information, see the instructions for that form.

**Marital Settlement Agreement...** If you and your spouse are able to reach an agreement on any or all of the issues, you should file a **Marital Settlement Agreement for Dissolution of Marriage with Dependent or Minor Child(ren)**, Florida Supreme Court Approved Family Law Form 12.902(f)(1). Both of you must sign this agreement before a notary public or deputy clerk. Any issues on which you are unable to

agree will be considered **contested** and settled by the judge at the final hearing.

**Final Judgment Form...** These family law forms contain a **Final Judgment of Dissolution of Marriage with Dependent or Minor Child(ren)**, Florida Supreme Court Approved Family Law Form 12.990(c)(1), which the judge may use if your case is contested. If you and your spouse reach an agreement on all of the issues, the judge may use a **Final Judgment of Dissolution of Marriage with Dependent or Minor Child(ren) (Uncontested)**, Florida Supreme Court Approved Family Law Form 12.990(b)(1). You should check with the clerk, family law intake staff, or judicial assistant to see if you need to bring a final judgment with you to the hearing. If so, you should type or print the heading, including the circuit, county, case number, division, and the parties' names, and leave the rest blank for the judge to complete at your hearing or trial.

**Nonlawyer...** 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: \_\_\_\_\_

In re: the Marriage of:

\_\_\_\_\_  
Husband,

and

\_\_\_\_\_  
Wife.

### ANSWER TO PETITION AND COUNTERPETITION FOR DISSOLUTION OF MARRIAGE WITH DEPENDENT OR MINOR CHILD(REN)

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

#### ANSWER TO PETITION

1. I **agree** with the allegations raised in the following numbered paragraphs in the Petition and, therefore, **admit** those allegations: {indicate section and paragraph number} \_\_\_\_\_.  
\_\_\_\_\_.
2. I **disagree** with the allegations raised in the following numbered paragraphs in the Petition and, therefore, **deny** those allegations: {indicate section and paragraph number} \_\_\_\_\_.  
\_\_\_\_\_.
3. I currently am unable to admit or deny the following paragraphs due to lack of information: {indicate section and paragraph number} \_\_\_\_\_.  
\_\_\_\_\_.

#### COUNTERPETITION FOR DISSOLUTION OF MARRIAGE WITH MINOR CHILD(REN)

1. JURISDICTION/RESIDENCE  
\_\_\_\_\_ Husband \_\_\_\_\_ Wife \_\_\_\_\_ Both has (have) lived in Florida for at least 6 months before the filing of this Petition for Dissolution of Marriage.
2. Husband \_\_\_\_\_ is or \_\_\_\_\_ is not a member of the military service.  
Wife \_\_\_\_\_ is or \_\_\_\_\_ is not a member of the military service.
3. MARRIAGE HISTORY  
Date of marriage: {month, day, year} \_\_\_\_\_  
Date of separation: {month, day, year} \_\_\_\_\_ (\_\_\_\_\_ Indicate if approximate)

Place of marriage: {county, state, country} \_\_\_\_\_

4. DEPENDENT OR MINOR CHILD(REN)

[Indicate **all** that apply]

a. \_\_\_\_\_ The wife is pregnant. Baby is due on: {date} \_\_\_\_\_

b. \_\_\_\_\_ The minor (under 18) child(ren) common to both parties are:

**Name**

**Birth date**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

**Name**

**Birth date**

_____	_____
_____	_____

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

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

**Name**

**Birth date**

_____	_____
_____	_____

5. A completed Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) Affidavit Florida Supreme Court Approved Family Law Form 12.902(d), is filed with this counterpetition. (You **must** complete and attach this form in a dissolution of marriage with minor child(ren).
6. A completed Notice of Social Security Number, Florida Supreme Court Approved Family Law Form 12.902(j), is filed with this counterpetition.
7. A completed Family Law Financial Affidavit, Florida Family Law Rules of Procedure Form 12.902(b) or (c) \_\_\_\_\_ is filed or \_\_\_\_\_ will be timely filed.

8. This counterpetition for dissolution of marriage should be granted because:

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

**OR**

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

## **SECTION I. MARITAL ASSETS AND LIABILITIES**

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

**OR**

2. \_\_\_\_\_ There are marital assets or liabilities. All marital and nonmarital assets and liabilities are (or will be) listed in the financial affidavits, Florida Family Law Rules of Procedure Form 12.902(b) or (c), to be filed in this case.

*[Indicate **all** that apply]*

a. \_\_\_\_\_ All marital assets and liabilities have been divided by a written agreement between the parties, which is attached to be incorporated into the final judgment of dissolution of marriage. (The parties may use Marital Settlement Agreement for Dissolution of Marriage with Dependent or Minor Child(ren), Florida Supreme Court Approved Family Law Form 12.902(f)(1)).

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

c. \_\_\_\_\_ Husband \_\_\_\_\_ Wife should be awarded an interest in the other spouse's property because: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_.

## **SECTION II. SPOUSAL SUPPORT (ALIMONY)**

1. \_\_\_\_\_ Husband \_\_\_\_\_ Wife forever gives up his/her right to spousal support (alimony) from the other spouse.

**OR**

2. \_\_\_\_\_ Husband \_\_\_\_\_ Wife requests that the Court order the other spouse to pay the following spousal support (alimony) and claims that he or she has an actual need for the support that he or she is requesting **and that the other spouse has the ability to pay that support**. Spousal support (alimony) is requested in the amount of \$ \_\_\_\_\_ every \_\_\_\_\_ week \_\_\_\_\_ other week \_\_\_\_\_ month, beginning {date} \_\_\_\_\_ and continuing until {date or event} \_\_\_\_\_.

Explain why the Court should order \_\_\_\_\_ Husband \_\_\_\_\_ Wife to pay, and any specific



request(s) for type of alimony (temporary, permanent, bridge-the-gap, durational, rehabilitative, and/or lump sum):

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3. \_\_\_\_ Other provisions relating to alimony including any tax treatment and consequences:

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4. \_\_\_\_ Husband \_\_\_\_ Wife requests life insurance on the other spouse's life, provided by that spouse, to secure such support.

### SECTION III. PARENTING PLAN ESTABLISHING PARENTAL RESPONSIBILITY AND TIME-SHARING

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

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

a. \_\_\_\_ shared by both Father and Mother.

b. \_\_\_\_ awarded solely to \_\_\_\_ Father \_\_\_\_ Mother. Shared parental responsibility would be detrimental to the child(ren) because: \_\_\_\_\_

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3. **Parenting Plan and Time-Sharing.** It is in the best interests of the child(ren) that the family be ordered to comply with a Parenting Plan that \_\_\_\_ includes \_\_\_\_ does not include parental time-sharing with the child(ren). The \_\_\_\_ Husband \_\_\_\_ Wife states that it is in the best interests of the child(ren) that:

[Choose only **one**]

a. \_\_\_\_ The attached proposed Parenting Plan should be adopted by the court. The parties \_\_\_\_ have \_\_\_\_ have **not** agreed to the Parenting Plan.

b. \_\_\_\_ The court should establish a Parenting Plan with the following provisions:

\_\_\_\_ No time-sharing for the \_\_\_\_ Father \_\_\_\_ Mother.

\_\_\_\_ Limited time-sharing with the \_\_\_\_ Father \_\_\_\_ Mother.

\_\_\_\_\_ Supervised time-sharing for the \_\_\_\_\_ Father \_\_\_\_\_ Mother.

\_\_\_\_\_ Supervised or third-party exchange of the child(ren).

