IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT,
IN AND FOR HERNANDO COUNTY, FLORIDA

Case No.: _____
Division: _____

Jacob Black,
Petitioner,

and

Isabel Marie Black,
Respondent.

AFFIDAVIT OF CORROBORATING WITNESS

I, *{full legal name}* _____, being sworn, certify that the following statements are true: I have known *{name}* Isabel Marie Black since *{approximate date}* _____; to the best of my understanding the petition in this action was filed on *{date}* _____; and I know of my own personal knowledge that this person has resided in the State of Florida for at least 6 months immediately before *{date}* _____.

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 Corroborating Witness
Printed Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____

STATE OF FLORIDA
COUNTY OF _____

Sworn to or affirmed and signed before me on _____ by _____.

_____
NOTARY PUBLIC or DEPUTY CLERK

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

____ Personally known
____ Produced identification
Type of identification produced _____

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [fill in **all** blanks]
I, *{full legal name and trade name of nonlawyer}* Sean Freeman, a nonlawyer, of Legalzoom.com, Inc., located at *{street}* 9900 Spectrum Drive, *{city}* Austin, *{state}* TX, *{phone}* (323) 962-8600, helped *{name}* Isabel Marie Black, who is the [√ **one** only] ____ petitioner **or** _X__ respondent, fill out this form.

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IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT,
IN AND FOR HERNANDO COUNTY, FLORIDA

Case No.: _____
Division: _____

Jacob Black,

Petitioner,

and

Isabel Marie Black,

Respondent.

DISCLOSURE FROM NONLAWYER

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

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

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

[√ **one** only]

_**X**_ I can read English.

___ I cannot read English, but this disclosure was read to me [fill in **both** blanks] by *{name}* _____ in *{language}* _____, which I understand.

Dated: _____

_____
Signature of Party

_____
Signature of **NONLAWYER**
Printed Name: Sean Freeman
Name of Business: Legalzoom.com, Inc.
Address: 9900 Spectrum Drive
Austin, TX 78717
Telephone Number: (323) 962-8600

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IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT,
IN AND FOR HERNANDO COUNTY, FLORIDA

Case No.: _____
Division: _____

Jacob Black _____,
Petitioner,

and

Isabel Marie Black _____,
Respondent.

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NOTICE OF FILING CHILD SUPPORT GUIDELINES WORKSHEET

PLEASE TAKE NOTICE, that {name} Isabel Marie Black, is filing his/her Child Support Guidelines Worksheet attached and labeled Exhibit 1.

CERTIFICATE OF SERVICE

I certify that a copy of this Notice of Filing with the Child Support Guidelines Worksheet was [check **one** only] ( ) mailed ( ) mailed and faxed ( ) hand delivered to the person(s) listed below on *{date}* _____.

Other party or his/her attorney:
Name: Jacob Black
Address: 111 Hill Street
City, State, Zip: Towne, FL 11111
Fax Number: (333) 333-3333

_____
Signature of Party
Printed Name: Isabel Marie Black
Address: 222 Hill Street
City, State, Zip: Mount, FL 22222
Telephone Number: (222) 222-2222
Fax Number: (444) 444-4444

CHILD SUPPORT GUIDELINES WORKSHEET			
	A. FATHER	**B.** MOTHER	TOTAL
1. Present Net Monthly Income Enter the amount from line number 27 of Florida Family Law Rules of Procedure Form 12.902(b) or (c), Financial Affidavit.	4,327.00	2,866.00	7,193.00
2. Basic Monthly Obligation There is (are) *{number}*_1_ minor child(ren) common to the parties. Using the total amount from line 1, enter the appropriate amount from the child support guidelines chart.			1,224.00
3. Percent of Financial Responsibility Divide the amount on line 1A by the total amount on line 1 to get Father's percentage financial responsibility. Enter answer on line 3A. Divide the amount on line 1B by the total amount on line 1 to get Mother's percentage financial responsibility. Enter answer on line 3B.	60.2%	39.8%	
4. Share of Basic Monthly Obligations Multiply the number on line 2 by the percentage on line 3A to get Father's share of basic obligation. Enter answer on line 4A. Multiply the number on line 2 by the percentage on line 3B to get Mother's share of basic obligation. Enter answer on line 4B.	736.31	487.69	
Additional Support – Health Insurance, Child Care & Other			
5 a. 100% of Monthly Child Care Costs [Child care costs should not exceed the level required to provide quality care from a licensed source. See section 61.30(7), Fla. Stat. for more information.]			0.00

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CHILD SUPPORT GUIDELINES WORKSHEET			
	A. FATHER	**B.** MOTHER	TOTAL
b. Total Monthly Child(ren)'s Health Insurance Cost [This is only amounts actually paid for health insurance on the child(ren).]			360.00
c. Total Monthly Child(ren)'s Noncovered Medical, Dental and Prescription Medication Costs			20.00
d. Total Monthly Child Care & Health Costs [Add lines 5a+5b+5c]			380.00
6. Additional Support Payments Multiply the number on line 5d by the percentage on line 3A to determine the Father's share. Enter answer on line 6A. Multiply the number on line 5d by the percentage on line 3B to determine the Mother's share. Enter answer on line 6B.	228.59	151.41	
Statutory Adjustments/Credits			
7 a. Monthly child care payments actually made	0.00	0.00	0.00
b. Monthly health insurance payments actually made	360.00	0.00	360.00
c. Other payments/credits actually made for any noncovered medical, dental and prescription medication expenses of the child(ren) not ordered to be separately paid on a percentage basis. [See § 61.30(8), Florida Statutes]	20.00	0.00	20.00
8. Total Support Payments actually made [Add 7a through 7c]	380.00	0.00	380.00
9. **MINIMUM CHILD SUPPORT OBLIGATION FOR EACH PARENT** [Line 4 plus line 6; minus line 8]	584.90	639.10	1,224.00
Substantial Shared Parenting (GROSS UP METHOD) If each parent exercises time-sharing at least 20 percent of the overnights in the year (73 overnights in the year), complete Nos. 10 through 21			

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CHILD SUPPORT GUIDELINES WORKSHEET			
	A. FATHER	**B.** MOTHER	TOTAL
10. Basic Monthly Obligation x 150% [Multiply line 2 by 1.5]			1,836.00
11. Increased Basic Obligation for each parent Multiply the number on line 10 by the percentage on line 3A to determine the Father's share. Enter answer on line 11A. Multiply the number on line 10 by the percentage on line 3B to determine the Mother's share. Enter answer on line 11B.	1,104.46	731.54	
12. Percentage of overnight stays with each parent The child(ren) spend(s) _____ overnight stays with the father each year. Using the number on the above line, multiply it by 100 and divide by 365. Enter this number on line 12A. The child(ren) spend(s) _____ overnight stays with the mother each year. Using the number on the above line, multiply it by 100 and divide by 365. Enter this number on line 12B.	50%	50%	
13. Parent's support multiplied by other Parent's percentage of overnights [Multiply line 11A by line 12B. Enter this number on line 13A. Multiply line 11B by line 12A. Enter this number in 13B.]	552.23	365.77	
Additional Support – Health Insurance, Child Care & Other			
14 a. Total Monthly Child Care Costs [Child care costs should not exceed the level required to provide quality care from a licensed source for the child(ren). See section 61.30(7), Fla. Stat. for more information.]			0.00

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CHILD SUPPORT GUIDELINES WORKSHEET			
	A. FATHER	**B.** MOTHER	TOTAL
b. Total Monthly Child(ren)'s Health Insurance Cost [This is only amounts actually paid for health insurance on the child(ren).]			360.00
c. Total Monthly Child(ren)'s Noncovered Medical, Dental and Prescription Medication Costs			20.00
d. Total Monthly Child Care & Heath Costs [Add lines 14a+14b+14c]			380.00
15. Additional Support Payments Multiply the number on line 14d by the percentage on line 3A to determine the Father's share. Enter answer on line 15A. Multiply the number on line 14d by the percentage on line 3B to determine the Mother's share. Enter answer on line 15B.	228.59	151.41	
Statutory Adjustments/Credits			
16 **a.** Monthly Child Care payments actually made	0.00	0.00	
b. Monthly health insurance payments actually made	360.00	0.00	
c. Other payments/credits actually made for any noncovered medical, dental and prescription medication expenses of the child(ren) not ordered to be separately paid on a percentage basis. [See § 61.30(8), Florida Statutes]	20.00	0.00	
17. Total Support Payments actually made [Add 16a through 16c]	380.00	0.00	
18. Total Additional Support Transfer Amount [Line 15 minus line 17; Enter any negative number as zero]	0.00	151.41	

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CHILD SUPPORT GUIDELINES WORKSHEET			
	A. FATHER	**B.** MOTHER	TOTAL
19. Total Child Support Owed from Father to Mother [Add line 13A+18A]	552.23		
20. Total Child Support Owed from Mother to Father [Add line 13B+18B]		517.18	
21. **Actual Child Support to Be Paid.** [Comparing lines 19 and 20, Subtract the smaller amount owed from the larger amount owed and enter the result in the column for the parent that owes the larger amount of support]	$35.05	$	

ADJUSTMENTS TO GUIDELINES AMOUNT. If you or the other parent is requesting the Court to award a child support amount that is more or less than the child support guidelines, you must complete and file Motion to Deviate from Child Support Guidelines, Florida Supreme Court Approved Family Law Form 12.943.
[check **one** only]

a. _X_ **Deviation from the guidelines amount is requested.** The Motion to Deviate from the Child Support Guidelines, Florida Supreme Court Approved Family Law Form 12.943, is attached.

b. ___ **Deviation from the guidelines amount is NOT requested.** The Motion to Deviate from the Child Support Guidelines, Florida Supreme Court Approved Family Law Form 12.943, is not attached.

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [fill in **all** blanks]
I, *{full legal name and trade name of nonlawyer}* ____Sean Freeman of Legalzoom.com, Inc._____, a nonlawyer, located at *{street}*_____9900 Spectrum Drive_____, *{city}* _____Austin_____, *{state}* ____TX_____, *{phone}* __(323) 962-8600__, helped *{name}* _Isabel Marie Black_____, who is the [check **one** only] ____ petitioner **or** _X_ respondent, fill out this form.

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IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT,
IN AND FOR HERNANDO COUNTY, FLORIDA

Case No.: _____
Division: _____

Jacob Black,

Petitioner,

and

Isabel Marie Black,

Respondent.

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

I, *{full legal name}* Isabel Marie Black, being sworn, certify that the following information is true:
My Occupation: Manager Employed by: Wal-Mart
Business Address: 123 Work Lane, Work, FL 12345
Pay rate: $ 1,500.00 ( ) every week (X) every other week ( ) twice a month ( ) monthly ( ) other: _____

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

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

1.	Monthly gross salary or wages	1. 3,000.00
2.	Monthly bonuses, commissions, allowances, overtime, tips, and similar payments	2. 110.00
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.)	3. 0.00
4.	Monthly disability benefits/SSI	4. 0.00
5.	Monthly Workers' Compensation	5. 0.00
6.	Monthly Unemployment Compensation	6. 0.00
7.	Monthly pension, retirement, or annuity payments	7. 0.00
8.	Monthly Social Security benefits	8. 0.00
9.	Monthly alimony actually received 9a. From this case: $ 0.00 9b. From other case(s): 0.00 Add 9a and 9b	9. 0.00
10.	Monthly interest and dividends	10. 0.00
11.	Monthly rental income (gross receipts minus ordinary and necessary expenses required to produce income) (☐ Attach sheet itemizing such income and expense items.	11. 0.00
12.	Monthly income from royalties, trusts, or estates	12. 0.00
13.	Monthly reimbursed expenses and in kind payments to the extent that they reduce personal living expense	13. 0.00
14.	Monthly gains derived from dealing in property (not including nonrecurring gains)	14. 0.00
15.	Any other income from a recurring nature (list source)	15.
16.	_____	16.

17. PRESENT MONTHLY GROSS INCOME (Add lines 1–16) **TOTAL:** **17. 3,110.00**

PRESENT MONTHLY DEDUCTIONS:

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18. Monthly federal, state and local income tax (corrected for filing status and allowable dependents and income tax liabilities)
    a. Filing Status Head of household
    b. Number of dependents claimed 1 — 18. 244.00
19. Monthly FICA or self-employment taxes — 19. 0.00
20. Monthly Medicare payments — 20. 0.00
21. Monthly mandatory union dues — 21. 0.00
22. Monthly mandatory retirement payments — 22. 0.00
23. Monthly health insurance payments (including dental insurance), excluding portion paid for any minor children of this relationship — 23. 0.00
24. Monthly court ordered child support actually paid for children from another relationship — 24. 0.00
25. Monthly court ordered alimony actually paid
    25a. from this case: $ 0.00
    25b. from other case(s): 0.00 Add 25a and 25b — 25. 0.00

26. TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30, FLORIDA STATUTES (Add lines 18 through 25) **TOTAL: 26. 244.00**

27. PRESENT NET MONTHLY INCOME (Subtract line 26 from line 17) **27. 2,866.00**

SECTION II. AVERAGE MONTHLY EXPENSES

A. HOUSEHOLD:

Mortgage or rent	$ 784.00
Property taxes	$ 0.00
Utilities	$ 100.00
Telephone	$ 50.00
Food	$ 400.00
Meals outside home	$ 100.00
Maintenance/Repairs	$ 0.00
Other:	$

B. AUTOMOBILE

Gasoline	$ 80.00
Repairs	$ 60.00
Insurance	$ 65.00

C. CHILD(REN)'S EXPENSES

Day care	$ 0.00
Lunch money	$ 16.00
Clothing	$ 20.00
Grooming	$ 10.00
Gifts for holidays	$ 25.00
Medical/Dental (uninsured)	$ 0.00
Other	$ 0.00

D. INSURANCE

Medical/Dental	$ 0.00
Child(ren)'s medical/dental	$ 0.00
Life	$ 100.00
Other:	$

E. OTHER EXPENSES NOT LISTED ABOVE

Clothing	$ 20.00
Medical/Dental (uninsured)	$ 22.00
Grooming	$ 0.00
Entertainment	$ 20.00
Gifts	$ 0.00
Religious organizations	$ 0.00
Miscellaneous	$ 0.00
Other:	$

F. PAYMENTS TO CREDITORS

CREDITOR	MONTHLY PAYMENT
	$

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28. TOTAL MONTHLY EXPENSES (add **ALL** monthly amount in A through F above) **28. $ 1,872.00**

SUMMARY

29. TOTAL PRESENT MONTHLY NET INCOME (from line 27 of SECTION I. INCOME) **29. $ 2,866.00**

30. TOTAL MONTHLY EXPENSES (from line 28 above) **30. $ 1,872.00**

31. SURPLUS (If line 29 is more than line 30, subtract line 30 from line 29. This is the amount of your surplus. Enter that amount here.) **31. $ 994.00**

32. (DEFICIT) (If line 30 is more than line 29, subtract line 29 from line 30. This is the amount of your deficit. Enter that amount here.) **32. ($)**

SECTION III. ASSETS AND LIABILITIES

Use the nonmarital column only if this is a petition for dissolution of marriage and you believe an item is "nonmarital," meaning it belongs to only one of you and should not be divided. You should indicate to whom you believe the item(s) or debt belongs. (Typically, you will only use this column if property/debt was owned/owed by one spouse before the marriage. Florida Statutes, for definitions of "marital" and "nonmarital" assets and liabilities.)