\_\_\_\_\_ Time-sharing as follows: \_\_\_\_\_

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

#### SECTION IV. CHILD SUPPORT

*[Indicate **all** that apply]*

1. \_\_\_\_\_ Husband \_\_\_\_\_ Wife requests that the Court award child support as determined by Florida's child support guidelines, section 61.30, Florida Statutes. A completed Child Support Guidelines Worksheet, Florida Family Law Rules of Procedure Form 12.902(e), is, or will be filed. Such support should be ordered retroactive to:
  - a. \_\_\_\_\_ the date of separation {date} \_\_\_\_\_
  - b. \_\_\_\_\_ the date of the filing of this petition.
  - c. \_\_\_\_\_ other {date} \_\_\_\_\_ {explain} \_\_\_\_\_
2. \_\_\_\_\_ Husband \_\_\_\_\_ Wife requests that the Court award child support to be paid beyond the age of 18 years because:
  - a. \_\_\_\_\_ the following child(ren) {name(s)} \_\_\_\_\_  
is (are) dependent because of a mental or physical incapacity which began before the age of 18. {explain} \_\_\_\_\_
  - b. \_\_\_\_\_ the following child(ren) {name(s)} \_\_\_\_\_  
is (are) dependent in fact; is (are) in high school, and are between the ages of 18 and 19; said child(ren) is (are) performing in good faith with reasonable expectation of graduation before the age of 19.
3. \_\_\_\_\_ Husband \_\_\_\_\_ Wife requests that the Court award a child support amount that is more than or less than Florida's child support guidelines and understands that a Motion to Deviate from Child Support Guidelines, Florida Supreme Court Approved Family Law Form 12.943, **must** be filed before the Court will consider this request.
4. \_\_\_\_\_ Husband \_\_\_\_\_ Wife requests that medical/dental insurance for the minor child(ren) be provided by:  
*[Choose only **one**]*

a. \_\_\_\_\_ Husband.

b. \_\_\_\_\_ Wife.

5. \_\_\_\_\_ Husband \_\_\_\_\_ Wife requests that uninsured medical/dental expenses for the child(ren) be paid:

*[Choose only **one**]*

a. \_\_\_\_\_ by Husband.

b. \_\_\_\_\_ by Wife.

c. \_\_\_\_\_ by Husband and Wife each paying one-half.

d. \_\_\_\_\_ according to the percentages in the Child Support Guidelines Worksheet, Florida Family Law Rules of Procedure Form 12.902(e).

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

\_\_\_\_\_

6. \_\_\_\_\_ Husband \_\_\_\_\_ Wife requests that life insurance to secure child support be provided by:

a. \_\_\_\_\_ Husband.

b. \_\_\_\_\_ Wife.

c. \_\_\_\_\_ Both.

## SECTION V. OTHER

1. Wife requests to be known by her former name, which was *{full legal name}* :

\_\_\_\_\_

2. Other relief *{specify}*: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SECTION VI. REQUEST

(This section summarizes what you are asking the Court to include in the final judgment of dissolution of marriage.)

I request that the Court enter an order dissolving the marriage **and**:

*[Indicate **all** that apply]*

1. \_\_\_\_\_ distributing marital assets and liabilities as requested in Section I of this petition;
2. \_\_\_\_\_ awarding spousal support (alimony) as requested in Section II of this petition;
3. \_\_\_\_\_ adopting or establishing a Parenting Plan containing provisions for parental responsibility and time-sharing for the dependent or minor child(ren) common to both parties, as requested in Section III of this petition;
4. \_\_\_\_\_ establishing child support for the dependent or minor child(ren) common to both parties, as requested in Section IV of this petition;
5. \_\_\_\_\_ restoring Wife's former name as requested in Section V of this petition;

6. \_\_\_\_\_ awarding other relief as requested in Section V of this petition; and any other terms the Court deems necessary.

I certify that a copy of this document was ( ) mailed ( ) faxed and mailed ( ) e-mailed ( ) hand-delivered to the person(s) listed below on {date} \_\_\_\_\_.

**Other party or his/her attorney:**

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

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

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

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

Designated E-mail Address(es): \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Signature of \_\_\_\_\_ Husband \_\_\_\_\_ Wife

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

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

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

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

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

Designated E-mail Address(es): \_\_\_\_\_

\_\_\_\_\_

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] This form was prepared for the: {choose only **one**} (    ) Husband (    ) Wife

This form was completed with the assistance of:

{name of individual} \_\_\_\_\_,

{name of business} \_\_\_\_\_,

{address} \_\_\_\_\_,

{city} \_\_\_\_\_, {state} \_\_\_\_\_, {zip code} \_\_\_\_\_, {telephone number} \_\_\_\_\_.

**INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW  
FORM 12.902(d)  
UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT  
(UCCJEA) AFFIDAVIT (11/15)**

**When should this form be used?**

This form should be used in any case involving custody of, visitation with, or time-sharing with any minor child(ren). This **affidavit** is **required** even if the custody of, visitation, or time-sharing with 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.

**IMPORTANT INFORMATION REGARDING E-FILING**

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**What should I do next?**

A copy of this form must be mailed, e-mailed, or hand delivered to the other party in your case, if it is not served on him or her with your initial papers.

**IMPORTANT INFORMATION REGARDING E-SERVICE ELECTION**

After the initial service of process of the petition or supplemental petition by the Sheriff or certified process server, the Florida Rules of Judicial Administration now require that all documents required or permitted to be served on the other party must be served by electronic mail (e-mail) except in certain circumstances. **You must strictly comply with the format requirements set forth in the Rules of Judicial Administration.** If you elect to participate in electronic service, which means serving or receiving pleadings by electronic mail (e-mail), or through the Florida Courts E-Filing Portal, you **must** review Florida Rule of Judicial Administration 2.516. You may find this rule at [www.flcourts.org](http://www.flcourts.org) through the link to the Rules of Judicial Administration provided under either Family Law Forms: Getting Started, or Rules of Court in the A-Z Topical Index.

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To serve and receive documents by e-mail, you must designate your e-mail addresses by using the **Designation of Current Mailing and E-mail Address**, Florida Supreme Court Approved Family Law Form 12.915, and you must provide your e-mail address on each form on which your signature appears. Please CAREFULLY read the rules and instructions for: **Certificate of Service (General)**, Florida Supreme Court Approved Family Law Form 12.914; **Designation of Current Mailing and E-mail Address**, Florida Supreme Court Approved Family Law Form 12.915; and Florida Rule of Judicial Administration 2.516.

### **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...**

Chapter 2008-61, Laws of Florida, effective October 1, 2008, eliminated such terms as custodial parent, noncustodial parent, primary residential parent, secondary residential parent, and visitation from Chapter 61, Florida Statutes. Instead, parents are to develop a Parenting Plan that includes, among other things, their time-sharing schedule with the minor child(ren). If the parents cannot agree, a parenting plan will be established by the Court. However, because the UCCJEA uses the terms custody and visitation, they are included in this form.

If you are the petitioner in an injunction for protection against domestic violence case and you have filed a **Request for Confidential Filing of Address**, Florida Supreme Court Approved Family Law Form 12.980(h), 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.

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

Respondent.