A. ASSETS:

DESCRIPTION OF ITEM(S). List a description of each separate item owned by you (and/or your spouse, if this is a petition for dissolution of marriage). DO NOT LIST ACCOUNT NUMBERS. √ the box next to any asset(s) which you are requesting the judge award to you.	**Current Fair Market Value**	**Nonmarital (√ correct column)**	
		husband	wife
□ Cash (on hand)	$		
□ Cash (in banks or credit unions)			
□ Stocks, Bonds, Notes			
□ Real estate: (Home)			
□ (Other)			
☑ Automobiles The 2003 Nissan Altima vehicle	4,000.00		
□ The 2000 Chevrolet Silverado vehicle	4,300.00		
□ Other personal property			
□ Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)			
□ Other: Any and all personal property, tangible and intangible, in husband's possession.			
☑ Any and all personal property, tangible and intangible, in wife's possession.			
□			
□ The king size bed	100.00		
☑ The Loveseat and chair	75.00		
□ Couch	30.00		
☑ The kitchen table and chairs	50.00		
□			
□			
□ √ here if additional pages are attached.			
Total Assets (add next column)	**$ 8,555.00**		

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B. LIABILITIES:

DESCRIPTION OF ITEM(S). List a description of each separate debt owed by you (and/or your spouse, if this is a petition for dissolution of marriage). DO NOT LIST ACCOUNT NUMBERS. √ the box next to any debt(s) for which you believe you should be responsible.	Current Amount Owed	Nonmarital (√ correct column)	
		husband	wife
□ Mortgage on real estate: First mortgage on home	$		
□ Second mortgage on home			
□ Other mortgage			
□			
□ Auto loans			
□			
□ Charge/credit card accounts			
□			
□			
□			
□ Other: Any and all debts held in husband's name alone.			
☑ Any and all debts held in wife's name alone.			
□			
□			
□			
□ √ here if additional pages are attached.			
Total Debts (add next column)	**$ 0.00**		

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 √ the box next to any contingent asset(s) which you are requesting the judge award to you.	Possible Value	Nonmarital (√ correct column)	
		husband	wife
□	$		
□			
Total Contingent Assets	**$ 0.00**		

Contingent Liabilities √ the box next to any contingent debt(s) for which you should be responsible.	Possible Amount Owed	Nonmarital (√ correct column)	
		husband	wife
□	$		
□			
Total Contingent Liabilities	**$ 0.00**		

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

[√ **one** only]
_X_ **A Child Support Guidelines Worksheet IS or WILL BE filed in this case.** This case involves the establishment or modification of child support.
___ **A Child Support Guidelines Worksheet IS NOT being filed in this case.** The establishment or modification of child support is not an issue in this case.

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

Other party or his/her attorney:
Name: Jacob Black
Address: 111 Hill Street
City, State, Zip: Towne, FL 11111
Fax Number: (333) 333-3333

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: Isabel Marie Black
Address: 222 Hill Street
City, State, Zip: Mount, FL 22222
Telephone Number: (222) 222-2222
Fax Number: (444) 444-4444

STATE OF
COUNTY OF

Sworn to or affirmed and signed before me on _____ by Isabel Marie Black.

_____
NOTARY PUBLIC or DEPUTY CLERK

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

___ Personally known
___ Produced identification
Type of identification produced _____

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [fill in **all** blanks]
I, *{full legal name and trade name of nonlawyer}* Sean Freeman, a nonlawyer, of Legalzoom.com, Inc., located at *{street}* 9900 Spectrum Drive, *{city}* Austin, *{state}* TX, *{phone}* (323) 962-8600, helped *{name}* Isabel Marie Black, who is the [√ **one** only] __ petitioner **or** _X_ respondent, fill out this form.

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IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT,
IN AND FOR HERNANDO COUNTY, FLORIDA

Case No.: _____
Division: _____

Jacob Black _____,
Petitioner,

and

Isabel Marie Black _____,
Respondent.

UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA) AFFIDAVIT

I, *{full legal name}* Isabel Marie Black, being sworn, certify that the following statements are true:

1. The number of minor child(ren) subject to this proceeding is _1_. The name, place of birth, birth date, and sex of each child; the present address, periods of residence, and places where each child has lived **within the past five (5) years**; and the name, present address, and relationship to the child of each person with whom the child has lived during that time are:

THE FOLLOWING INFORMATION IS TRUE ABOUT CHILD # 1:

Child's Full Legal Name: Jack Black
Place of Birth: Ocala, Florida Date of Birth: December 12, 2000 Sex: Male

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
02/01/05 to present	111 Hill Street, Towne, FL 11111	Jacob Black at 111 Hill Street, Towne, FL 11111 and Isabel Marie Black at 222 Hill Street, Mount, FL 22222	Father and Mother
12/12/2000 to 02/01/2005	222 Hill Street, Mount, FL 22222	Jacob Black at 111 Hill Street, Towne, FL 11111 and Isabel Marie Black at 222 Hill Street, Mount, FL 22222	Father and Mother

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

2. **Participation in custody or time-sharing proceeding(s):**
[Choose only one]

_X_ 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.

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____ 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:

a. Name of each child: _____
b. Type of proceeding: _____
c. Court and state: _____
d. Date of court order or judgment (if any): _____

3. **Information about custody or time-sharing proceeding(s):**
[Choose only one]

_X_ 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:

a. Name of each child: _____
b. Type of proceeding: _____
c. Court and state: _____
d. Date of court order or judgment (if any): _____

4. **Persons not a party to this proceeding:**
[Choose only one]

_X_ 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]

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

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

a. Name of each child: _____
b. Type of proceeding: _____

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c. Court and address: _____
d. Date of court order/judgment (if any): _____
e. Amount of child support paid and by whom: _____

6. **I acknowledge that I have a continuing duty to advise this Court of any custody, visitation 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 [**Choose only one**] ( ) mailed ( ) faxed and mailed ( ) hand delivered to the person(s) listed below on *{date}* _____.

Other party or his/her attorney:
Name: Jacob Black
Address: 111 Hill Street
City, State, Zip: Towne, FL 11111
Fax Number: (333) 333-3333

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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: Isabel Marie Black
Address: 222 Hill Street
City, State, Zip: Mount, FL 22222
Telephone Number: (222) 222-2222
Fax Number: (444) 444-4444

STATE OF FLORIDA
COUNTY OF _____

Sworn to or affirmed and signed before me on _____ by Isabel Marie Black _____.

_____
NOTARY PUBLIC or DEPUTY CLERK

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

___ Personally known
___ Produced identification
Type of identification produced

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [fill in **all** blanks]
I, *{full legal name and trade name of nonlawyer}* _____Sean Freeman of Legalzoom.com, Inc._____, a nonlawyer, located at *{street}* _____9900 Spectrum Drive_____, *{city}* _____Austin_____, *{state}* ___TX___, *{phone}* __(323) 962-8600__, helped *{name}* _Isabel Marie Black_____, who is the **[Choose only one]** ____ petitioner **or** _X_ respondent, fill out this form.

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STOP

THE FORMS FOLLOWING THIS PAGE MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC. PLEASE FOLLOW THE DETAILED INSTRUCTIONS INCLUDED IN YOUR PACKET TO SIGN THESE FORMS.

What is a notary public?
A notary public is a person trained and appointed by the state to verify that a signature on a document.

What type of identification will I need to provide to get my signature verified?
A proper form of identification will have both a signature and photograph. The following are usually considered proper forms of identification:

- Driver's License or State ID
- U.S. Passport
- U.S. Military ID
- Foreign Passport stamped by the U.S. Citizenship and Immigration Services

How much does notarization cost?
Notary fees vary from state to state. Prices are generally set per signature and usually range from $0.50 to $10.00 per signature. Check with your notary to determine the fees for your documents.

Where can I find a notary?
We recommend conducting an online search for a notary public in your area. Before making an appointment, call the notary ahead of time to ensure that the notary you have selected is willing to notarize these documents as some notaries are not trained to witness signatures on all documents.

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STOP

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT,
IN AND FOR HERNANDO COUNTY, FLORIDA

Case No.: _____
Division: _____

Jacob Black,
Petitioner,

and

Isabel Marie Black,
Respondent.

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

We, *{Husband's full legal name}* Jacob Black, and *{Wife's full legal name}* Isabel Marie Black, being sworn, certify that the following statements are true:

1. We were married to each other on *{date}* January 1, 2000.

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 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:

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ASSETS: DESCRIPTION OF ITEM(S) WIFE SHALL RECEIVE (To avoid confusion at a later date, 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.)	Current Fair Market Value
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 The 2003 Nissan Altima vehicle	4,000.00
Boats	
Other vehicles	
Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)	
Furniture & furnishings in home	
Furniture & furnishings elsewhere The Loveseat and chair	75.00
The kitchen table and chairs	50.00
Collectibles	
Jewelry	
Life insurance (cash surrender value)	
Sporting and entertainment (T.V., stereo, etc.) equipment	

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ASSETS: DESCRIPTION OF ITEM(S) WIFE SHALL RECEIVE (To avoid confusion at a later date, 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.)	Current Fair Market Value
Other assets Any and all personal property, tangible and intangible, in her possession.	
Total Assets to Wife	**$ 4,125.00**

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

ASSETS: DESCRIPTION OF ITEM(S) HUSBAND SHALL RECEIVE (To avoid confusion at a later date, 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.)	Current Fair Market Value
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 The 2000 Chevrolet Silverado vehicle	4,300.00
Boats	
Other vehicles	
Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)	
Furniture & furnishings in home	
Furniture & furnishings elsewhere The king size bed	100.00

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ASSETS: DESCRIPTION OF ITEM(S) HUSBAND SHALL RECEIVE (To avoid confusion at a later date, 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.)	Current Fair Market Value
Couch	30.00
Collectibles	
Jewelry	
Life insurance (cash surrender value)	
Sporting and entertainment (T.V., stereo, etc.) equipment	
Other assets Any and all personal property, tangible and intangible, in his possession.	
Total Assets to Husband	**$ 4,430.00**

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

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

LIABILITIES: DESCRIPTION OF DEBT(S) TO BE PAID BY WIFE (To avoid confusion at a later date, 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.)	Monthly Payment	Current Amount Owed
Mortgages on real estate: (Home)	$	$
(Other)		
Charge/credit card accounts		
Auto loan		

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LIABILITIES: DESCRIPTION OF DEBT(S) TO BE PAID BY WIFE (To avoid confusion at a later date, 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.)	Monthly Payment	Current Amount Owed
Bank/credit union loans		
Money you owe (not evidenced by a note)		
Judgments		
Other Any and all debts held in her name alone.		
Total Debts to Be Paid by Wife	**$ 0.00**	**$ 0.00**

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

LIABILITIES: DESCRIPTION OF DEBT(S) TO BE PAID BY HUSBAND (To avoid confusion at a later date, 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.)	Monthly Payment	Current Amount Owed
Mortgages on real estate: (Home)	$	$
(Other)		
Charge/credit card accounts		
Auto loan		
Bank/credit union loans		

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LIABILITIES: DESCRIPTION OF DEBT(S) TO BE PAID BY HUSBAND (To avoid confusion at a later date, 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.)	Monthly Payment	Current Amount Owed
Money you owe (not evidenced by a note)		
Judgments		
Other Any and all debts held in his name alone.		
Total Debts to Be Paid by Husband	**$ 0.00**	**$ 0.00**

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

_____

_____

_____

_____

_____

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

[Choose only one]

1. __**Each of us forever gives up any right to spousal support (alimony) that we may have.**
2. _X_(X) HUSBAND ( ) WIFE agrees to pay spousal support (alimony) in the amount of $500.00 every ( ) week ( ) other week (X) month, beginning *{date}* January 1, 2011 and continuing until *{date or event}* When the party requesting alimony remarries.
   Explain type of alimony (temporary, permanent, rehabilitative, and/or lump sum) and any other specifics: Permanent alimony, agreed amount.
   _____
   _____

   [**if** applies] ( ) Life insurance in the amount of $ _____ to secure the above support, will be provided by the obligor.

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

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

Name	**Birth date**
Jack Black	December 12, 2000

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

SECTION IV. CHILD SUPPORT

1. (X) Mother ( ) Father 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.

   This parent shall be obligated to pay child support in the amount of $50.00, every ( ) week ( ) other week (X) month, beginning *{date}* January 1, 2011 and continuing until modified by court order, the youngest child turns 18, becomes emancipated, marries, dies, otherwise becomes self-supporting or, if after the age of 18, until *{date}* _____. 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.** ( ) Mother ( ) Father will maintain health insurance coverage for the parties' minor child(ren). The party providing coverage will provide insurance cards to the other party showing coverage. **OR** (X) Health insurance is not reasonably available at this time. Any uninsured/ unreimbursed medical costs for the minor child(ren) shall be assessed as follows:
   a. _X_Shared equally by both parents.
   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.** ( ) Mother ( ) Father will maintain dental insurance coverage for the parties' minor child(ren). The party providing coverage will provide insurance cards to the other party

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showing coverage. **OR** (X) dental insurance is not reasonably available at this time. Any uninsured/ unreimbursed dental costs for the minor child(ren) shall be assessed as follows:

a. _X_Shared equally by both parents.
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.** ( ) Mother ( ) Father shall be required to maintain life insurance coverage for the benefit of the parties' minor child(ren) in the amount of $ _____ until the youngest child turns 18, becomes emancipated, marries, joints the armed services, or dies.

6. **IRS Income Tax Deduction(s).** The assignment of any tax deductions for the child(ren) shall be as follows: *{explain}* The parents shall equally divide the tax exemption for the child.

The other parent will convey any applicable IRS form regarding the income tax deduction.

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

SECTION V. OTHER

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: Jacob Black
Address: 111 Hill Street
City, State, Zip: Towne, FL 11111
Telephone Number: (111) 111-1111
Fax Number: (333) 333-3333

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STATE OF FLORIDA
COUNTY OF HERNANDO

Sworn to or affirmed and signed before me on _____ by Jacob Black.

_____
NOTARY PUBLIC or DEPUTY CLERK

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

____ Personally known
____ Produced identification
Type of identification produced

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [fill in **all** blanks]
I, *{full legal name and trade name of nonlawyer}* ____Sean Freeman of Legalzoom.com, Inc._____, a nonlawyer, located at *{street}* __9900 Spectrum Drive_____, *{city}* ____Austin_____, *{state}* ____TX____, *{phone}* __(323) 962-8600__, helped *{name}* _Jacob Black_, who is the **[Choose only one]** X petitioner **or** __respondent, fill out this form.

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: Isabel Marie Black
Address: 222 Hill Street
City, State, Zip: Mount, FL 22222
Telephone Number: (222) 222-2222
Fax Number: (444) 444-4444

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STATE OF FLORIDA
COUNTY OF HERNANDO

Sworn to or affirmed and signed before me on _____ by Isabel Marie Black.

_____
NOTARY PUBLIC or DEPUTY CLERK

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

___ Personally known
___ Produced identification
Type of identification produced

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [fill in **all** blanks]
I, *{full legal name and trade name of nonlawyer}* ____Sean Freeman of Legalzoom.com, Inc._____, a nonlawyer, located at *{street}* ___9900 Spectrum Drive_____, *{city}* _____Austin_____, *{state}* ____TX____, *{phone}* __(323) 962-8600__, helped *{name}* _Isabel Marie Black_, who is the **[Choose only one]** _ petitioner **or** X respondent, fill out this form.

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IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT
IN AND FOR HERNANDO COUNTY, FLORIDA

Case No: _____
Division: _____

Jacob Black
Petitioner,
and
Isabel Marie Black
Respondent.

PARENTING PLAN

This parenting plan is: (Choose only one)
[X] A Parenting Plan submitted to the court with the agreement of the parties.
[ ] A proposed Parenting Plan submitted by or on behalf of:
{*Parent's Name*}_____.
[ ] A Parenting Plan established by the court.

This parenting plan is: (Choose only one)
[X] A final Parenting Plan established by the court.
[ ] A temporary Parenting Plan established by the court.
[ ] A modification of a prior final Parenting Plan or prior final order.

I. PARENTS

Mother
Name: Isabel Marie Black
Address: 222 Hill Street, Mount, FL 22222
Telephone Number: (222) 222-2222
E-Mail: _____
( ) Address Unknown: (Please indicate here if mother's address is unknown) _____
( ) Address Confidential: (Please indicate here if mother's address and phone numbers are confidential pursuant to either a ( ) Final Judgment for Protection Against Domestic Violence, or
( ) Other court order _____

Father
Name: Jacob Black
Address: 111 Hill Street, Towne, FL 11111
Telephone Number: (111) 111-1111
E-Mail: _____
( ) Address Unknown: (Please indicate here if mother's address is unknown) _____
( ) Address Confidential: (Please indicate here if father's address and phone numbers are confidential pursuant to either a ( ) Final Judgment for Protection Against Domestic Violence, or
( ) Other court order _____

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II. CHILDREN: This parenting plan is for the following child(ren) born to, or adopted by the parties: (*add additional lines as needed*)

Name	Date of Birth
Jack Black	December 12, 2000

III. JURISDICTION

The United States is the country of habitual residence of the child(ren).

The State of Florida is the child(ren)'s home state for the purposes of the Uniform Child Custody Jurisdiction and Enforcement Act.

This Parenting Plan is a child custody determination for the purposes of the Uniform Child Custody Jurisdiction and Enforcement Act, the International Child Abduction Remedies Act, 42 U.S.C. Sections 11601 et seq., the Parental Kidnapping Prevention Act, and the Convention on the Civil Aspects of International Child Abduction enacted at the Hague on October 25, 1980, and for all other state and federal laws.

Other: _____.

IV. PARENTAL RESPONSIBILITY AND DECISION MAKING

1. Parental Responsibility (Choose only one)

[X] Shared Parental Responsibility.
It is in the best interests of the child(ren) that the parents confer and **jointly** make all major decisions affecting the welfare of the child(ren). Major decisions include, but are not limited to, decisions about the child(ren)'s education, healthcare, and other responsibilities unique to this family.

OR

[ ] Shared Parental Responsibility with Decision Making Authority
It is in the best interests of the child(ren) that the parents confer and attempt to agree on the major decisions involving the child(ren). If the parents are unable to agree, the authority for making major decisions regarding the child(ren) shall be as follows:

Education/Academic decisions	[ ] Mother	[ ] Father
Non-emergency health care	[ ] Mother	[ ] Father
_____	[ ] Mother	[ ] Father
_____	[ ] Mother	[ ] Father
_____	[ ] Mother	[ ] Father

OR

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[ ] **Sole** Parental Responsibility:
It is in the best interests of the child(ren) that the [ ] Mother [ ] Father shall have sole authority to make major decisions for the child(ren). It is detrimental to the child(ren) to have shared parental responsibility.

2. Day-to-Day Decisions
Unless otherwise specified in this plan, each parent shall make decisions regarding day-to-day care and control of each child while the child is with that parent. Regardless of the allocation of decision making in the parenting plan, either parent may make emergency decisions affecting the health or safety of the child(ren) when the child is residing with that parent. A parent who makes an emergency decision shall share the decision with the other parent as soon as reasonably possible.

3. Extracurricular Activities (Choose all that apply)

[X] Either parent may register the child(ren) and allow them to participate in the activity of the child(ren)'s choice.

[ ] The parents must mutually agree to all extracurricular activities.

[X] The parent with the minor child(ren) shall transport the minor child(ren) to and/or from all mutually agreed upon extracurricular activities, providing all necessary uniforms and equipment within the parent's possession.

[X] The costs of the extracurricular activities shall be paid by:
Mother 50% Father 50 %

[X] The uniforms and equipment required for the extracurricular activities shall be paid by:
Mother 50% Father 50%

[ ] Other: _____ .

V. INFORMATION SHARING. Unless otherwise indicated or ordered by the Court:

Unless otherwise prohibited by law, each parent shall have access to medical and school records and information pertaining to the child(ren) and shall be permitted to independently consult with any and all professionals involved with the child(ren). The parents shall cooperate with each other in sharing information related to the health, education, and welfare of the child(ren) and they shall sign any necessary documentation ensuring that both parents have access to said records.

Each parent shall be responsible for obtaining records and reports directly from the school and health care providers.

Both parents have equal rights to inspect and receive governmental agency and law enforcement records concerning the child(ren).

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Both parents shall have equal and independent authority to confer with the child(ren)'s school, day care, health care providers, and other programs with regard to the child(ren)'s educational, emotional, and social progress.

Both parents shall be listed as "emergency contacts" for the child(ren).

Each parent has a continuing responsibility to provide a residential, mailing, or contact address and contact telephone number to the other parent. Each parent shall notify the other parent in writing within 24 hours of any changes. Each parent shall notify the court in writing within seven (7) days of any changes.

Other: _____
_____.

VI. SCHEDULING

1. **School Calendar**
   If necessary, on or before _____ of each year, both parents should obtain a copy of the school calendar for the next school year. The parents shall discuss the calendars and the time-sharing schedule so that any differences or questions can be resolved.

The parents shall follow the school calendar of: (Choose all that apply)
[ ] the oldest child
[ ] the youngest child
[ ] the school calendar for _____ County
[X] the school calendar for _____ School

2. **Academic Break Definition**
   When defining academic break periods, the period shall begin at the end of the last scheduled day of classes before the holiday or break and shall start on the first day of regularly scheduled classes after the holiday or break.

3. **Schedule Changes (**Choose all that apply)

[X] A parent making a request for a schedule change will make the request as soon as possible, but in any event, except in cases of emergency, no less than <u>at least a week</u> before the change is to occur.

[X] A parent requesting a change of schedule shall be responsible for any additional child care, or transportation costs caused by the change.

[ ] Other _____.

VII. TIME-SHARING SCHEDULE

1. **Weekday and Weekend Schedule**
   The following schedule shall apply beginning on _____ with the
   [X] Mother [ ] Father and continue as follows:

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A. The child(ren) shall spend time with the **Mother** on the following dates and times:
WEEKENDS: [ ] Every [X] Every Other [ ] Other (specify) _____
From Saturday 8:00 AM _____ to Monday 5:00 PM _____
WEEKDAYS: Specify days Monday, Wednesday, Thursday, and Friday. _____
From Monday 8:00 AM - 5:00 PM _____ to Wednesday 8:00 AM - Friday 5:00 PM _____
OTHER: (Specify) _____
_____
_____.

B. The child(ren) shall spend time with the **Father** on the following dates and times:
WEEKENDS: [ ] Every [X] Every Other [ ] Other (specify) _____
From Friday 5:00 PM _____ to Monday 8:00 AM _____
WEEKDAYS: Specify days Monday, Tuesday, and Friday. _____
From Monday 5:00 PM and Friday 5:00 PM _____ to Wednesday 8:00 AM
OTHER: (Specify) _____
_____
_____.

C. **Please indicate if there is a different time sharing schedule for any child. Complete a separate Attachment for each child for whom there is a different time sharing schedule.**

[ ] There is a different time-sharing schedule for the following child(ren) in Attachment ____.

_____, and _____.
(Name of Child) (Name of Child)

2. Holiday Schedule (Choose only one)

[ ] No holiday time-sharing shall apply. The regular time-sharing schedule set forth above shall apply.

[X] Holiday time-sharing shall be as the parties agree.

[ ] Holiday time-sharing shall be in accordance with the following schedule. The Holiday schedule will take priority over the regular weekday, weekend, and summer schedules. Fill in the blanks with Mother or Father to indicate where the child(ren) will be for the holidays. Provide the beginning and ending times. If a holiday is not specified as even, odd, or every year with one parent, then the child(ren) will remain with the parent in accordance with the regular schedule

Holidays	Even Years	Odd Years	Every Year	Begin/End Time
Mother's Day	_____	_____	_____	_____
Father's day	_____	_____	_____	_____
President's Day	_____	_____	_____	_____
Martin Luther King Day				

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Easter	_____	_____	_____	_____
Passover	_____	_____	_____	_____
Memorial Day Weekend	_____	_____	_____	_____
4th of July	_____	_____	_____	_____
Labor Day Weekend	_____	_____	_____	_____
Columbus Day Weekend	_____	_____	_____	_____
Halloween	_____	_____	_____	_____
Thanksgiving	_____	_____	_____	_____
Veteran's Day	_____	_____	_____	_____
Hanukkah	_____	_____	_____	_____
Yom Kippur	_____	_____	_____	_____
Rosh Hashanah	_____	_____	_____	_____
Child(ren)'s Birthdays	_____	_____	_____	_____
_____	_____	_____	_____	_____

This holiday schedule may affect the regular Time-Sharing Schedule. Parents may wish to specify one or more of the following options:

[ ] When the parents are using an alternating weekend plan and the holiday schedule would result in one parent having the child(ren) for three weekends in a row, the parents will exchange the following weekend, so that each has two weekends in a row before the regular alternating weekend pattern resumes.

[ ] If a parent has the child(ren) on a weekend immediately before or after an unspecified holiday or non-school day, they shall have the child(ren) for the holiday or non-school day.

3. Winter Break

A. Entire Winter Break (Choose only one)

[ ] The [ ] Mother [ ] Father shall have the child(ren) from the day and time school is dismissed until December _____ in [ ]odd-numbered years [ ] even-numbered years [ ] every year. The other parent will have the children for the second portion of the Winter Break. The parties shall alternative the arrangement each year.

[X] The [X] Mother [ ] Father shall have the child(ren) for the entire Winter Break during [ ] odd-numbered years [X] even-numbered years [ ] every year.

[ ] Other: _____

_____

_____

B. Specific Winter Holidays

If not addressed above, the specific Winter Holidays such as Christmas, New Year's Eve, Hanukkah, Kwanzaa, etc. and shall be shared as follows:

_____

_____

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_____
_____.

4. Spring Break (Choose only one)

[X] The parents shall follow the regular schedule.

[ ] The parents shall alternate the entire Spring Break with the Mother having the child(ren) during the [ ]odd-numbered years [ ]even numbered years.

[ ] The [ ] Father [ ] Mother shall have the child(ren) for the entire Spring Break every year.

[ ] The Spring Break will be evenly divided. The first half of the spring Break will go to the parent whose regularly scheduled weekend falls on the first half and the second half going to the parent whose weekend falls during the second half.

[ ] Other: _____
_____
_____
_____.

5. Summer Break (Choose only one)

[X] The parents shall follow the regular schedule through the summer.

[ ] The [ ] Mother [ ] Father shall have the entire Summer Break from _____ after school is out until _____ before school starts.

[ ] The parents shall equally divide the Summer Break. During [ ] odd-numbered years
[ ] even numbered years, the [ ] Mother [ ] Father shall have the children from _____ after school is out until _____. The other parent shall have the child(ren) for the second one-half of the summer break. The parents shall alternate the first and second one-halves each year unless otherwise agreed. During the extended periods of time-sharing, the other parent shall have the child(ren) _____.

[ ] Other: _____
_____
_____.

6. Number of Overnights:

Based upon the time-sharing schedule, the Mother has a total of 182.5 overnights per year and the Father has a total of 182.5 overnights per year. **Note: The two numbers must equal 365.**

7. [ ] If not set forth above, the parties shall have time-sharing in accordance with the schedule which is attached and incorporated herein.

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VIII. TRANSPORTATION AND EXCHANGE OF CHILD(REN)

1. Transportation (Choose only one)

[ ] The [ ] Mother [ ] Father shall provide all transportation.

[X] The parent beginning their time-sharing shall provide transportation for the child(ren).

[ ] The parent ending their time-sharing shall provide transportation for the child(ren).

[ ] Other: _____
_____
_____.

2. Exchange

Both parents shall have the child(ren) ready on time with sufficient clothing packed and ready at the agreed upon time of exchange. If a parent is more than 60 minutes late without contacting the other parent to make other arrangements, the parent with the child(ren) may proceed with other plans and activities. (Choose only one):

[X] Exchanges shall be at Mother's and Father's homes unless both parents agree to a different meeting place.

[ ] Exchanges shall occur at _____ unless both parties agree in advance to a different meeting place.

[ ] Other: _____
_____
_____.

3. Transportation Costs (Choose only one)

[ ] Transportation costs are included in the Child Support Worksheets and/or the Order for Child Support and should not be included here.

[X] The Mother shall pay 50% and the Father shall pay 50% of the transportation costs.

[ ] Other: _____.

4. Foreign and Out-Of-State Travel (Choose all that apply)

[X] Either parent may travel with the child(ren) during his/her time-sharing. The parent traveling with the child(ren) shall give the other parent at least 15 days written notice before traveling out of state unless there is an emergency, and shall provide the other parent with a detailed itinerary, including locations and telephone numbers where the child(ren) and parent can be reached at least 7 days before traveling.