____/____			
____/____			
____/____			

**\* If you are the petitioner in an injunction for protection against domestic violence case and you have filed a Request for Confidential Filing of Address, Florida Supreme Court Approved Family Law Form 12.980(h), 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 or time-sharing proceeding(s):**

*[Choose only one]*

\_\_\_\_ 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 or time-sharing with 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 or time-sharing with a child subject to this proceeding. *Explain:*

- Name of each child: \_\_\_\_\_
- Type of proceeding: \_\_\_\_\_
- Court and state: \_\_\_\_\_
- Date of court order or judgment (if any): \_\_\_\_\_

**3. Information about custody or time-sharing proceeding(s):**

[Choose only **one**]

\_\_\_\_ I HAVE NO INFORMATION of any custody or time-sharing 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 or time-sharing 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:*

- e. Name of each child: \_\_\_\_\_
- f. Type of proceeding: \_\_\_\_\_
- g. Court and state: \_\_\_\_\_
- h. Date of court order or judgment (if any): \_\_\_\_\_

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

[Choose only **one**]

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

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

\_\_\_\_ has physical custody \_\_\_\_ claims custody rights \_\_\_\_ claims visitation or time-sharing  
Name of each child: \_\_\_\_\_

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

\_\_\_\_ has physical custody \_\_\_\_ claims custody rights \_\_\_\_ claims visitation or time-sharing  
Name of each child: \_\_\_\_\_

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

\_\_\_\_ has physical custody \_\_\_\_ claims custody rights \_\_\_\_ claims visitation or time-sharing  
Name of each child: \_\_\_\_\_

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

[Choose only **one**]

\_\_\_\_ 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):

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

Type of proceeding: \_\_\_\_\_

Court and address: \_\_\_\_\_

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

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 or time-sharing, 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 ( ) mailed ( ) faxed and mailed ( ) e-mailed ( ) hand delivered to the person(s) listed below on {date} \_\_\_\_\_.

**Other party or his/her attorney:**

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

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

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

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

Designated E-mail Address(es): \_\_\_\_\_

\_\_\_\_\_

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

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

Signature of \_\_\_\_\_ HUSBAND \_\_\_\_\_ WIFE

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

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

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

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

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

Designated E-mail Address(es): \_\_\_\_\_

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] This form was prepared for the: {choose only **one**} (    ) Husband (    ) Wife

This form was completed with the assistance of:

{name of individual} \_\_\_\_\_,

{name of business} \_\_\_\_\_,

{address} \_\_\_\_\_,

{city} \_\_\_\_\_, {state} \_\_\_\_\_, {zip code} \_\_\_\_\_, {telephone number} \_\_\_\_\_.

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

\_\_\_\_\_, Case No.: \_\_\_\_\_  
Plaintiff/Petitioner,

vs.

\_\_\_\_\_,  
Defendant/Respondent.

**SUMMONS: PERSONAL SERVICE ON AN INDIVIDUAL**  
**ORDEN DE COMPARECENCIA: SERVICIO PERSONAL EN UN INDIVIDUO**  
**CITATION: L'ASSIGNATION PERSONAL SUR UN INDIVIDUEL**

TO/PARA/A: {enter other party's full legal name} \_\_\_\_\_  
{address(including city and state)/location for service} \_\_\_\_\_

**IMPORTANT**

A lawsuit has been filed against you. You have **20 calendar days**<sup>1</sup> after this summons is served on you to file a written response to the attached complaint/petition with the clerk of this circuit court, located at, 301 South Monroe Street, Tallahassee, FL 32301. A phone call will not protect you. Your written response, including the case number given above and the names of the parties, must be **filed** if you want the Court to hear your side of the case.

**If you do not file your written response on time, you may lose the case, and your wages, money, and property may be taken thereafter without further warning from the Court.** There are other legal requirements. You may want to call an attorney right away. If you do not know an attorney, you may call an attorney referral service or a legal aid office (listed in the phone book).

If you choose to file a written response yourself, at the same time you file your written response to the Court, you must also mail or take a copy of your written response to the party serving this summons at: {Name and address of party serving summons} \_\_\_\_\_

<sup>1</sup> Rule 1.140(a), Florida Rules of Civil Procedure, provides: (2) (A) Except when sued pursuant to FS 768.28, the state of Florida, an agency of the state, or an officer or employee of the state sued in an official capacity shall serve an answer to the complaint or crossclaim, or a reply to a counterclaim, within **40 days** after service; (B) When sued pursuant to FS 768.28, the Department of Financial Services or the defendant state agency shall have **30 days** from the date of service within which to serve an answer to the complaint or crossclaim or a reply to a counterclaim.

**Copies of all court documents in this case, including orders, are available at the Clerk of the Circuit Court's office. You may review these documents, upon request. You must keep the Clerk of the Circuit Court's office notified of your current address. Future papers in this lawsuit will be mailed to the address on record at the clerk's office.**

### **IMPORTANTE**

Usted ha sido demandado legalmente. Tiene veinte (20) días, contados a partir del recibo de esta notificación, para contestar la demanda adjunta, por escrito, y presentarla ante este tribunal. Localizado en: 301 South Monroe Street, Tallahassee, FL 32301. Una llamada telefónica no lo protegerá. Si usted desea que el tribunal considere su defensa, debe presentar su respuesta por escrito, incluyendo el número del caso y los nombres de las partes interesadas. Si usted no contesta la demanda a tiempo, pudiese perder el caso y podría ser despojado de sus ingresos y propiedades, o privado de sus derechos, sin previo aviso del tribunal. Existen otros requisitos legales. Si lo desea, usted puede consultar a un abogado inmediatamente. Si no conoce a un abogado, puede llamar a una de las oficinas de asistencia legal que aparecen en la guía telefónica.

Si desea responder a la demanda por su cuenta, al mismo tiempo en que presente su respuesta ante el tribunal, usted debe enviar por correo o entregar una copia de su respuesta a la persona denominada abajo.

Si usted elige presentar personalmente una respuesta por escrito, en el mismo momento que usted presente su respuesta por escrito al Tribunal, usted debe enviar por correo o llevar una copia de su respuesta por escrito a la parte entregando esta orden de comparecencia a: Nombre y dirección de la parte que entrega la orden de comparecencia: \_\_\_\_\_

---

**Copias de todos los documentos judiciales de este caso, incluyendo las ordenes, estan disponibles en la oficina del Secretario de Juzgado del Circuito [Clerk of the Circuit Court's office]. Estos documentos pueden ser revisados a su solicitud. Usted debe de mantener informada a la oficina del Secretario de Juzgado del Circuito de su dirección actual. Los papeles que se presenten en el futuro en esta demanda judicial seran enviados por correo a la dirección que este registrada en la oficina del Secretario.**

### **IMPORTANT**

Des poursuites judiciaires ont été entreprises contre vous. Vous avez 20 jours consécutifs à partir de la date de l'assignation de cette citation pour déposer une réponse écrite à la plainte ci-jointe auprès de ce tribunal. Qui se trouve à: {L'Adresse} 301 South Monroe Street, Tallahassee, FL 32301. Un simple coup de téléphone est insuffisant pour vous protéger; vous êtes obligés de déposer votre réponse écrite, avec mention du numéro de dossier ci-dessus et du nom des parties nommées ici, si vous souhaitez que le tribunal entende votre cause.

Si vous ne déposez pas votre réponse écrite dans le délai requis, vous risquez de perdre la cause ainsi que votre salaire, votre argent, et vos biens peuvent être saisis par la suite, sans aucun préavis ultérieur du tribunal. Il y a d'autres obligations juridiques et vous pouvez requérir les

services immediats d'un avocat. Si vous ne connaissez pas d'avocat, vous pourriez telephoner a un service de reference d'avocats ou a un bureau d'assistance juridique (figurant a l'annuaire de telephones).