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[ ] Either parent may travel out of the country with the child(ren) during his/her time-sharing. At least ___ days prior to traveling, the parent shall provide a detailed itinerary, including locations, and telephone numbers where the child(ren) and parent may be reached during the trip. Each parent agrees to provide whatever documentation is necessary for the other parent to take the child(ren) out of the country.

[ ] If a parent wishes to travel out of the country with the child(ren), he/she shall provide the following security for the return of the child _____ _____.

[ ] Other _____.

IX. EDUCATION

1. **School designation.** For purposes of school boundary determination and registration, the [X] Mother's [ ] Father's address shall be designated.

2. (*If Applicable*) The following provisions are made regarding private or home schooling: _____ _____.

3. Other. _____ _____ _____ _____.

X. DESIGNATION FOR OTHER LEGAL PURPOSES

The child(ren) named in this Parenting Plan are scheduled to reside the majority of the time with the [ ] Mother [ ] Father. This majority designation is SOLELY for purposes of all other state and federal laws which require such a designation. **This designation does not affect either parent's rights and responsibilities under this parenting plan.**

XI. COMMUNICATION

1. **Between Parents**
All communications regarding the child(ren) shall be between the parents. The parents shall not use the child(ren) as messengers to convey information, ask questions, or set up schedule changes.

The parents shall communicate with each other by: (Choose all that apply)

[X] in person
[X] by telephone
[ ] by letter
[X] by e-mail
[ ] Other: _____.

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2. **Between Parent and Child(ren)**

Both parents shall keep contact information current. Telephone or other electronic communication between the child(ren) and the other parent shall not be monitored by or interrupted by the other parent. "Electronic communication" includes telephones, electronic mail or e-mail, webcams, video-conferencing equipment and software or other wired or wireless technologies or other means of communication to supplement face to face contact.

The child(ren) may have [X] telephone [ ] e-mail [X] other electronic communication in the form of in person, on the phone, or e-mail. This is for both parents with the other parent: (Choose only one)

[X] Anytime
[ ] Every day during the hours of _____ to _____.
[ ] On the following days _____
during the hours of _____ to _____.
[ ] Other: _____.

3. **Costs of Electronic Communication** shall be addressed as follows:
The child does not have cell phones and e-mail is free. The child uses the parents' cell phone and e-mail services which are free. _____
_____.

XII. CHILD CARE (Choose only one)

[ ] Each parent may select appropriate child care providers
[ ] All child care providers must be agreed upon by both parents.
[ ] Each parent must offer the other parent the opportunity to care for the child(ren) before using a child care provider for any period exceeding _____ hour.
[X] Other The parents' work schedule require no use for child care providers. No child care is needed. _____.

XIII. CHANGES OR MODIFICATIONS OF THE PARENTING PLAN

Temporary changes to this Parenting Plan may be made informally without a written document; however, if the parties dispute the change, the Parenting Plan shall remain in effect until further order of the court.

Any substantial changes to the Parenting Plan must be sought through the filing of a supplemental petition for modification.

XIV. RELOCATION

Any relocation of the child(ren) is subject to and must be sought in compliance with section 61.13001, Florida Statutes.

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XV. DISPUTES OR CONFLICT RESOLUTION

Parents shall attempt to cooperatively resolve any disputes which may arise over the terms of the Parenting Plan. The parents may wish to use mediation or other dispute resolution methods and assistance, such as Parenting Coordinators and Parenting Counselors, before filing a court action.

XVI. OTHER PROVISIONS

_____
_____
_____
_____
_____
_____
_____.

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SIGNATURE OF PARENTS

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

Dated: _____ _____

Signature of Mother

Printed Name: Isabel Marie Black
Address: 222 Hill Street
City, State, Zip: Mount, FL 22222
Telephone Number: (222) 222-2222
Fax Number: (444) 444-4444

STATE OF FLORIDA
COUNTY OF _____

Sworn to or affirmed and signed before me on _____ by Isabel Marie Black.

_____

NOTARY PUBLIC or DEPUTY CLERK

_____

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

____ Personally known
____ Produced identification
Type of identification produced _____

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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 Father

Printed Name: Jacob Black
Address: 111 Hill Street
City, State, Zip: Towne, FL 11111
Telephone Number: (111) 111-1111
Fax Number: (333) 333-3333

STATE OF FLORIDA
COUNTY OF _____

Sworn to or affirmed and signed before me on _____ by Jacob Black.

_____
NOTARY PUBLIC or DEPUTY CLERK

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

___ Personally known
___ Produced identification
Type of identification produced _____

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:
[fill in **all** blanks]
I, *{full legal name and trade name of nonlawyer}* ____Sean Freeman_of Legalzoom.com, Inc._____, a nonlawyer, located at *{street}* ____9900 Spectrum Drive_____, *{city}* _____Austin_____, *{state}* _____TX_____, *{phone}* __(323) 962-8600__, helped *{name}* _Jacob Black, who is the [Choose **one** only] _X_ petitioner **or** ___ respondent, fill out this form.

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IN THE CIRCUIT COURT, FIFTH JUDICIAL CIRCUIT
OF THE STATE OF FLORIDA, IN AND FOR HERNANDO COUNTY

Jacob Black,
vs. CASE NO. _____
Isabel Marie Black.

AGREEMENT REGARDING MANDATORY DISCLOSURE

As to Florida Family Law Rule of Procedure 12.285, the parties have made the following agreement with regard to Mandatory Disclosure:

CHOOSE ONE ONLY:

[X]__ **The parties agree that NO financial documents shall be filed, with the exception of Financial Affidavits, which cannot be waived.**

OR
_____ The Parties WILL NOT WAIVE the disclosure of the following documents:

Check (√) all that apply:
__ a. All personal (1040) federal and state tax income returns, gift tax returns, and intangible personal property tax returns for the preceding 3 years; IRS forms W-2, 1099, and K-1 for the past year because the income tax return for the past year has not been prepared.
___ b. Pay stubs or other evidence of earned income for the 3 months before the service of the financial affidavit.
___ c. A statement identifying the source and amount of all income for the 3 months before the service of the financial affidavit, if not reflected on the pay stubs produced.
___ d. All loan applications and financial statements prepared for any purpose or used for any purpose within the 12 months preceding the service of the financial affidavit.
___ e. All deeds to real estate in which 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.
___ f. All periodic statements for the last 3 months for all checking accounts and for the last year for all savings accounts, money market funds, certificates of deposit, etc.
___ g. All brokerage accounts for the last 12 months.
___ h. Most recent statement for any pension, profit sharing, deferred compensation, or retirement plan (for example, IRA, 401(k), 403(b), SEP, KEOGH, etc.) and summary plan description for any such plan in which I am a participant or alternate payee.
___ I. The declarations page, the last periodic statement, and the certificate for any group insurance for all life insurance policies insuring my life or the life of my spouse.
___ j. All health and dental insurance cards covering either me or my spouse and/or our dependent children.
___ k. Corporate, partnership, and trust tax returns for the last 3 years, in which I have an ownership or interest greater than or equal to 30%.
___ l. All credit card and charge account statements and other records showing my (our) indebtedness as of the date of the filing of this action and for the prior 3 months. All promissory notes on which I presently owe or owned within the past year. All lease agreements I presently owe.
___ m. All pre-marital and marital agreements between the parties to this case.
___ n. If this is a modification proceeding, all written agreements entered into between the parties at any time since the order to be modified was entered.
___ o. All documents and tangible evidence relating to claims for special equity or non-marital status of an asset or debt.
___ p. Any court order directing that I pay or receive spousal support (alimony) or child support.

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Important: Both parties acknowledge by signing below that they have filed a Financial Affidavit prior to signing this Agreement.

Date: _____ Dated: _____

_____	_____
Petitioner's signature	Respondent's signature
Jacob Black	Isabel Marie Black
Petitioner's name - typed or printed	Respondent's name - typed or printed

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IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT,
IN AND FOR HERNANDO COUNTY, FLORIDA

Case No.: _____
Division: _____

Jacob Black _____,
Petitioner,
and

Isabel Marie Black _____,
Respondent.

CERTIFICATE OF COMPLIANCE WITH MANDATORY DISCLOSURE

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

1. FOR TEMPORARY FINANCIAL RELIEF, ONLY:
The date the following documents were served: _____.
[√ **all** that apply]

___ a. Financial Affidavit (Filing of a Financial Affidavit cannot be waived.)
( ) Florida Family Law Rules of Procedure Form 12.902(b) (short form)
( ) Florida Family Law Rules of Procedure Form 12.902(c) (long form)

___ b. ( ) All personal (1040) federal tax, gift tax, and intangible personal property tax returns for the preceding year; or
( ) Transcript of tax return as provided by IRS form 4506-T; or
( ) IRS forms W-2, 1099, and K-1 for the past year because the income tax return for the past year has not been prepared.

___ c. Pay stubs or other evidence of earned income for the 3 months before the service of the financial affidavit.

2. FOR INITIAL, SUPPLEMENTAL, AND PERMANENT FINANCIAL RELIEF:
The date the following documents were served: _____.
[√ **all** that apply]

___ a. Financial Affidavit (Filing of a Financial Affidavit cannot be waived.)
( ) Florida Family Law Rules of Procedure Form 12.902(b) (short form)
( ) Florida Family Law Rules of Procedure Form 12.902(c) (long form)

___ b. ( ) All personal (1040) federal and state tax income returns, gift tax returns, and intangible personal property tax returns for the preceding 3 years;
( ) IRS forms W-2, 1099, and K-1 for the past year because the income tax return for the past year has not been prepared.

___ c. Pay stubs or other evidence of earned income for the 3 months before the service of the financial affidavit.

___ d. A statement identifying the source and amount of all income for the 3 months before the service of the financial affidavit, if not reflected on the pay stubs produced.

___ e. All loan applications and financial statements prepared for any purpose or used for any purpose within the 12 months preceding the service of the financial affidavit.

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___ f. All deeds to real estate in which I presently own or owned an interest within the past 3 years. All promissory notes in which I presently own or owned an interest within the last 12 months. All present leases in which I own an interest.

___ g. All periodic statements for the last 3 months for all checking accounts and for the last year for all savings accounts, money market funds, certificates of deposit, etc.

___ h. All brokerage account statements for the last 12 months.

___ i. Most recent statement for any pension, profit sharing, deferred compensation, or retirement plan (for example, IRA, 401(k), 403(b), SEP, KEOGH, etc.) and summary plan description for any such plan in which I am a participant or alternate payee.

___ j. The declaration page, the last periodic statement, and the certificate for any group insurance for all life insurance policies insuring my life or the life of me or my spouse.

___ k. All health and dental insurance cards covering either me or my spouse and/or our dependent child(ren).

___ l. Corporate, partnership, and trust tax returns for the last 3 tax years, in which I have an ownership or interest greater than or equal to 30%.

___ m. All credit card and charge account statements and other records showing my (our) indebtedness as of the date of the filing of this action and for the prior 3 months. All promissory notes on which I presently owe or owned within the past year. All lease agreements I presently owe.

___ n. All premarital and marital agreements between the parties to this case.

___ o. If a modification proceeding, all written agreements entered into between the parties at any time since the order to be modified was entered.

___ p. All documents and tangible evidence relating to claims for special equity or nonmarital status of an asset or debt.

___ q. Any court order directing that I pay or receive spousal support (alimony) or child support.

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

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

Other party or his/her attorney:
Name: Isabel Marie Black
Address: 222 Hill Street
City, State, Zip: Mount, FL 22222
Fax Number: (444) 444-4444
Dated: _____

_____
Signature of Party
Printed Name: Jacob Black
Address: 111 Hill Street
City, State, Zip: Towne, FL 11111
Telephone Number: (111) 111-1111
Fax Number: (333) 333-3333

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STATE OF FLORIDA
COUNTY OF _____

Sworn to or affirmed and signed before me on _____ by Jacob Black.

_____
NOTARY PUBLIC or DEPUTY CLERK

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

____ Personally known
____ Produced identification
Type of identification produced:_____

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [fill in **all** blanks]
I, *{full legal name and trade name of nonlawyer}*_____Sean Freeman, of Legalzoom.com,Inc._____, a nonlawyer, located at *{street}* __9900 Spectrum Drive_____, *{city}* Austin__, *{state}* TX, *{phone}* (323) 962-8600, helped *{name}* Jacob Black_____, who is the [√ **one** only] _X_ petitioner **or** ____ respondent, fill out this form.

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IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT,
IN AND FOR HERNANDO COUNTY, FLORIDA

Case No.: _____
Division: _____

Jacob Black_____,
Petitioner,
and

Isabel Marie Black_____,
Respondent.

CERTIFICATE OF COMPLIANCE WITH MANDATORY DISCLOSURE

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

1. FOR TEMPORARY FINANCIAL RELIEF, ONLY:
The date the following documents were served: _____.
[√ **all** that apply]

___ a. Financial Affidavit (Filing of a Financial Affidavit cannot be waived.)
( ) Florida Family Law Rules of Procedure Form 12.902(b) (short form)
( ) Florida Family Law Rules of Procedure Form 12.902(c) (long form)

___ b. ( ) All personal (1040) federal tax, gift tax, and intangible personal property tax returns for the preceding year; or
( ) Transcript of tax return as provided by IRS form 4506-T; or
( ) IRS forms W-2, 1099, and K-1 for the past year because the income tax return for the past year has not been prepared.

___ c. Pay stubs or other evidence of earned income for the 3 months before the service of the financial affidavit.

2. FOR INITIAL, SUPPLEMENTAL, AND PERMANENT FINANCIAL RELIEF:
The date the following documents were served: _____.
[√ **all** that apply]

___ a. Financial Affidavit (Filing of a Financial Affidavit cannot be waived.)
( ) Florida Family Law Rules of Procedure Form 12.902(b) (short form)
( ) Florida Family Law Rules of Procedure Form 12.902(c) (long form)

___ b. ( ) All personal (1040) federal and state tax income returns, gift tax returns, and intangible personal property tax returns for the preceding 3 years;
( ) IRS forms W-2, 1099, and K-1 for the past year because the income tax return for the past year has not been prepared.

___ c. Pay stubs or other evidence of earned income for the 3 months before the service of the financial affidavit.

___ d. A statement identifying the source and amount of all income for the 3 months before the service of the financial affidavit, if not reflected on the pay stubs produced.

___ e. All loan applications and financial statements prepared for any purpose or used for any purpose within the 12 months preceding the service of the financial affidavit.

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___ f. All deeds to real estate in which I presently own or owned an interest within the past 3 years. All promissory notes in which I presently own or owned an interest within the last 12 months. All present leases in which I own an interest.

___ g. All periodic statements for the last 3 months for all checking accounts and for the last year for all savings accounts, money market funds, certificates of deposit, etc.

___ h. All brokerage account statements for the last 12 months.

___ i. Most recent statement for any pension, profit sharing, deferred compensation, or retirement plan (for example, IRA, 401(k), 403(b), SEP, KEOGH, etc.) and summary plan description for any such plan in which I am a participant or alternate payee.