Si vous choisissez de déposer vous-meme une reponse ecrite, il vous faudra egalement, en meme temps que cette formalite, faire parvenir ou expedier une copie au carbone ou une photocopie de votre reponse ecrite a la partie qui vous depose cette citation. Nom et adresse de la partie qui depose cette citation: \_\_\_\_\_

---

**Les photocopies de tous les documents tribunaux de cette cause, y compris des arrêts, sont disponibles au bureau du greffier. Vous pouvez revue ces documents, sur demande. Il faut aviser le greffier de votre adresse actuelle. Les documents de l'avenir de ce proces seront envoyer a l' adresse que vous donnez au bureau du greffier.**

THE STATE OF FLORIDA  
TO EACH SHERIFF OF THE STATE:

You are commanded to serve this summons and a copy of the complaint in this lawsuit on the above-named person.

DATED: \_\_\_\_\_

(SEAL)

GWEN MARSHALL  
CLERK OF THE CIRCUIT COURT

By: \_\_\_\_\_  
Deputy Clerk



# INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW FORM 12.910(b), PROCESS SERVICE MEMORANDUM (11/15)

## When should this form be used?

You should use this form to give the sheriff's department (or private process server) instructions for serving the other party in your case with the **Summons: Personal Service on an Individual**, Florida Family Law Rules of Procedure Form 12.910(a), and other papers to be served. On this form you can tell the sheriff's department the best times to find the person at work and/or at home. You can also include a map to the other person's home or work place to help the sheriff find the person and deliver the summons. Do not forget to attach to the summons a copy of your initial petition and any other papers you want personally served on the other party.

This form should be typed or printed in black ink. After completing this form, you should **file** the original with the clerk of the circuit court in the county where your petition was filed and attach a copy to the **Summons: Personal Service on an Individual**, Florida Family Law Rules of Procedure Form 12.910(a). You should also keep a copy for your records.

## IMPORTANT INFORMATION REGARDING E-FILING

The Florida Rules of Judicial Administration now require that all petitions, pleadings, and documents be filed electronically except in certain circumstances. **Self-represented litigants may file petitions or other pleadings or documents electronically; however, they are not required to do so.** If you choose to file your pleadings or other documents electronically, you must do so in accordance with Florida Rule of Judicial Administration 2.525, and you must follow the procedures of the judicial circuit in which you file. **The rules and procedures should be carefully read and followed.**

## 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.** You should read the instructions for **Summons: Personal Service on an Individual**, Florida Family Law Rules of Procedure Form 12.910(a), for additional information.

## IMPORTANT INFORMATION REGARDING E-SERVICE ELECTION

After the initial service of process of the petition or supplemental petition by the Sheriff or certified process server, the Florida Rules of Judicial Administration now require that all documents required or permitted to be served on the other party must be served by electronic mail (e-mail) except in certain circumstances. **You must strictly comply with the format requirements set forth in the Rules of Judicial Administration.** If you elect to participate in electronic service, which means serving or receiving pleadings by electronic mail (e-mail), or through the Florida Courts E-Filing Portal, you **must** review Florida Rule of Judicial Administration 2.516. You may find this rule at [www.flcourts.org](http://www.flcourts.org) through the link to the Rules of Judicial Administration provided under either Family Law Forms: Getting Started, or Rules of Court in the A-Z Topical Index.

**SELF-REPRESENTED LITIGANTS MAY SERVE DOCUMENTS BY E-MAIL; HOWEVER, THEY ARE NOT**

**REQUIRED TO DO SO.** If a self-represented litigant elects to serve and receive documents by e-mail, the procedures must always be followed once the initial election is made.

To serve and receive documents by e-mail, you must designate your e-mail addresses by using the **Designation of Current Mailing and E-mail Address**, Florida Supreme Court Approved Family Law Form 12.915, and you must provide your e-mail address on each form on which your signature appears. Please **CAREFULLY** read the rules and instructions for: **Certificate of Service (General)**, Florida Supreme Court Approved Family Law Form 12.914; **Designation of Current Mailing and E-mail Address**, Florida Supreme Court Approved Family Law Form 12.915; and Florida Rule of Judicial Administration 2.516.

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

If you fear that disclosing your address would put you in danger because you are the victim of sexual battery, aggravated child abuse, stalking, aggravated stalking, harassment, aggravated battery, or domestic violence, you should complete a **Request for Confidential Filing of Address**, Florida Supreme Court Approved Family Law Form 12.980(h), file it with the clerk, and write confidential in the space provided on the petition.

**Nonlawyer.** 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

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

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

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

and

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

### PROCESS SERVICE MEMORANDUM

**TO:** \_\_\_\_\_ Sheriff of \_\_\_\_\_ County, Florida; \_\_\_\_\_ Division  
\_\_\_\_\_ Private process server: \_\_\_\_\_

Please serve the *{name of document(s)}* \_\_\_\_\_

in the above-styled cause upon:

Party: *{full legal name}* \_\_\_\_\_

Address or location for service: \_\_\_\_\_

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

If the party to be served owns, has, and/or is known to have guns or other weapons, describe what type of weapon(s): \_\_\_\_\_

SPECIAL INSTRUCTIONS: \_\_\_\_\_

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

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

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

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

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

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

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

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

\*Designated E-mail Address(es) \_\_\_\_\_

\_\_\_\_\_

**\* Please see the Special Notes section in the instructions to this form regarding Florida Supreme Court Approved Family Law Form 12.980(h), Request for Confidential Filing of Address, which may be used if you need to keep your addresses or telephone numbers confidential for safety reasons.**

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

[fill in **all** blanks] This form was prepared for the Petitioner. This form was completed with the assistance of:

*{name of individual}* \_\_\_\_\_,

*{name of business}* \_\_\_\_\_,

*{address}* \_\_\_\_\_,

*{city}* \_\_\_\_\_, *{state}* \_\_\_\_\_, *{zip code}* \_\_\_\_\_, *{telephone number}* \_\_\_\_\_

**INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW  
FORM 12.902(f)(1)  
MARITAL SETTLEMENT AGREEMENT FOR DISSOLUTION OF MARRIAGE  
WITH DEPENDENT OR MINOR CHILD(REN)(11/15)**

**When should this form be used?**

This form should be used when a **Petition for Dissolution of Marriage with Dependent or Minor Child(ren)**, Florida Supreme Court Approved Family Law Form 12.901(b)(1), has been filed and the parties have reached an agreement on some or all of the issues at hand.

This form should be typed or printed in black ink. Both parties must sign the agreement and have their signatures witnessed by a **notary public** or **deputy clerk**. After completing this form, you should file the original with the clerk of the circuit court in the county where the petition was filed and keep a copy for your records. You should then refer to the instructions for your petition, answer, or answer and counterpetition concerning the procedures for setting a hearing or trial (final hearing).

**IMPORTANT INFORMATION REGARDING E-FILING**

The Florida Rules of Judicial Administration now require that all petitions, pleadings, and documents be filed electronically except in certain circumstances. **Self-represented litigants may file petitions or other pleadings or documents electronically; however, they are not required to do so.** If you choose to file your pleadings or other documents electronically, you must do so in accordance with Florida Rule of Judicial Administration 2.525, and you must follow the procedures of the judicial circuit in which you file. **The rules and procedures should be carefully read and followed.**

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

**Before proceeding, you should read General Information for Self-Represented Litigants found at the beginning of these forms.** The words that are in **bold underline** in these instructions are defined there. For further information, see chapter 61, Florida Statutes, and the instructions for the petition and/or answer that were filed in this case.