___ j. The declaration page, the last periodic statement, and the certificate for any group insurance for all life insurance policies insuring my life or the life of me or my spouse.

___ k. All health and dental insurance cards covering either me or my spouse and/or our dependent child(ren).

___ l. Corporate, partnership, and trust tax returns for the last 3 tax years, in which I have an ownership or interest greater than or equal to 30%.

___ m. All credit card and charge account statements and other records showing my (our) indebtedness as of the date of the filing of this action and for the prior 3 months. All promissory notes on which I presently owe or owned within the past year. All lease agreements I presently owe.

___ n. All premarital and marital agreements between the parties to this case.

___ o. If a modification proceeding, all written agreements entered into between the parties at any time since the order to be modified was entered.

___ p. All documents and tangible evidence relating to claims for special equity or nonmarital status of an asset or debt.

___ q. Any court order directing that I pay or receive spousal support (alimony) or child support.

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

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

Other party or his/her attorney:
Name: Jacob Black
Address: 111 Hill Street
City, State, Zip: Towne, FL 11111
Fax Number: (333) 333-3333
Dated: _____

_____
Signature of Party
Printed Name: Isabel Marie Black
Address: 222 Hill Street
City, State, Zip: Mount, FL 22222
Telephone Number: (222) 222-2222
Fax Number: (444) 444-4444

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STATE OF FLORIDA
COUNTY OF _____

Sworn to or affirmed and signed before me on _____ by _Isabel Marie Black_.

_____
NOTARY PUBLIC or DEPUTY CLERK

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

____ Personally known
____ Produced identification
Type of identification produced:_____

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [fill in **all** blanks]
I, *{full legal name and trade name of nonlawyer}*_____Sean Freeman, of Legalzoom.com,Inc._____, a nonlawyer, located at *{street}* __9900 Spectrum Drive_____, *{city}* _Austin_, *{state}* TX, *{phone}* (323) 962-8600, helped *{name}* Isabel Marie Black_____, who is the [√ **one** only] ___ petitioner **or** _X_ respondent, fill out this form.

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IN THE CIRCUIT COURT OF THE
FIFTH JUDICIAL CIRCUIT,
IN AND FOR HERNANDO
COUNTY, FLORIDA
FAMILY DIVISION

IN RE: THE MARRIAGE OF:

Jacob Black,
Petitioner,

and

Isabel Marie Black,
Respondent,
_____/

Case No: _____
Division: _____

PARTIES INFORMATION

PETITIONER:

Name: Jacob Black
Home Address: 111 Hill Street
City, State: Towne, FL Zip: 11111
DOB: March 1, 1980
Social Security:
Home Telephone Number: (111) 111-1111
Employment Number
Attorney: N/A, Representing self
Attorney's Address: N/A
Telephone Number: N/A

RESPONDENT:

Name: Isabel Marie Black
Home Address: 222 Hill Street
City, State Mount, FL Zip: 22222
DOB: January 1, 1980
Social Security:
Home Telephone Number: (222) 222-2222
Employment Number:
Attorney: N/A, Representing self
Attorney's Address: N/A
Telephone Number: N/A

MINOR CHILDREN:
1) Jack Black DOB: 12/12/2000 SS#: _____

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Cover Sheet for Family Court Cases

I. Case Style

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT,
IN AND FOR HERNANDO COUNTY, FLORIDA

Case No.: _____
Judge: _____

Jacob Black
Petitioner

and

Isabel Marie Black
Respondent

II. Type of Action/Proceeding. Place a check beside the proceeding you are initiating. If you are simultaneously filing more than one type of proceeding against the same opposing party, such as a modification and an enforcement proceeding, complete a separate cover sheet for each action being filed. **If you are reopening a case, choose one of the three options below it.**

(A) _X_ Initial Action/Petition
(B) ___ Reopening Case
1. ___ Modification/Supplemental Petition
2. ___ Motion for Civil Contempt/Enforcement
3. ___ Other

III. Type of Case. If the case fits more than one type of case, select the most definitive.

(A) ___ Simplified Dissolution of Marriage
(B) _X_ Dissolution of Marriage
(C) ___ Domestic Violence
(D) ___ Dating Violence
(E) ___ Repeat Violence
(F) ___ Sexual Violence
(G) ___ Support IV-D (Department of Revenue, Child Support Enforcement)
(H) ___ Support Non-IV-D (**not** Department of Revenue, Child Support Enforcement)
(I) ___ UIFSA IV-D (Department of Revenue, Child Support Enforcement)
(J) ___ UIFSA Non-IV-D (**not** Department of Revenue, Child Support Enforcement)
(K) ___ Other Family Court
(L) ___ Adoption Arising Out Of Chapter 63
(M) ___ Name Change
(N) ___ Paternity/Disestablishment of Paternity
(O) ___ Juvenile Delinquency
(P) ___ Petition for Dependency

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(Q) ___ Shelter Petition
(R) ___ Termination of Parental Rights Arising Out Of Chapter 39
(S) ___ Adoption Arising Out Of Chapter 39
(T) ___ CINS/FINS

IV. Rule of Judicial Administration 2.545(d) requires that a Notice of Related Cases Form, Family Law Form 12.900(h), be filed with the initial pleading/petition by the filing attorney or self-represented litigant in order to notify the court of related cases. Is Form 12.900(h) being filed with this Cover Sheet for Family Court Cases and initial pleading/petition?
___ No, to the best of my knowledge, no related cases exist.
_X_ Yes, all related cases are listed on Family Law Form 12.900(h).

ATTORNEY OR PARTY SIGNATURE

I CERTIFY that the information I have provided in this cover sheet is accurate to the best of my knowledge and belief.

Signature_____ FL Bar No.: _____
Attorney or party (Bar number,if attorney)

__Jacob Black_____ _____
(Type or print name) Date

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

I, *{full legal name and trade name of nonlawyer}*___Sean Freeman_of Legalzoom.com, Inc.____, a nonlawyer, located at *{street}*__9900 Spectrum Drive_____, *{city}* _____Austin _____, *{state}* _____TX_____, *{phone}* __(323) 962-8600__, helped *{name}* _Jacob Black_____, who is the [check **one** only] _X_ petitioner **or** ___ respondent, fill out this form.

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IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT,
IN AND FOR HERNANDO COUNTY, FLORIDA

Case No.: _____
Division: _____

Jacob Black,

Petitioner,

and

Isabel Marie Black,

Respondent.

DISCLOSURE FROM NONLAWYER

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

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

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

[√ **one** only]

_**X**_ I can read English.

___ I cannot read English, but this disclosure was read to me [fill in **both** blanks] by *{name}* _____ in *{language}* _____, which I understand.

Dated: _____

_____
Signature of Party

_____
Signature of **NONLAWYER**
Printed Name: Sean Freeman
Name of Business: Legalzoom.com, Inc.
Address: 9900 Spectrum Drive
Austin, TX 78717
Telephone Number: (323) 962-8600

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IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT,
IN AND FOR HERNANDO COUNTY, FLORIDA

Case No.: _____
Division: _____

Jacob Black,
Petitioner,

and

Isabel Marie Black,
Respondent.

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NOTICE OF FILING CHILD SUPPORT GUIDELINES WORKSHEET

PLEASE TAKE NOTICE, that {name} Jacob Black, is filing his/her Child Support Guidelines Worksheet attached and labeled Exhibit 1.

CERTIFICATE OF SERVICE

I certify that a copy of this Notice of Filing with the Child Support Guidelines Worksheet was [check **one** only] ( ) mailed ( ) mailed and faxed ( ) hand delivered to the person(s) listed below on *{date}* _____.

Other party or his/her attorney:
Name: Isabel Marie Black
Address: 222 Hill Street
City, State, Zip: Mount, FL 22222
Fax Number: (444) 444-4444

_____
Signature of Party
Printed Name: Jacob Black
Address: 111 Hill Street
City, State, Zip: Towne, FL 11111
Telephone Number: (111) 111-1111
Fax Number: (333) 333-3333

CHILD SUPPORT GUIDELINES WORKSHEET			
	A. FATHER	**B.** MOTHER	TOTAL
1. Present Net Monthly Income Enter the amount from line number 27 of Florida Family Law Rules of Procedure Form 12.902(b) or (c), Financial Affidavit.	4,327.00	2,866.00	7,193.00
2. Basic Monthly Obligation There is (are) *{number}*_1_ minor child(ren) common to the parties. Using the total amount from line 1, enter the appropriate amount from the child support guidelines chart.			1,224.00
3. Percent of Financial Responsibility Divide the amount on line 1A by the total amount on line 1 to get Father's percentage financial responsibility. Enter answer on line 3A. Divide the amount on line 1B by the total amount on line 1 to get Mother's percentage financial responsibility. Enter answer on line 3B.	60.2%	39.8%	
4. Share of Basic Monthly Obligations Multiply the number on line 2 by the percentage on line 3A to get Father's share of basic obligation. Enter answer on line 4A. Multiply the number on line 2 by the percentage on line 3B to get Mother's share of basic obligation. Enter answer on line 4B.	736.31	487.69	
Additional Support – Health Insurance, Child Care & Other			
5 a. 100% of Monthly Child Care Costs [Child care costs should not exceed the level required to provide quality care from a licensed source. See section 61.30(7), Fla. Stat. for more information.]			0.00

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CHILD SUPPORT GUIDELINES WORKSHEET			
	A. FATHER	**B.** MOTHER	TOTAL
b. Total Monthly Child(ren)'s Health Insurance Cost [This is only amounts actually paid for health insurance on the child(ren).]			360.00
c. Total Monthly Child(ren)'s Noncovered Medical, Dental and Prescription Medication Costs			20.00
d. Total Monthly Child Care & Health Costs [Add lines 5a+5b+5c]			380.00
6. Additional Support Payments Multiply the number on line 5d by the percentage on line 3A to determine the Father's share. Enter answer on line 6A. Multiply the number on line 5d by the percentage on line 3B to determine the Mother's share. Enter answer on line 6B.	228.59	151.41	
Statutory Adjustments/Credits			
7 a. Monthly child care payments actually made	0.00	0.00	0.00
b. Monthly health insurance payments actually made	360.00	0.00	360.00
c. Other payments/credits actually made for any noncovered medical, dental and prescription medication expenses of the child(ren) not ordered to be separately paid on a percentage basis. [See § 61.30(8), Florida Statutes]	20.00	0.00	20.00
8. Total Support Payments actually made [Add 7a through 7c]	380.00	0.00	380.00
9. **MINIMUM CHILD SUPPORT OBLIGATION FOR EACH PARENT** [Line 4 plus line 6; minus line 8]	584.90	639.10	1,224.00
Substantial Shared Parenting (GROSS UP METHOD) If each parent exercises time-sharing at least 20 percent of the overnights in the year (73 overnights in the year), complete Nos. 10 through 21			

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CHILD SUPPORT GUIDELINES WORKSHEET			
	A. FATHER	**B.** MOTHER	TOTAL
10. Basic Monthly Obligation x 150% [Multiply line 2 by 1.5]			1,836.00
11. Increased Basic Obligation for each parent Multiply the number on line 10 by the percentage on line 3A to determine the Father's share. Enter answer on line 11A. Multiply the number on line 10 by the percentage on line 3B to determine the Mother's share. Enter answer on line 11B.	1,104.46	731.54	
12. Percentage of overnight stays with each parent The child(ren) spend(s) _____ overnight stays with the father each year. Using the number on the above line, multiply it by 100 and divide by 365. Enter this number on line 12A. The child(ren) spend(s) _____ overnight stays with the mother each year. Using the number on the above line, multiply it by 100 and divide by 365. Enter this number on line 12B.	50%	50%	
13. Parent's support multiplied by other Parent's percentage of overnights [Multiply line 11A by line 12B. Enter this number on line 13A. Multiply line 11B by line 12A. Enter this number in 13B.]	552.23	365.77	
Additional Support – Health Insurance, Child Care & Other			
14 a. Total Monthly Child Care Costs [Child care costs should not exceed the level required to provide quality care from a licensed source for the child(ren). See section 61.30(7), Fla. Stat. for more information.]			0.00

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CHILD SUPPORT GUIDELINES WORKSHEET			
	A. FATHER	**B.** MOTHER	TOTAL
b. Total Monthly Child(ren)'s Health Insurance Cost [This is only amounts actually paid for health insurance on the child(ren).]			360.00
c. Total Monthly Child(ren)'s Noncovered Medical, Dental and Prescription Medication Costs			20.00
d. Total Monthly Child Care & Heath Costs [Add lines 14a+14b+14c]			380.00
15. Additional Support Payments Multiply the number on line 14d by the percentage on line 3A to determine the Father's share. Enter answer on line 15A. Multiply the number on line 14d by the percentage on line 3B to determine the Mother's share. Enter answer on line 15B.	228.59	151.41	
Statutory Adjustments/Credits			
16 **a.** Monthly Child Care payments actually made	0.00	0.00	
b. Monthly health insurance payments actually made	360.00	0.00	
c. Other payments/credits actually made for any noncovered medical, dental and prescription medication expenses of the child(ren) not ordered to be separately paid on a percentage basis. [See § 61.30(8), Florida Statutes]	20.00	0.00	
17. Total Support Payments actually made [Add 16a through 16c]	380.00	0.00	
18. Total Additional Support Transfer Amount [Line 15 minus line 17; Enter any negative number as zero]	0.00	151.41	

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CHILD SUPPORT GUIDELINES WORKSHEET			
	A. FATHER	**B.** MOTHER	TOTAL
19. Total Child Support Owed from Father to Mother [Add line 13A+18A]	552.23		
20. Total Child Support Owed from Mother to Father [Add line 13B+18B]		517.18	
21. **Actual Child Support to Be Paid.** [Comparing lines 19 and 20, Subtract the smaller amount owed from the larger amount owed and enter the result in the column for the parent that owes the larger amount of support]	$35.05	$	

ADJUSTMENTS TO GUIDELINES AMOUNT. If you or the other parent is requesting the Court to award a child support amount that is more or less than the child support guidelines, you must complete and file Motion to Deviate from Child Support Guidelines, Florida Supreme Court Approved Family Law Form 12.943.
[check **one** only]

_X_ a. **Deviation from the guidelines amount is requested.** The Motion to Deviate from the Child Support Guidelines, Florida Supreme Court Approved Family Law Form 12.943, is attached.

___ b. **Deviation from the guidelines amount is NOT requested.** The Motion to Deviate from the Child Support Guidelines, Florida Supreme Court Approved Family Law Form 12.943, is not attached.