**IMPORTANT INFORMATION REGARDING E-SERVICE ELECTION**

After the initial service of process of the petition or supplemental petition by the Sheriff or certified process server, the Florida Rules of Judicial Administration now require that all documents required or permitted to be served on the other party must be served by electronic mail (e-mail) except in certain circumstances. **You must strictly comply with the format requirements set forth in the Rules of Judicial Administration.** If you elect to participate in electronic service, which means serving or receiving pleadings by electronic mail (e-mail), or through the Florida Courts E-Filing Portal, you must review Florida Rule of Judicial Administration 2.516. You may find this rule at [www.flcourts.org](http://www.flcourts.org) through the link

Instructions for Florida Supreme Court Approved Family Law Form 12.902(f)(1), Marital Settlement Agreement for Dissolution of Marriage with Dependent or Minor Child(ren) (11/15)

to the Rules of Judicial Administration provided under either Family Law Forms: Getting Started, or Rules of Court in the A-Z Topical Index.

**SELF-REPRESENTED LITIGANTS MAY SERVE DOCUMENTS BY E-MAIL; HOWEVER, THEY ARE NOT REQUIRED TO DO SO.** If a self-represented litigant elects to serve and receive documents by e-mail, the procedures must always be followed once the initial election is made.

To serve and receive documents by e-mail, you must designate your e-mail addresses by using the **Designation of Current Mailing and E-mail Address**, Florida Supreme Court Approved Family Law Form 12.915, and you must provide your e-mail address on each form on which your signature appears. Please CAREFULLY read the rules and instructions for: **Certificate of Service (General)**, Florida Supreme Court Approved Family Law Form 12.914; **Designation of Current Mailing and E-mail Address**, Florida Supreme Court Approved Family Law Form 12.915; and Florida Rule of Judicial Administration 2.516.

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

With this form you must also file a **Child Support Guidelines Worksheet**, Florida Family Law Rules of Procedure Form 12.902(e), if not already filed.

**This form does not act to transfer title to the property. Such transfer must be done by deed or supplemental final judgment.**

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: \_\_\_\_\_

In re: the Marriage of:

\_\_\_\_\_,  
Husband,

and

\_\_\_\_\_,  
Wife.

## **MARITAL SETTLEMENT AGREEMENT FOR DISSOLUTION OF MARRIAGE WITH DEPENDENT OR MINOR CHILD(REN)**

We, {Husband's full legal name} \_\_\_\_\_, and {Wife's full legal name, \_\_\_\_\_} being sworn, certify that the following statements are true:

1. We were married to each other on {date} \_\_\_\_\_.
2. Because of irreconcilable differences in our marriage (no chance of staying together), we have made this agreement to settle once and for all what we owe to each other and what we can expect to receive from each other. Each of us states that nothing has been held back, that we have honestly included everything we could think of in listing our assets (everything we own and that is owed to us) and our debts (everything we owe), and that we believe the other has been open and honest in writing this agreement.
3. We have both filed a Family Law Financial Affidavit, Florida Family Law Rules of Procedure Form 12.902(b) or (c). Because we have voluntarily made full and fair disclosure to each other of all our assets and debts, we waive any further disclosure under rule 12.285, Florida Family Law Rules of Procedure.
4. Each of us agrees to execute and exchange any papers that might be needed to complete this agreement, including deeds, title certificates, etc.

### **SECTION I. MARITAL ASSETS AND LIABILITIES**

**A. Division of Assets.** We divide our assets (everything we own and that is owed to us) as follows: Any personal item(s) not listed below is (are) the property of the party currently in possession of the item(s).

1. Wife shall receive as her own and Husband shall have no further rights or responsibilities regarding these assets:

<b>ASSETS: DESCRIPTION OF ITEM(S) WIFE SHALL RECEIVE</b> <b>Please describe each item as clearly as possible.</b> <b>You do not need to list account numbers. Where applicable, include whether the name on any title/deed/account described below is wife's, husband's, or both.</b>	<b>Current Fair Market Value</b>
Cash (on hand)	\$
Cash (in banks/credit unions)	
Stocks/Bonds	
Notes (money owed to you in writing)	
Money owed to you (not evidenced by a note)	
Real estate: (Home)	
(Other)	
Business interests	
Automobiles	
Boats	
Other vehicles	
Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)	
Furniture & furnishings in home	
Furniture & furnishings elsewhere	
Collectibles	
Jewelry	
Life insurance (cash surrender value)	
Sporting and entertainment (T.V., stereo, etc.) equipment	



<b>ASSETS: DESCRIPTION OF ITEM(S) WIFE SHALL RECEIVE</b> Please describe each item as clearly as possible. <b>You do not need to list account numbers. Where applicable, include whether the name on any title/deed/account described below is wife's, husband's, or both.</b>	<b>Current Fair Market Value</b>
Other assets	
Total Assets to Wife	\$

2. Husband shall receive as his own and Wife shall have no further rights or responsibilities regarding these assets:

<b>ASSETS: DESCRIPTION OF ITEM(S) HUSBAND SHALL RECEIVE</b> Please describe each item as clearly as possible. <b>You do not need to list account numbers. Where applicable, include whether the name on any title/deed/account described below is wife's, husband's or both.</b>	<b>Current Fair Market Value</b>
Cash (on hand)	\$
Cash (in banks/credit unions)	
Stocks/Bonds	
Notes (money owed to you in writing)	
Money owed to you (not evidenced by a note)	
Real estate: (Home)	
(Other)	
Business interests	
Automobiles	
Boats	
Other vehicles	
Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)	

<b>ASSETS: DESCRIPTION OF ITEM(S) HUSBAND SHALL RECEIVE</b> Please describe each item as clearly as possible. You do not need to list account numbers. Where applicable, include whether the name on any title/deed/account described below is wife's, husband's or both.	<b>Current Fair Market Value</b>
Furniture & furnishings in home	
Furniture & furnishings elsewhere	
Collectibles	
Jewelry	
Life insurance (cash surrender value)	
Sporting and entertainment (T.V., stereo, etc.) equipment	
Other assets	
Total Assets to Husband	\$

**B. Division of Liabilities/Debts.** We divide our liabilities (everything we owe) as follows:

Wife shall pay as her own the following and will not at any time ask Husband to pay these debts/bills:

<b>LIABILITIES: DESCRIPTION OF DEBT(S) TO BE PAID BY WIFE</b> Please describe each item as clearly as possible. You do not need to list account numbers. Where applicable, include whether the name on any mortgage, note, or account described below is wife's, husband's, or both	<b>Monthly Payment</b>	<b>Current Amount Owed</b>
Mortgages on real estate: (Home)	\$	\$
(Other)		
Charge/credit card accounts		
Auto loan		
Auto loan		
Bank/credit union loans		

<b>LIABILITIES: DESCRIPTION OF DEBT(S) TO BE PAID BY WIFE</b> Please describe each item as clearly as possible. You do not need to list account numbers. Where applicable, include whether the name on any mortgage, note, or account described below is wife's, husband's, or both	<b>Monthly Payment</b>	<b>Current Amount Owed</b>
Money you owe (not evidenced by a note)		
Judgments		
Other		
Total Debts to Be Paid by Wife	\$	\$

4. Husband shall pay as his own the following and will not at any time ask Wife to pay these debts/bills:

<b>LIABILITIES: DESCRIPTION OF DEBT(S) TO BE PAID BY HUSBAND</b> Please describe each item as clearly as possible. You do not need to list account numbers. Where applicable, include whether the name on any mortgage, note or account described below is wife's, husband's, or both.	<b>Monthly Payment</b>	<b>Current Amount Owed</b>
Mortgages on real estate: (Home)	\$	\$
(Other)		
Charge/credit card accounts		
Auto loan		
Auto loan		
Bank/credit union loans		
Money you owe (not evidenced by a note)		
Judgments		
Other		