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [fill in **all** blanks]
I, *{full legal name and trade name of nonlawyer}*_____Sean Freeman_of Legalzoom.com, Inc._____,
a nonlawyer, located at *{street}*_____9900 Spectrum Drive_____, *{city}* _____Austin_____,
{state} _____TX_____, *{phone}* __(323) 962-8600__, helped *{name}* _Jacob Black_____,
who is the [check **one** only] _X_ petitioner **or** ___ respondent, fill out this form.

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STOP

THE FORMS FOLLOWING THIS PAGE MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC. PLEASE FOLLOW THE DETAILED INSTRUCTIONS INCLUDED IN YOUR PACKET TO SIGN THESE FORMS.

What is a notary public?
A notary public is a person trained and appointed by the state to verify that a signature on a document.

What type of identification will I need to provide to get my signature verified?
A proper form of identification will have both a signature and photograph. The following are usually considered proper forms of identification:

- Driver's License or State ID
- U.S. Passport
- U.S. Military ID
- Foreign Passport stamped by the U.S. Citizenship and Immigration Services

How much does notarization cost?
Notary fees vary from state to state. Prices are generally set per signature and usually range from $0.50 to $10.00 per signature. Check with your notary to determine the fees for your documents.

Where can I find a notary?
We recommend conducting an online search for a notary public in your area. Before making an appointment, call the notary ahead of time to ensure that the notary you have selected is willing to notarize these documents as some notaries are not trained to witness signatures on all documents.

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STOP

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT,
IN AND FOR HERNANDO COUNTY, FLORIDA

Case No.: _____
Division: _____

Jacob Black _____,
Petitioner,

and

Isabel Marie Black _____,
Respondent.

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PETITION FOR DISSOLUTION OF MARRIAGE WITH DEPENDENT OR MINOR CHILD(REN)

I, *{full legal name}* Jacob Black _____, the [**Choose only one**] (X) Husband ( ) Wife, being sworn, certify that the following statements are true:

1. JURISDICTION/RESIDENCE
   ( ) Husband ( ) Wife (X) Both has (have) lived in Florida for at least 6 months before the filing of this Petition for Dissolution of Marriage.
2. The husband [**Choose only one**] ( ) is (X) is not a member of the military service.
   The wife [**Choose only one**] ( ) is (X) is not a member of the military service.
3. MARRIAGE HISTORY
   Date of marriage: *{month, day, year}* January 1, 2000_____
   Place of marriage: *{city, state, country}* Las Vegas, Nevada__
   Date of separation: *{month, day, year}* January 1, 2011_____ (Please indicate **if** approximate)
4. DEPENDENT OR MINOR CHILD(REN)
   [Choose **all** that apply]
   a. ___ The wife is pregnant. Baby is due on: *{date}* _____
   b. _X_ The minor (under 18) child(ren) common to both parties are:

Name	**Place of Birth**	**Birth date**	**Sex**
Jack Black	Ocala, Florida	December 12, 2000	Male

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

Name	**Place of Birth**	**Birth date**	**Sex**

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

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

Name	**Place of Birth**	**Birth date**	**Sex**

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

6. 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 petition. (You **must** complete and attach this form in a dissolution of marriage with minor child(ren)).

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

8. This petition for dissolution of marriage should be granted because:
   [**Choose only one**]
   a. _X_ The marriage is irretrievably broken.
   b. ___ One of the parties has been adjudged mentally incapacitated for a period of 3 years prior to the filing of this petition. A copy of the Judgment of Incapacity is attached.

SECTION I. MARITAL ASSETS AND LIABILITIES

[**Choose only one**]

1. ___There are no marital assets or liabilities.

2. _X_ 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.
   [Choose **all** that apply]
   a. _X_ 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. ___ Petitioner should be awarded an interest in Respondent's property because:
   _____
   _____
   _____
   _____

SECTION II. SPOUSAL SUPPORT (ALIMONY)

[Choose only one]

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

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

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

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

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

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

2. **Parental Responsibility.** It is in the child(ren)'s best interests that parental responsibility be: [**Choose only one**]
   a. _X_ shared by both Father and Mother.
   b. __ awarded solely to ( ) Father ( ) Mother. Shared parental responsibility would be detrimental to the child(ren) because: _____
   _____
   _____
   _____

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 (X) includes ( ) does not include parental time-sharing with the child(ren). The Petitioner states that it is in the best interests of the child (ren) that:
   (Choose only one)
   a. _X_ The attached proposed Parenting Plan should be adopted by the court. The parties (X) 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 ___ Husband ___ Wife.
   ___ Limited time-sharing with the ___ Husband ___ Wife.
   ___ Supervised Time-Sharing for the ___ Husband ___ Wife.
   ___ Supervised or third-party exchange of the child(ren).
   ___ Time-Sharing Schedule as follows:
   _____
   _____
   _____

4. Explain why this request is in the best interests of the child(ren): It is in the best interest for the child to be have equal time with each parent. The child needs to have both mother and father in his life, so by sharing the time we have the child will know that each one of us loves him and is there for him always.
   _____
   _____
   _____
   _____
   _____

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SECTION IV. CHILD SUPPORT

[Choose **all** that apply]

1. ___Petitioner requests that the Court award child support as determined by Florida's child support guidelines, section 61.30, Florida Statutes. A completed Child Support Guidelines Worksheet,

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

   a. ___The date of separation *{date}* _____.
   b. ___the date of the filing of this petition.
   c. ___other *{date}_ {explain}* ___

2. ___Petitioner requests that the Court award child support to be paid beyond the age of 18 years because:
   a. ___ the following child(ren) *{name(s)}* _is (are) dependent because of a mental or physical incapacity which began before the age of 18. *{explain}*__ _____
   b. ___the following child(ren) *{name(s)}* _____ is (are) dependent in fact and is (are) in high school while he/she (they) are between the ages of 18 and 19; said child(ren) is (are) performing in good faith with reasonable expectation of graduation before the age of 19.

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

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

   [**Choose only one**]
   a. __Father.
   b. __Mother.

5. _X_Petitioner requests that uninsured medical/dental expenses for the child(ren) be paid:
   [**Choose only one**]
   a. __by Father.
   b. __by Mother.
   c. _X_by Father and Mother [each pay 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. Petitioner requests that life insurance to secure child support be provided by:
   a. __Father.
   b. __Mother.
   c. ___Both.

SECTION V. OTHER

1. If Petitioner is also the Wife, please indicate by either ( ) yes ( ) or no whether Petitioner/Wife wants to be known by her former name, which was *{full legal name}* _____.

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2. Other relief *{specify}*:

_____
_____
_____
_____

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

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

1. _X_ distributing marital assets and liabilities as requested in Section I of this petition;
2. _X_ awarding spousal support (alimony) as requested in Section II of this petition;
3. _X_ adopt or establish 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. _X_ 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. _X_ awarding other relief as requested in Section V of this petition; and any other terms the Court deems necessary.

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

Dated: _____ _____

Signature of Petitioner
Printed Name: Jacob Black
Address: 111 Hill Street
City, State, Zip: Towne, FL 11111
Telephone Number: (111) 111-1111
Fax Number: (333) 333-3333

STATE OF FLORIDA
COUNTY OF _____

Sworn to or affirmed and signed before me on by Jacob Black.

_____
NOTARY PUBLIC or DEPUTY CLERK

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

___ Personally known
___ Produced identification
Type of identification produced _____

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

I, *{full legal name and trade name of nonlawyer}*_____Sean Freeman_of Legalzoom.com, Inc._____, a nonlawyer, located at *{street}* _____9900 Spectrum Drive_____, *{city}* _____Austin_____, *{state}* _____TX_____, *{phone}* __(323) 962-8600__, helped *{name}* _Jacob Black_____, who is the petitioner, fill out this form.

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IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT,
IN AND FOR HERNANDO COUNTY, FLORIDA

Case No.: _____
Division: _____

Jacob Black,

Petitioner,

and

Isabel Marie Black,

Respondent.

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

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

SECTION I. INCOME

1. Date of Birth: March 1, 1980
2. My occupation is: Target
3. I am currently

[√ **all** that apply]

___ a. Unemployed

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

_X_ b. Employed by: Target Corporation

Address: 456 Work Lane

City, State, Zip code: Forks, FL 45678

Telephone Number: _____

Pay rate: $ 2,500.00 ( ) every week (X) every other week ( ) twice a month ( ) monthly ( ) other: _____

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

_____

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

___ c. Retired. Date of retirement: _____

Employer from whom retired: _____

Address: _____

City, State, Zip code: _____ Telephone Number: _____

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LAST YEARS GROSS INCOME: Your Income Other Party's Income *(if known)*

YEAR 2012 $ 60,000.00 $ 27,517.00

PRESENT MONTHLY GROSS INCOME:

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

1.	Monthly gross salary or wages	1. 5,000.00
2.	Monthly bonuses, commissions, allowances, overtime, tips, and similar payments	2. 0.00
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.)	3. 0.00
4.	Monthly disability benefits/SSI	4. 0.00
5.	Monthly Workers' Compensation	5. 0.00
6.	Monthly Unemployment Compensation	6. 0.00
7.	Monthly pension, retirement, or annuity payments	7. 0.00
8.	Monthly Social Security benefits	8. 0.00
9.	Monthly alimony actually received 9a. From this case: $ 0.00 9b. From other case(s): 0.00 Add 9a and 9b	9. 0.00
10.	Monthly interest and dividends	10. 0.00
11.	Monthly rental income (gross receipts minus ordinary and necessary expenses required to produce income) (☐ Attach sheet itemizing such income and expense items.	11. 0.00
12.	Monthly income from royalties, trusts, or estates	12. 0.00
13.	Monthly reimbursed expenses and in kind payments to the extent that they reduce personal living expense	13. 0.00
14.	Monthly gains derived from dealing in property (not including nonrecurring gains)	14. 0.00
15.	Any other income from a recurring nature (list source)	15.
16.		16.

17. PRESENT MONTHLY GROSS INCOME (Add lines 1–16) **TOTAL:** **17. 5,000.00**

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 Head of household b. Number of dependents claimed 1	18. 157.00
19.	Monthly FICA or self-employment taxes	19. 156.00
20.	Monthly Medicare payments	20. 0.00
21.	Monthly mandatory union dues	21. 0.00
22.	Monthly mandatory retirement payments	22. 0.00
23.	Monthly health insurance payments (including dental insurance), excluding portion paid for any minor children of this relationship	23. 360.00
24.	Monthly court ordered child support actually paid for children from another relationship	24. 0.00
25.	Monthly court ordered alimony actually paid 25a. from this case: $ 0.00 25b. from other case(s): 0.00 Add 25a and 25b	25. 0.00

26. TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30, FLORIDA STATUTES (Add lines 18 through 25) **TOTAL:** **26. 673.00**

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27. PRESENT NET MONTHLY INCOME (Subtract line 26 from line 17) **27. 4,327.00**

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.

HOUSEHOLD:

1.	Monthly mortgage or rent payments	1. $779.00
2.	Monthly property taxes (if not included in mortgage)	2. 0.00
3.	Monthly insurance on residence (if not included in mortgage)	3. 0.00
4.	Monthly condominium maintenance fees and homeowner's association fees	4. 0.00
5.	Monthly electricity	5. 100.00
6.	Monthly water, garbage, and sewer	6. 47.00
7.	Monthly telephone	7. 99.00
8.	Monthly fuel oil or natural gas	8. 0.00
9.	Monthly repairs and maintenance	9. 20.00
10.	Monthly lawn care	10. 0.00
11.	Monthly pool maintenance	11. 0.00
12.	Monthly pest control	12. 0.00
13.	Monthly misc. household	13. 50.00
14.	Monthly food and home supplies	14. 245.00
15.	Monthly meals outside home	15. 100.00
16.	Monthly cable t.v.	16. 55.00
17.	Monthly alarm service contract	17. 0.00
18.	Monthly service contracts on appliances	18. 0.00
19.	Monthly maid service	19. 0.00
Other:		
20.		20.
21.		21.
22.		22.
23.		23.
24.		24.
25.	**SUBTOTAL** (add lines 1 through 24)	**25. 1,495.00**

AUTOMOBILE:

26.	Monthly gasoline and oil	26. 0.00
27.	Monthly repairs	27. 0.00
28.	Monthly auto tags and emission testing	28. 0.00
29.	Monthly insurance	29. 0.00
30.	Monthly payments (lease or financing)	30. 0.00
31.	Monthly rental/replacements	31. 0.00
32.	Monthly alternative transportation (bus, rail, car pool, etc.)	32. 0.00
33.	Monthly tolls and parking	33. 0.00
34.	Other:	34.
35.	**SUBTOTAL** (add lines 26 through 34)	**35. 0.00**

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MONTHLY EXPENSES FOR CHILDREN COMMON TO BOTH PARTIES:

36. Monthly nursery, babysitting, or day care	36. 0.00
37. Monthly school tuition	37. 0.00
38. Monthly school supplies, books, and fees	38. 10.00
39. Monthly after school activities	39. 0.00
40. Monthly lunch money	40. 5.00
41. Monthly private lessons or tutoring	41. 0.00
42. Monthly allowances	42. 0.00
43. Monthly clothing and uniforms	43. 10.00
44. Monthly entertainment (movies, parties, etc.)	44. 20.00
45. Monthly health insurance	45. 360.00
46. Monthly medical, dental, prescriptions (nonreimbursed only)	46. 20.00
47. Monthly psychiatric/psychological/counselor	47. 0.00
48. Monthly orthodontic	48. 0.00
49. Monthly vitamins	49. 0.00
50. Monthly beauty parlor/barber shop	50. 5.00
51. Monthly nonprescription medication	51. 20.00
52. Monthly cosmetics, toiletries, and sundries	52. 10.00
53. Monthly gifts from child(ren) to others (other children, relatives, teachers, etc.)	53. 0.00
54. Monthly camp or summer activities	54. 15.00
55. Monthly clubs (Boy/Girl Scouts, etc.)	55. 0.00
56. Monthly access expenses (for nonresidential parent)	56. 0.00
57. Monthly miscellaneous	57. 0.00
58. SUBTOTAL (add lines 36 through 57)	**58. $ 475.00**

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

59. _____	59. 0.00
60. _____	60. 0.00
61. _____	61. 0.00
62. _____	62. 0.00
63. SUBTOTAL (add lines 59 through 62)	**63. $ 0.00**

MONTHLY INSURANCE:

64. Health insurance, excluding portion paid for any minor child(ren) of this relationship	64. 0.00
65. Life insurance	65. 100.00
66. Dental insurance	66. 0.00
Other:	
67. _____	67. _____
68. _____	68. _____
69. SUBTOTAL (add lines 64 through 68)	**69. $ 100.00**

OTHER MONTHLY EXPENSES NOT LISTED ABOVE:

70. Monthly dry cleaning and laundry	70. 0.00

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71. Monthly clothing	71. 20.00
72. Monthly medical, dental, and prescription (unreimbursed only)	72. 0.00
73. Monthly psychiatric, psychological, or counselor (unreimbursed only)	73. 0.00
74. Monthly non-prescription medications, cosmetics, toiletries, and sundries	74. 0.00
75. Monthly grooming	75. 0.00
76. Monthly gifts	76. 20.00
77. Monthly pet expenses	77. 0.00
78. Monthly club dues and membership	78. 0.00
79. Monthly sports and hobbies	79. 0.00
80. Monthly entertainment	80. 50.00
81. Monthly periodicals/books/tapes/CDs	81. 10.00
82. Monthly vacations	82. 25.00
83. Monthly religious organizations	83. 0.00
84. Monthly bank charges/credit card fees	84. 0.00
85. Monthly education expenses	85. 0.00

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

86.	86.
87.	87.
88.	88.
89.	89.
90. SUBTOTAL (add lines 70 through 89)	**90. 125.00**

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

NAME OF CREDITOR(s):

91.	91.
92.	92.
93.	93.
94.	94.
95.	95.
96.	96.
97.	97.
98.	98.
99.	99.
100.	100.
101.	101.
102.	102.
103.	103.
104. **SUBTOTAL** (add lines 91 through 103)	**104.** 0.00
105. TOTAL MONTHLY EXPENSES:	**105. 2,195.00**

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(add lines 25, 35, 58, 63, 69, 90, and 104 of Section II, Expenses) _____

SUMMARY

106. TOTAL PRESENT MONTHLY NET INCOME
(from line 27 of SECTION I. INCOME) **106.4,327.00**

107. TOTAL MONHTLY EXPENES (from line 105 above) **107.2,195.00**

108. SURPLUS (If line 106 is more than line 107, subtract line 107 from line 106. This is the amount of your surplus. Enter that amount here.) **108. 2,132.00**

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

SECTION III. ASSETS AND LIABILITIES

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

INSTRUCTIONS:

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

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

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

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

A ASSETS: DESCRIPTION OF ITEM(S) DO NOT LIST ACCOUNT NUMBERS. √ the box next to any asset(s) which you are requesting the judge award to you.	B Current Fair Market Value	C Nonmarital (√ correct column)	
		husband	wife
□ Cash (on hand)	$		
□ Cash (in banks or credit unions)			
□			
□ Stocks/Bonds			
□			
□			
□ Notes (money owed to you in writing)			
□			
□ Money owed to you (not evidenced by a note)			
□			
□			

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A ASSETS: DESCRIPTION OF ITEM(S) DO NOT LIST ACCOUNT NUMBERS. √ the box next to any asset(s) which you are requesting the judge award to you.	B Current Fair Market Value	C Nonmarital (√ correct column)	
		husband	wife
□ Real estate: (Home)			
□ (Other)			
□			
□			
□			
□			
□			
□ Business interests			
□			
□			
□			
□			
□ Automobiles 2003 Nissan Altima vehicle	4,000.00		
☑ The 2000 Chevrolet Silverado vehicle	4,300.00		
□ Boats			
□			
□			
□ Other vehicles			
□			
□			
□ Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)			
□			
□			
□			
□ Furniture & furnishings in home			
□			
☑ Furniture & furnishings elsewhere The king size bed	100.00		
□ The Loveseat and chair	75.00		
☑ Couch	30.00		
□ The kitchen table and chairs	50.00		
□ Collectibles			
□			
□ Jewelry			
□			
□ Life insurance (cash surrender value)			

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A ASSETS: DESCRIPTION OF ITEM(S) DO NOT LIST ACCOUNT NUMBERS. √ the box next to any asset(s) which you are requesting the judge award to you.	B Current Fair Market Value	C Nonmarital (√ correct column)	
		husband	wife
□			
□			
□ Sporting and entertainment (T.V., stereo, etc.) equipment			
□			
□			
□			
□			
☑ Other assets: Any and all personal property, tangible and intangible, in husband's possession.			
□ Any and all personal property, tangible and intangible, in wife's possession.			
Total Assets (add column B)	**$ 8,555.00**		

B. LIABILITIES/DEBTS (This is where you list what you OWE.)

INSTRUCTIONS:

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

STEP 2: If this is a petition for dissolution of marriage, check the box **in Column A** next to any debt(s) for which you believe you should be responsible.

STEP 3: In column B, write what you believe to be the current amount owed for all items listed.

STEP 4: Use column C only if this is a petition for dissolution of marriage and you believe an item is "nonmarital," meaning the debt belongs to only one of you and should not be divided. You should indicate to whom you believe the debt belongs. (Typically, you will only use Column C if the debt was 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 LIABILITIES: DESCRIPTION OF ITEM(S) DO NOT LIST ACCOUNT NUMBERS. √ the box next to any debt(s) for which you believe you should be responsible.	B Current Amount Owed	C Nonmarital (√ correct column)	
		husband	wife
□ Mortgages on real estate: First mortgage on home	$		
□ Second mortgage on home			
□ Other mortgages			
□			
□ Charge/credit card accounts			
□			
□			
□			

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A LIABILITIES: DESCRIPTION OF ITEM(S) DO NOT LIST ACCOUNT NUMBERS. √ the box next to any debt(s) for which you believe you should be responsible.	B Current Amount Owed	C Nonmarital (√ correct column)	
		husband	wife
☐			
☐			
☐ Auto loan			
☐			
☐ Bank/Credit Union loans			
☐			
☐			
☐			
☐ Money you owe (not evidenced by a note)			
☐			
☐ Judgments			
☐			
☑ Other: Any and all debts held in husband's name alone.			
☐ Any and all debts held in wife's name alone.			
☐			
☐			
☐			
☐			
☐			
☐			
☐			
Total Debts (add column B)	**$ 0.00**		

C. NET WORTH (excluding contingent assets and liabilities)

Total Assets (enter total of Column B in Asset Table; Section A) $ 8,555.00
Total Liabilities (enter total of Column B in Liabilities Table; Section B) $ 0.00

TOTAL NET WORTH (Total Assets minus Total Liabilities)
(excluding contingent assets and liabilities) **$ 8,555.00**

D. CONTINGENT ASSETS AND LIABILITIES

INSTRUCTIONS:

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

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A Contingent Assets √ the box next to any contingent asset(s) which you are requesting the judge award to you.	B Possible Value	C Nonmarital (√ correct column)	
		husband	wife
☐			
☐			
☐			
☐			
Total Contingent Assets	**$ 0.00**		

A Contingent Liabilities √ the box next to any contingent debt(s) for which you believe you should be responsible.	B Possible Amount Owed	C Nonmarital (√ correct column)	
		husband	wife
☐			
☐			
☐			
☐			
Total Contingent Liabilities	**$ 0.00**		

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

[√ **one** only]

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

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

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

Other party or his/her attorney:
Name: Isabel Marie Black
Address: 222 Hill Street
City, State, Zip: Mount, FL 22222
Fax Number: (444) 444-4444

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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: Jacob Black
Address: 111 Hill Street
City, State, Zip: Towne, FL 11111
Telephone Number: (111) 111-1111
Fax Number: (333) 333-3333

STATE OF
COUNTY OF

Sworn to or affirmed and signed before me on _____ by _____.

_____
NOTARY PUBLIC or DEPUTY CLERK

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

____ Personally known
____ Produced identification
Type of identification produced_____

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [fill in **all** blanks]
I, *{full legal name and trade name of nonlawyer}* Sean Freeman, a nonlawyer, of Legalzoom.com, Inc., located at *{street}* 9900 Spectrum Drive, *{city}* Austin, *{state}* TX, *{phone}* (323) 962-8600, helped *{name}* Jacob Black, who is the [√ **one** only] _X_ petitioner **or** ___ respondent, fill out this form.

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IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT,
IN AND FOR HERNANDO COUNTY, FLORIDA

Case No.: _____
Division: _____

Jacob Black _____,
Petitioner,

and

Isabel Marie Black _____,
Respondent.

UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA) AFFIDAVIT

I, *{full legal name}* Jacob Black, being sworn, certify that the following statements are true:

1. The number of minor child(ren) subject to this proceeding is _1_. The name, place of birth, birth date, and sex of each child; the present address, periods of residence, and places where each child has lived **within the past five (5) years**; and the name, present address, and relationship to the child of each person with whom the child has lived during that time are:

THE FOLLOWING INFORMATION IS TRUE ABOUT CHILD # 1:

Child's Full Legal Name: Jack Black
Place of Birth: Ocala, Florida Date of Birth: December 12, 2000 Sex: Male

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
02/01/2005 to present	111 Hill Street, Towne, FL 11111	Jacob Black at 111 Hill Street, Towne, FL 11111 and Isabel Marie Black at 222 Hill Street, Mount, FL 22222	Father and Mother
12/12/2000 to 02/01/2005	222 Hill Street, Mount, FL 22222	Jacob Black at 111 Hill Street, Towne, FL 11111 and Isabel Marie Black at 222 Hill Street, Mount, FL 22222	Father and Mother

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

2. **Participation in custody or time-sharing proceeding(s):**
[Choose only one]

_X_ 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.

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____ 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:

a. Name of each child: _____

b. Type of proceeding: _____

c. Court and state: _____

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

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

[Choose only one]

_X_ 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:

a. Name of each child: _____

b. Type of proceeding: _____

c. Court and state: _____

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

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

[Choose only one]

_X_ 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]

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

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

a. Name of each child: _____

b. Type of proceeding: _____

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c. Court and address: _____
d. Date of court order/judgment (if any): _____
e. Amount of child support paid and by whom: _____

6. **I acknowledge that I have a continuing duty to advise this Court of any custody, visitation 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 [**Choose only one**] ( ) mailed ( ) faxed and mailed ( ) hand delivered to the person(s) listed below on *{date}* _____.

Other party or his/her attorney:
Name: Isabel Marie Black
Address: 222 Hill Street
City, State, Zip: Mount, FL 22222
Fax Number: (444) 444-4444

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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: Jacob Black
Address: 111 Hill Street
City, State, Zip: Towne, FL 11111
Telephone Number: (111) 111-1111
Fax Number: (333) 333-3333

STATE OF FLORIDA
COUNTY OF _____

Sworn to or affirmed and signed before me on _____ by Jacob Black.

_____
NOTARY PUBLIC or DEPUTY CLERK

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

___ Personally known
___ Produced identification
Type of identification produced

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [fill in **all** blanks]
I, *{full legal name and trade name of nonlawyer}* Sean Freeman of Legalzoom.com, Inc., a nonlawyer, located at *{street}* 9900 Spectrum Drive, *{city}* Austin, *{state}* TX, *{phone}* (323) 962-8600, helped *{name}* Jacob Black, who is the **[Choose only one]** X petitioner **or** ___ respondent, fill out this form.

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IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT,
IN AND FOR HERNANDO COUNTY, FLORIDA

Case No.: _____
Division: _____

Jacob Black,

Petitioner,

and

Isabel Marie Black,

Respondent.

NOTICE OF SOCIAL SECURITY NUMBER

I, *{full legal name}* Jacob Black, certify that my social security number is _____, as required in section 61.052(7), sections 61.13(9) or (10), section 742.031(3), sections 742.032(1)–(3), and/or sections 742.10(1)–(2), Florida Statutes. My date of birth is March 1, 1980.

[√ **one** only]

___ 1. This notice is being filed in a dissolution of marriage case in which the parties have **no** minor children in common.

_√_ 2. This notice is being filed in a paternity or child support case, or in a dissolution of marriage in which the parties have minor children in common. The minor child(ren)'s name(s), date(s) of birth, and social security number(s) is/are:

Name	**Birth date**	**Social Security Number**
Jack Black	December 12, 2000	_____

{Attach additional pages if necessary.}

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

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

Dated: _____

_____
Signature
Printed Name: Jacob Black
Address: 111 Hill Street
City, State, Zip: Towne, FL 11111
Telephone Number: (111) 111-1111
Fax Number: (333) 333-3333

STATE OF
COUNTY OF

Sworn to or affirmed and signed before me on _____ by Jacob Black.

_____
NOTARY PUBLIC or DEPUTY CLERK

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

____ Personally known
____ Produced identification
Type of identification produced

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [fill in **all** blanks]
I, *{full legal name and trade name of nonlawyer}* Sean Freeman, a nonlawyer, of Legalzoom.com, Inc., located at *{street}* 9900 Spectrum Drive, *{city}* Austin, *{state}* TX, *{phone}* (323) 962-8600, helped *{name}* Jacob Black, who is the [√ **one** only] _X_ petitioner **or** ____ respondent, fill out this form.

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IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT,
IN AND FOR HERNANDO COUNTY, FLORIDA

Case No.: _____
Division: _____

Jacob Black,

Petitioner,

and

Isabel Marie Black,

Respondent.

NOTICE OF CURRENT ADDRESS

I, *{full legal name}* Jacob Black, being sworn, certify that my current address is: *{street}* 111 Hill Street, *{City}* Towne, *{State}* Florida *{Zip}* 11111 *{Telephone No.}* (111) 111-1111, *{Fax No.}* (333) 333-3333.

I understand that I must keep the clerk's office notified of my current address and that all future papers in this lawsuit will be mailed to the address on record at the clerk's office.

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

Other party or his/her attorney:
Name: Isabel Marie Black
Address: 222 Hill Street
City, State, Zip: Mount, FL 22222
Fax Number: (444) 444-4444

Dated: _____ _____
Signature of Party

STATE OF
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 _____

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

I, *{full legal name and trade name of nonlawyer}* Sean Freeman, a nonlawyer, of Legalzoom.com, Inc., located at *{street}* 9900 Spectrum Drive, *{city}* Austin, *{state}* TX, *{phone}* (323) 962-8600, helped *{name}* Jacob Black, who is the [√ **one** only] _X_ petitioner **or** ____ respondent, fill out this form.

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IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT,
IN AND FOR HERNANDO COUNTY, FLORIDA

Case No.: _____
Division: _____

Jacob Black_____,
Petitioner,

and

Isabel Marie Black_____,
Respondent.