<b>LIABILITIES: DESCRIPTION OF DEBT(S) TO BE PAID BY HUSBAND</b> Please describe each item as clearly as possible. You do not need to list account numbers. Where applicable, include whether the name on any mortgage, note or account described below is wife's, husband's, or both.	<b>Monthly Payment</b>	<b>Current Amount Owed</b>
Total Debts to Be Paid by Husband	\$	\$

**C. Contingent Assets and Liabilities (listed in Section III of our Family Law Financial Affidavits) will be divided as follows:**

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**D. Beneficiary Designation (Complete only if beneficiary designations continue after entry of Final Judgment of Dissolution of Marriage.)**

\_\_\_\_ The Husband and Wife agree that the designation providing for the payment or transfer at death of an interest in the assets set forth below to or for the benefit of the deceased party's former spouse **SHALL NOT BE VOID** as of the date of entry of the Final Judgment of Dissolution of Marriage.

The Final Judgment of Dissolution of Marriage shall provide that the designations set forth below remain in full force and effect:

\_\_\_\_ 1. The \_\_\_\_ Husband \_\_\_\_ Wife shall acquire or maintain the following assets for the benefit of the other spouse or child(ren) to be paid upon his/her death outright or in trust. This provision only applies if other assets fulfilling such requirement for the benefit of the other spouse or child(ren) do not exist upon his/her death and unless precluded by statute. {Describe the assets with specificity}:

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\_\_\_\_ 2. The \_\_\_\_ Husband \_\_\_\_ Wife shall not unilaterally terminate or modify the ownership of the following assets, or their disposition upon his/her death. {Describe the assets with specificity}: \_\_\_\_\_

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**SECTION II. SPOUSAL SUPPORT (ALIMONY) (If you have not agreed on this matter, write n/a on the lines provided.)**

1. \_\_\_\_ Each of us forever gives up any right to spousal support (alimony) that we may have.

**OR**

2. \_\_\_\_ HUSBAND \_\_\_\_ WIFE (hereinafter "Obligor") agrees to pay spousal support (alimony) in the amount of \$ \_\_\_\_ every \_\_\_\_ week \_\_\_\_ other week \_\_\_\_ month, beginning {date} \_\_\_\_ and continuing until {date or event} \_\_\_\_.

{Explain type of alimony (such as, permanent, bridge-the-gap, durational, rehabilitative, and/or lump sum) and any other specifics}: \_\_\_\_.

3. \_\_\_\_ Other provisions relating to alimony, including any tax treatment and consequences: \_\_\_\_.

4. Life insurance in the amount of \$ \_\_\_\_ to secure the above support, will be provided by the Obligor.

### SECTION III. PARENTING PLAN ESTABLISHING PARENTAL RESPONSIBILITY AND TIME-SHARING

1. The parties' minor child(ren) are:

Name	Birth date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. The parties shall have time-sharing and parental responsibility in accordance with the Parenting Plan attached as Exhibit \_\_\_\_.

### SECTION IV. CHILD SUPPORT

1. \_\_\_\_ Wife \_\_\_\_ Husband (hereinafter "Obligor") will pay child support, under Florida's child support guidelines, section 61.30, Florida Statutes, to the other parent. The Child Support Guidelines Worksheet, Florida Family Law Rules of Procedure Form 12.902(e), is completed and attached.

Child support established at the rate of \$ \_\_\_\_ per month for the \_\_\_\_ children {total number of parties' minor or dependent children} shall be paid commencing \_\_\_\_ {month, day, year} and terminating \_\_\_\_ {month, day, year}. Child support shall be paid in the amount of \$ \_\_\_\_ per \_\_\_\_ {week, month, other} which is consistent with the Obligor's current payroll cycle.

Upon the termination of the obligation of child support for one of the parties' children, child support in the amount of \$ \_\_\_\_ for the remaining \_\_\_\_ children {total number of remaining children} shall be paid commencing \_\_\_\_ {month, day, year} and terminating \_\_\_\_ {month, day, year}. This child support shall be paid in

the amount of \$ \_\_\_\_\_ per \_\_\_\_\_ {week, month, other} consistent with Obligor's current payroll cycle.

***{Insert schedule for the child support obligation, including the amount, and commencement and termination dates, for the remaining minor or dependent children, which shall be payable as the obligation for each child ceases. Please indicate whether the schedule \_\_\_\_\_ appears below or \_\_\_\_\_ is attached as part of this form}***

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

The Obligor shall pay child support until all the minor or dependent child(ren): reach the age of 18; become emancipated, marry, join the armed services, die, or become self-supporting; or until further order of the court or agreement of the parties. The child support obligation shall continue beyond the age of 18 and until high school graduation for any child who is: dependent in fact; between the ages of 18 and 19; and is still in high school, performing in good faith with a reasonable expectation of graduation before the age of 19.

If the child support amount above deviates from the guidelines by 5% or more, explain the reason(s) here:

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

2. **Child Support Arrearage.** There currently is a child support arrearage of \$ \_\_\_\_\_ for retroactive child support and/or \$ \_\_\_\_\_ for previously ordered unpaid child support. The total of \$ \_\_\_\_\_ in child support arrearage shall be repaid at the rate of \$ \_\_\_\_\_ every \_\_\_\_\_ week \_\_\_\_\_ other week \_\_\_\_\_ month, beginning {date} \_\_\_\_\_, until paid in full including statutory interest.

3. **Health Insurance.** \_\_\_\_\_ Wife \_\_\_\_\_ Husband will maintain health insurance for the parties' minor child(ren). The party providing coverage will provide insurance cards to the other party showing coverage. OR ( ) Health insurance is either not reasonable in cost or accessible to the child(ren) at this time. Any uninsured/ unreimbursed medical costs for the minor child(ren) shall be assessed as follows:

- a. \_\_\_\_\_ Shared equally by husband and wife.
- b. \_\_\_\_\_ Prorated according to the child support guideline percentages.
- c. \_\_\_\_\_ Other {explain}: \_\_\_\_\_

As to these uninsured/unreimbursed medical expenses, the party who incurs the expense shall submit a request for reimbursement to the other party within 30 days, and the other party, within 30 days of receipt, shall submit the applicable reimbursement for that expense, according to the schedule of reimbursement set out in this paragraph.

4. **Dental Insurance.**  
\_\_\_\_\_ Wife \_\_\_\_\_ Husband will maintain dental insurance for the parties' minor child(ren). The party providing coverage will provide insurance cards to the other party showing coverage

OR

\_\_\_\_\_ Dental insurance is either not reasonable in cost or accessible to the child(ren) at this time. Any uninsured/ unreimbursed dental costs for the minor child(ren) shall be assessed as follows:

- a. \_\_\_\_\_ Shared equally by husband and wife.
- b. \_\_\_\_\_ Prorated according to the child support guideline percentages.
- c. \_\_\_\_\_ Other {explain}: \_\_\_\_\_

As to these uninsured/unreimbursed dental expenses, the party who incurs the expense shall submit a request for reimbursement to the other party within 30 days, and the other party, within 30 days of receipt, shall submit the applicable reimbursement for that expense, according to the schedule of reimbursement set out in this paragraph.

5. **Life Insurance.** \_\_\_\_\_ Wife \_\_\_\_\_ Husband will maintain life insurance for the benefit of the parties' minor child(ren) in the amount of \$ \_\_\_\_\_ until the youngest child turns 18, becomes emancipated, marries, joins the armed services, or dies.

6. **IRS Income Tax Exemption(s).** The assignment of any tax exemptions for the child(ren) shall be as follows: {explain} \_\_\_\_\_

\_\_\_\_\_ The other parent will convey any applicable IRS form regarding the income tax exemption.

7. \_\_\_\_\_ Other provisions relating to child support (e.g., uninsured medical/dental expenses, health or dental insurance, life insurance to secure child support, orthodontic payments, college fund, etc.):

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#### SECTION V. OTHER

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#### SECTION VI. We have not agreed on the following issues:

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I certify that I have been open and honest in entering into this settlement agreement. I am satisfied with this agreement and intend to be bound by it.

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

\_\_\_\_\_  
Signature of Husband

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

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

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

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

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

Designated E-mail Address(es): \_\_\_\_\_

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] This form was prepared for the: {choose only **one**} ( ) Husband ( ) Wife

This form was completed with the assistance of:

{name of individual} \_\_\_\_\_,

{name of business} \_\_\_\_\_,

{address} \_\_\_\_\_,

{city} \_\_\_\_\_, {state} \_\_\_\_\_, {zip code} \_\_\_\_\_, {telephone number} \_\_\_\_\_.



I certify that I have been open and honest in entering into this settlement agreement. I am satisfied with this agreement and intend to be bound by it.

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

Signature of Wife

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

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

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

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

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

Designated E-mail Address(es): \_\_\_\_\_

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] This form was prepared for the: {choose only **one**} ( ) Husband ( ) Wife

This form was completed with the assistance of:

{name of individual} \_\_\_\_\_,

{name of business} \_\_\_\_\_,

{address} \_\_\_\_\_,

{city} \_\_\_\_\_, {state} \_\_\_\_\_, {zip code} \_\_\_\_\_, {telephone number} \_\_\_\_\_.

**IN THE CIRCUIT/COUNTY COURT OF THE SECOND JUDICIAL CIRCUIT  
IN AND FOR LEON COUNTY, FLORIDA**

\_\_\_\_\_  
**Plaintiff/Petitioner or In the Interest Of**

**vs.**

**Case #:** \_\_\_\_\_

\_\_\_\_\_  
**Defendant/Respondent.**

**APPLICATION FOR DETERMINATION OF CIVIL INDIGENT STATUS**

1. I have \_\_\_\_\_ dependents. (Include only those persons you list on your U.S. Income tax return.)  
Are you Married?...Yes....No    Does your Spouse Work?...Yes....No    Annual Spouse Income? \$ \_\_\_\_\_

2. I have a net income of \$ \_\_\_\_\_ paid ( ) weekly ( ) every two weeks ( ) semi-monthly ( ) monthly ( ) yearly ( ) other \_\_\_\_\_

(Net income is your total income including salary, wages, bonuses, commissions, allowances, overtime, tips and similar payments, **minus** deductions required by law and other court-ordered payments such as child support.)

3. I have other income paid ( ) weekly ( ) every two weeks ( ) semi-monthly ( ) monthly ( ) yearly ( ) other \_\_\_\_\_.  
(Circle "Yes" and fill in the amount if you have this kind of income, otherwise circle "No")

Second Job .....	Yes \$ _____	No	Veterans' benefits.....	Yes \$ _____	No
Social Security benefits			Workers compensation .....	Yes \$ _____	No
For you .....	Yes \$ _____	No	Income from absent family members .....	Yes \$ _____	No
For child(ren).....	Yes \$ _____	No	Stocks/bonds.....	Yes \$ _____	No
Unemployment compensation.....	Yes \$ _____	No	Rental income .....	Yes \$ _____	No
Union payments .....	Yes \$ _____	No	Dividends or interest.....	Yes \$ _____	No
Retirement/pensions .....	Yes \$ _____	No	Other kinds of income not on the list .....	Yes \$ _____	No
Trusts .....	Yes \$ _____	No	Gifts.....	Yes \$ _____	No

I understand that I will be required to make payments for costs to the clerk in accordance with §57.082(5), Florida Statutes, as provided by law, although I may agree to pay more if I choose to do so.

4. I have other assets: (Circle "yes" and fill in the value of the property, otherwise circle "No")

Cash .....	Yes \$ _____	No	Savings account .....	Yes \$ _____	No
Bank account(s) .....	Yes \$ _____	No	Stocks/bonds.....	Yes \$ _____	No
Certificates of deposit or			Homestead Real Property* .....	Yes \$ _____	No
money market accounts .....	Yes \$ _____	No	Motor Vehicle* .....	Yes \$ _____	No
Boats* .....	Yes \$ _____	No	Non-homestead real property/real estate* .....	Yes \$ _____	No

\*show loans on these assets in paragraph 5

Check one: I ( ) DO ( ) DO NOT expect to receive more assets in the near future. The asset is \_\_\_\_\_.

5. I have total liabilities and debts of \$ \_\_\_\_\_ as follows:

Home \$ _____	Other Real Property \$ _____	Motor Vehicle \$ _____
Credit Cards \$ _____	Medical Bills \$ _____	Child Support paid direct \$ _____
Other \$ _____		Cost of medicines (monthly) \$ _____

6. I have a private lawyer in this case..... Yes                      No

A person who knowingly provides false information to the clerk or the court in seeking a determination of indigent status under FS 27.52/57.082 commits a misdemeanor of the first degree, punishable as provided in FS 775.082 or 775.083. I attest that the information I have provided on this application is true and accurate to the best of my knowledge.

Signed on \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant for Indigent Status

Print Full Legal Name: \_\_\_\_\_

Date of Birth                      Last 4 Digits of Driver License or ID #

Phone #: \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Address

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

**CLERK DETERMINATION**

Based on the information in this Application, pursuant to FS 57.082, I have determined the applicant to be:

( ) Indigent  
( ) Not Indigent.

Date: \_\_\_\_\_

Clerk of the Circuit Court, by Deputy Clerk: \_\_\_\_\_

*This form was completed with the assistance of:*

\_\_\_\_\_  
*Clerk/Deputy Clerk/Other authorized person*

**APPLICANTS FOUND NOT INDIGENT MAY SEEK REVIEW BY THE JUDGE BY ASKING FOR A HEARING TIME.** Sign on this line if you want the judge to review the clerk's determination of not indigent. \_\_\_\_\_

# INSTRUCTIONS FOR FLORIDA FAMILY LAW RULES OF PROCEDURE FORM 12.902(b), FAMILY LAW FINANCIAL AFFIDAVIT (SHORT FORM) (01/15)

## 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** unless:

- (1) You are filing a simplified dissolution of marriage under rule 12.105 and both parties have waived the filing of a financial affidavit;
- (2) You have no minor children, no support issues, and have filed a written settlement agreement disposing of all financial issues; or
- (3) The court lacks jurisdiction to determine any financial issues.

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

## What should I do next?

A copy of this form must be served on the other party in your case within 45 days of being served with the petition, if it is not served on him or her with your initial papers. **Service** must be in accordance with Florida Rule of Judicial Administration 2.516.

## 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 Florida Family Law Rule of Procedure 12.285.

## Special notes...

If you want to keep your address confidential because you are the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence, do not enter the address, telephone, and fax information at the bottom of this form. Instead, file **Request for Confidential Filing of Address**, Florida Supreme Court Approved Family Law Form 12.980(h).

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.

Instructions to Florida Family Law Rules of Procedure Form 12.902(b), Family Law Financial Affidavit (Short Form) (01/15)

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

Hourly amount	x	Hours worked per week	=	Weekly amount
Weekly amount	x	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	x	Days worked per week	=	Weekly amount
Weekly amount	x	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	x	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	x	26	=	Yearly amount
Yearly amount	÷	12 Months per year	=	<b>Monthly Amount</b>

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

Semi-monthly amount	x	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
2. \_\_\_\_\_ Monthly bonuses, commissions, allowances, overtime, tips, and similar payments
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) (Attach sheet itemizing such income and expenses.)
4. \_\_\_\_\_ Monthly disability benefits/SSI
5. \_\_\_\_\_ Monthly Workers' Compensation
6. \_\_\_\_\_ Monthly Unemployment Compensation
7. \_\_\_\_\_ Monthly pension, retirement, or annuity payments
8. \_\_\_\_\_ Monthly Social Security benefits
9. \_\_\_\_\_ Monthly alimony actually received (Add 9a and 9b)
  - 9a. From this case: \$ \_\_\_\_\_
  - 9b. From other case(s): \_\_\_\_\_
10. \_\_\_\_\_ Monthly interest and dividends
11. \_\_\_\_\_ Monthly rental income (gross receipts minus ordinary and necessary expenses)

- required to produce income) (Attach sheet itemizing such income and expense items.)
12. \_\_\_\_\_ Monthly income from royalties, trusts, or estates
13. \_\_\_\_\_ Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses
14. \_\_\_\_\_ Monthly gains derived from dealing in property (not including nonrecurring gains)
15. \_\_\_\_\_ Any other income of a recurring nature (list source) \_\_\_\_\_
16. \_\_\_\_\_
17. \$ \_\_\_\_\_ **TOTAL PRESENT MONTHLY GROSS INCOME** (Add lines 1–16)

**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 \_\_\_\_\_
19. \_\_\_\_\_ Monthly FICA or self-employment taxes
20. \_\_\_\_\_ Monthly Medicare payments
21. \_\_\_\_\_ Monthly mandatory union dues
22. \_\_\_\_\_ Monthly mandatory retirement payments
23. \_\_\_\_\_ Monthly health insurance payments (including dental insurance), excluding portion paid for any minor children of this relationship
24. \_\_\_\_\_ Monthly court-ordered child support actually paid for children from another relationship
25. \_\_\_\_\_ Monthly court-ordered alimony actually paid (Add 25a and 25b)
- 25a. from this case: \$ \_\_\_\_\_
- 25b. from other case(s): \$ \_\_\_\_\_
26. \$ \_\_\_\_\_ **TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30, FLORIDA STATUTES**  
(Add lines 18 through 25).
27. \$ \_\_\_\_\_ **PRESENT NET MONTHLY INCOME** (Subtract line 26 from line 17)

## SECTION II. AVERAGE MONTHLY EXPENSES

**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.

### 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 (if not listed on  
lines 23 or 45) \$ \_\_\_\_\_  
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)

#### SUMMARY

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

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

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.)

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.)

#### 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). LIST ONLY LAST 4 DIGITS OF ACCOUNT NUMBERS. Check the line next to any asset(s) which you are requesting the judge award to you.		Current Fair Market Value	Nonmarital (check 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"/>	Check here if additional pages are attached.			
<b>Total Assets</b> (add next column)		\$		



**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). LIST ONLY LAST 4 DIGITS OF ACCOUNT NUMBERS. Check the line next to any debt(s) for which you believe you should be responsible.		Current Amount Owed	Nonmarital (check 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"/>	____ Check here if additional pages are attached.			
<b>Total Debts</b> (add next column)		\$		

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

Contingent Liabilities Check the line next to any contingent debt(s) for which you believe you should be responsible.		Possible Amount Owed	Nonmarital (check 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.)

[Check **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 [**check all used**]: ( ) e-mailed ( ) mailed ( ) faxed ( ) hand delivered to the person(s) listed below on {date} \_\_\_\_\_.

#### Other party or his/her attorney:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
E-mail Address(es): \_\_\_\_\_

**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: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
E-mail Address(es): \_\_\_\_\_

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] This form was prepared for the: *{choose only one}* ( ) Petitioner ( ) Respondent

This form was completed with the assistance of:

*{name of individual}* \_\_\_\_\_,

*{name of business}* \_\_\_\_\_,

*{address}* \_\_\_\_\_,

*{city}* \_\_\_\_\_, *{state}* \_\_\_\_\_ *{telephone number}* \_\_\_\_\_.

# INSTRUCTIONS FOR FLORIDA FAMILY LAW RULES OF PROCEDURE FORM 12.932, CERTIFICATE OF COMPLIANCE WITH MANDATORY DISCLOSURE (09/12)

## 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 served on 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. **ONLY THE ORIGINAL OF THE COMPLETED FORM IS FILED WITH THE COURT. EXCEPT FOR THE FINANCIAL AFFIDAVIT AND CHILD SUPPORT GUIDELINES WORKSHEET, NO DOCUMENTS SHALL BE FILED IN THE COURT FILE WITHOUT A PRIOR COURT ORDER. THE DOCUMENTS LISTED ON THE FORM ARE TO BE GIVEN TO THE OTHER PARTY.** 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 (Long Form)**, 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 serve the required documents on the party seeking temporary relief. Service by e-mail or mail shall be at least 7 days before the temporary financial relief hearing. Service by delivery shall be no later than 5:00 p.m., 2 business days before the hearing. 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 served on any other party in your case. **Service** must be in accordance with Florida Rule of Judicial Administration 2.516.

## 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 the 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.** The words that are in **bold underline** in these instructions are defined there. For further information, see Florida Family Law Rule of Procedure 12.285.

## 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 (Long Form)**, 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**

**ONLY THE ORIGINAL OF THIS COMPLETED FORM IS  
FILED WITH THE COURT. EXCEPT FOR THE FINANCIAL  
AFFIDAVIT AND CHILD SUPPORT GUIDELINES WORKSHEET,  
NO DOCUMENTS SHALL BE FILED IN THE COURT FILE  
WITHOUT A PRIOR COURT ORDER. THE DOCUMENTS  
LISTED BELOW ARE TO BE GIVEN TO THE OTHER PARTY.**

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

[Check **all** that apply]

- a. \_\_\_\_\_ Financial Affidavit
  - ( ) 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: \_\_\_\_\_.

[Check **all** that apply]

- a. \_\_\_\_\_ Financial Affidavit
  - ( ) 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 income tax 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 an unequal distribution of marital property, enhancement or appreciation in nonmarital property, 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 [check all used]: ( ) e-mailed ( ) mailed  
( ) faxed ( ) hand delivered to the person(s) listed below on {date}\_\_\_\_\_.

**Other party or his/her attorney:**

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

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

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

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

E-mail Address(es): \_\_\_\_\_

I understand that I am swearing or affirming under oath to the accuracy of my compliance with the mandatory disclosure requirements of Florida Family Law Rule of Procedure 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.

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

\_\_\_\_\_  
Signature of Party  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
E-mail Address(es): \_\_\_\_\_

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] This form was prepared for the: {choose only **one**} ( ) Petitioner ( ) Respondent

This form was completed with the assistance of:

{name of individual} \_\_\_\_\_,  
{name of business} \_\_\_\_\_,  
{address} \_\_\_\_\_,  
{city} \_\_\_\_\_, {state} \_\_\_\_\_, {telephone number} \_\_\_\_\_.