MOTION TO DEVIATE FROM CHILD SUPPORT GUIDELINES

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(X) Petitioner ( ) Respondent requests that the Court enter an order granting the following:

SECTION I
[Choose only **one**]

a. _X_ **MORE** child support than the amount required by the child support guidelines. The Court should order MORE child support than the amount required by the child support guidelines because of:
[**Choose all** that apply to your situation]
   1. _____Extraordinary medical, psychological, educational, or dental expenses;
   2. _____Seasonal variations in one or both parent's income or expenses;
   3. _____Age(s) of the child(ren), taking into consideration the greater needs of older child(ren);
   4. _____Special needs, such as costs that may be associated with the disability of a child or child(ren), that have traditionally been met within the family budget even though the fulfilling of those needs will cause support to exceed the presumptive amount established by the guidelines;
   5. _____Total available assets of obligee, obligor, and the child(ren);
   6. _____Impact of IRS dependency exemption and waiver of that exemption;
   7. _____The Parenting Plan, such as where the child or children spend a significant amount of time, but less than 40 percent of the overnights, with one parent, thereby reducing the financial expenditures incurred by the other parent, or the refusal of a parent to become involved in the activities of the child(ren) has increased the financial expenditure incurred by the obligee;
   8. _**X**_ Any other adjustment that is needed to achieve an equitable result, which may include reasonable and necessary expenses or debts jointly incurred during the marriage.
   Explain any items marked above:_____
   _____
   _____.

b. ___**LESS** child support than the amount required by the child support guidelines. The Court should order LESS child support than the amount required by the child support guidelines because of:

   [Choose **all** that apply to your situation]

   1. ___Extraordinary medical, psychological, educational, or dental expenses;
   2. ___Independent income of child(ren), excluding the child(ren)'s SSI (supplemental security income)

3. ___Payment of both child support and spousal support to a parent that regularly has been paid and for which there is a demonstrated need;
4. ___Seasonal variations in one or both parent's income or expenses;
5. ___Age of the child(ren), taking into consideration the greater needs of older child(ren);
6. ___Total available assets of obligee, obligor, and child(ren);
7. ___Impact of IRS dependency exemption and waiver of that exemption;
8. ___Application of the child support guidelines which requires the obligor to pay more than 55% of gross income for a single support order;
9. ___Residency of subsequently born or adopted child(ren) with the obligor, include consideration of the subsequent spouse's income;
10. ___The Parenting Plan, where the child(ren) spend a significant amount of time, but less than 40 percent of the overnights, with one parent, thereby reducing the financial expenditures incurred by the other parent; or the refusal of a parent to become involved in the activities of the child(ren);
11. ___Any other adjustment that is needed to achieve an equitable result, which may include reasonable and necessary expenses or debts jointly incurred during the marriage.

Explain any items marked above:_____
_____
_____.

SECTION II. INCOME AND ASSETS OF CHILD(REN) COMMON TO BOTH PARTIES

List the total of any independent income or assets of the child(ren) common to both parties (income from Social Security, gifts, stocks/bonds, employment, trust fund(s), investment(s), etc.). Attach an explanation.

TOTAL VALUE OF ASSETS OF CHILD(REN)	**$ _____**
TOTAL MONTHLY INCOME OF CHILD(REN)	**$ _____**

SECTION III. EXPENSES FOR CHILD(REN) COMMON TO BOTH PARTIES

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 nursery, babysitting, or other child care	1. $ 0.00
2.	Monthly after-school care	2. $ 0.00
3.	Monthly school tuition	3. $ 0.00
4.	Monthly school supplies, books, and fees	4. $ 20.00
5.	Monthly after-school activities	5. $ 0.00
6.	Monthly lunch money	6. $ 21.00
7.	Monthly private lessons/tutoring	7. $ 0.00
8.	Monthly allowance	8. $ 0.00
9.	Monthly clothing	9. $ 30.00
10.	Monthly uniforms	10. $ 0.00
11.	Monthly entertainment (movies, birthday parties, etc.)	11. $ 40.00
12.	Monthly health and dental insurance premiums	12. $ 360.00

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13.	Monthly medical, dental, prescription charges (unreimbursed)	13. $ 20.00
14.	Monthly psychiatric/psychological/counselor (unreimbursed)	14. $ 0.00
15.	Monthly orthodontic (unreimbursed)	15. $ 0.00
16.	Monthly grooming	16. $ 15.00
17.	Monthly non-prescription medications/cosmetics/toiletries/sundries	17. $ 20.00
18.	Monthly gifts from children to others (other children, relatives, teachers, etc.)	18. $ 0.00
19.	Monthly camp or other summer activities	19. $ 35.00
20.	Monthly clubs (Boys/Girl Scouts, etc.) or recreational fees	20. $ 0.00
21.	Monthly visitation expenses (for nonresidential parent) Explain: _____	21. $ 0.00
22.	Monthly insurance (life, etc.) {explain}: health	22. $ 360.00

Other {explain}:

23.		23.
24	_____	24. $
25	_____	25. $
26. TOTAL EXPENSES FOR CHILD(REN) COMMON TO BOTH PARTIES (add lines 1 through 25)		26. **$ 561.00**

I have filed, will file, or am filing with this form the following additional documents:

1. Florida Family Law Family Law Financial Affidavit, Florida Family Law Rules of Procedure Form 12.902(b) or (c).
2. Child Support Guidelines Worksheet, Florida Family Law Rules of Procedure Form 12.902(e).

I certify that a copy of this document was [Choose only **one**] ( ) mailed ( ) faxed and mailed

( ) hand delivered to the person(s) listed below on *{date}* _____.

Other party or his/her attorney:
Name: Isabel Marie Black
Address: 222 Hill Street
City, State, Zip: Mount, FL 22222
Fax Number: (444) 444-4444

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

Dated: _____

_____
Signature
Printed Name: Jacob Black
Address: 111 Hill Street
City, State, Zip: Towne, FL 11111
Telephone Number: (111) 111-1111
Fax Number: (333) 333-3333

STATE OF FLORIDA
COUNTY OF _____

Sworn to or affirmed and signed before me on _____ by Jacob Black.

_____
NOTARY PUBLIC or DEPUTY CLERK

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

___ Personally known
___ Produced identification
Type of identification produced

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

I, *{full legal name and trade name of nonlawyer}* Sean Freeman of Legalzoom.com, Inc., a nonlawyer, located at *{street}* 9900 Spectrum Drive, *{city}* Austin, *{state}* TX, *{phone}* (323) 962-8600, helped *{name}* Jacob Black, who is the [check **one** only] X petitioner **or** ___ respondent, fill out this form.

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SAMPLE

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT,
IN AND FOR HERNANDO COUNTY, FLORIDA

Case No.: _____
Division: _____

Jacob Black,
Petitioner,

and

Isabel Marie Black,
Respondent.

AFFIDAVIT OF CORROBORATING WITNESS

I, *{full legal name}* _____, being sworn, certify that the following statements are true: I have known *{name}* Jacob Black since *{approximate date}* _____; to the best of my understanding the petition in this action was filed on *{date}* _____; and I know of my own personal knowledge that this person has resided in the State of Florida for at least 6 months immediately before *{date}* _____.

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 Corroborating Witness
Printed Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____

STATE OF FLORIDA
COUNTY OF _____

Sworn to or affirmed and signed before me on _____ by _____.

_____
NOTARY PUBLIC or DEPUTY CLERK

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

____ Personally known
____ Produced identification
Type of identification produced _____

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [fill in **all** blanks]
I, *{full legal name and trade name of nonlawyer}* Sean Freeman, a nonlawyer, of Legalzoom.com, Inc., located at *{street}* 9900 Spectrum Drive, *{city}* Austin, *{state}* TX, *{phone}* (323) 962-8600, helped *{name}* Jacob Black, who is the [√ **one** only] _X__ petitioner **or** ____ respondent, fill out this form.

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IN THE CIRCUIT COURT IN AND FOR FIFTH COUNTY, FLORIDA
FAMILY LAW DIVISION

Jacob Black_____, Petitioner Case No. _____

and

Isabel Marie Black_____, Respondent

Notice of Filing of Petition for Dissolution of Marriage

and Request for Waiver of Service of Process by Sheriff

To: Defendant

This is a request that you sign the enclosed Acceptance of Service and Waiver of Service of Process by Sheriff. If you agree to this request, you will save the cost of serving you with a summons and additional copy of the Petition for Dissolution of Marriage. You have twenty (20) days from the date you receive this request to return the enclosed Waiver, in the enclosed, self-addressed, stamped envelope. If you do not return the Waiver within that time frame, formal service of process may be initiated and costs incurred based upon Florida law

If you sign and return the enclosed Waiver, you are not required to file the Answer, Waiver, and Request for Copy of Final Judgment of Dissolution of Marriage until sixty (60) days after you received the enclosed Acceptance of Service and Waiver of Service of Process by Sheriff.

An additional copy of this Notice and Waiver is enclosed for your records.

I certify that two copies of this Notice of Filing of Petition for Dissolution of Marriage and Request for Waiver of Service of Process and Acceptance of Service and Waiver of Service of Process by Sheriff has been sent to you by certified mail on _____, 20_____.

_____

Plaintiff

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SAMPLE

IN THE CIRCUIT COURT IN AND FOR FIFTH COUNTY, FLORIDA
FAMILY LAW DIVISION

Jacob Black_____, Petitioner Case No. _____

and

Isabel Marie Black_____, Respondent

ACCEPTANCE OF SERVICE AND WAIVER OF SERVICE OF PROCESS BY SHERIFF

I, Isabel Marie Black_____, Respondent in the above entitled action hereby acknowledge receipt of a copy of the petition in this action and in doing so accept service of same and specifically waives formal service of process by Sheriff or other person duly authorized to serve process in the state of Florida.

DATED this ___ day of _____, 20___.

_____
RESPONDENT
222 Hill Street, Mount, FL 22222
Address
(222) 222-2222_____
Telephone Number

STATE OF _____

COUNTY OF _____

BEFORE ME, the undersigned personally appeared the Respondent, Isabel Marie Black_____, who is ( ) personally known to me or who ( ) produced _____ as identification, who executed the foregoing and states under penalties of perjury that he declares they have read the foregoing and that the facts stated therein are true and correct.

WITNESS my hand and official seal this ___ day of _____, 20___.

_____(SEAL)
NOTARY PUBLIC

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SAMPLE

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT,
IN AND FOR HERNANDO COUNTY, FLORIDA

Case No.: _____
Division: _____

Jacob Black,

Petitioner,

and

Isabel Marie Black,

Respondent.

NOTICE OF SOCIAL SECURITY NUMBER

I, *{full legal name}* Isabel Marie Black, certify that my social security number is _____, as required in section 61.052(7), sections 61.13(9) or (10), section 742.031(3), sections 742.032(1)–(3), and/or sections 742.10(1)–(2), Florida Statutes. My date of birth is January 1, 1980.

[√ **one** only]

___ 1. This notice is being filed in a dissolution of marriage case in which the parties have **no** minor children in common.

_√_ 2. This notice is being filed in a paternity or child support case, or in a dissolution of marriage in which the parties have minor children in common. The minor child(ren)'s name(s), date(s) of birth, and social security number(s) is/are:

Name	**Birth date**	**Social Security Number**
Jack Black	December 12, 2000	_____

{Attach additional pages if necessary.}

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

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

Dated: _____

_____
Signature
Printed Name: Isabel Marie Black
Address: 222 Hill Street
City, State, Zip: Mount, FL 22222
Telephone Number: (222) 222-2222
Fax Number: (444) 444-4444

STATE OF
COUNTY OF

Sworn to or affirmed and signed before me on _____ by Isabel Marie Black.

_____
NOTARY PUBLIC or DEPUTY CLERK

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

____ Personally known
____ Produced identification
Type of identification produced

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [fill in **all** blanks]
I, *{full legal name and trade name of nonlawyer}* Sean Freeman, a nonlawyer, of Legalzoom.com, Inc., located at *{street}* 9900 Spectrum Drive, *{city}* Austin, *{state}* TX, *{phone}* (323) 962-8600, helped *{name}* Isabel Marie Black, who is the [√ **one** only] ___ petitioner **or** _X_ respondent, fill out this form.

legalzoom.com® SAMPLE

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT,
IN AND FOR HERNANDO COUNTY, FLORIDA

Case No.: _____
Division: _____

Jacob Black,
Petitioner,

and

Isabel Marie Black,
Respondent.

ANSWER, WAIVER, AND REQUEST FOR COPY OF FINAL JUDGMENT OF DISSOLUTION OF MARRIAGE

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I, *{full legal name}* Isabel Marie Black, Respondent, being sworn, certify that the following information is true:

1. Respondent answers the Petition for Dissolution of Marriage filed in this action and admits all the allegations. By admitting all of the allegations in the petition, respondent agrees to all relief requested in the petition including any requests regarding parenting and time-sharing, child support, alimony, distribution of marital assets and liabilities, and temporary relief.

2. Respondent waives notice of hearing as well as all future notices in connection with the Petition for Dissolution of Marriage, as filed. Respondent also waives appearance at the final hearing.

3. Respondent requests that a copy of the Final Judgment of Dissolution of Marriage entered in this case be forwarded to Respondent at the address below.

4. If this case involves minor child(ren), 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 answer.

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

6. A completed Family Law Financial Affidavit Florida Family Law Rules of Procedure Form 12.902 (b) or (c), ( ) is filed with this answer (X) will be timely filed.

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

Other party or his/her attorney:
Name: Jacob Black
Address: 111 Hill Street
City, State, Zip: Towne, FL 11111
Fax Number: (333) 333-3333

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

Dated: _____ _____
Signature of Respondent
Printed Name: Isabel Marie Black
Address: 222 Hill Street
City, State, Zip: Mount, FL 22222
Telephone Number: (222) 222-2222
Fax Number: (444) 444-4444

STATE OF FLORIDA
COUNTY OF _____

Sworn to or affirmed and signed before me on _____ by Isabel Marie Black.

_____
NOTARY PUBLIC or DEPUTY CLERK

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

____ Personally known
____ Produced identification
Type of identification produced

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [fill in **all** blanks]
I, *{full legal name and trade name of nonlawyer}*_____Sean Freeman_of Legalzoom.com, Inc._____, a nonlawyer, located at *{street}* _____9900 Spectrum Drive_____, *{city}* _____Austin_____, *{state}* _____TX_____, *{phone}* __(323) 962-8600__, helped *{name}* _Isabel Marie Black_____, who is the respondent, fill out this form.

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SAMPLE

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT,
IN AND FOR HERNANDO COUNTY, FLORIDA

Case No.: _____
Division: _____

Jacob Black,

Petitioner,

and

Isabel Marie Black,

Respondent.

NOTICE OF CURRENT ADDRESS

I, *{full legal name}* Isabel Marie Black, being sworn, certify that my current address is: *{street}* 222 Hill Street, *{City}* Mount, *{State}* Florida *{Zip}* 22222 *{Telephone No.}* (222) 222-2222, *{Fax No.}* (444) 444-4444.

I understand that I must keep the clerk's office notified of my current address and that all future papers in this lawsuit will be mailed to the address on record at the clerk's office.

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

Other party or his/her attorney:
Name: Jacob Black
Address: 111 Hill Street
City, State, Zip: Towne, FL 11111
Fax Number: (333) 333-3333

Dated: _____ _____
Signature of Party

STATE OF
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 _____

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

I, *{full legal name and trade name of nonlawyer}* Sean Freeman, a nonlawyer, of Legalzoom.com, Inc., located at *{street}* 9900 Spectrum Drive, *{city}* Austin, *{state}* TX, *{phone}* (323) 962-8600, helped *{name}* Isabel Marie Black, who is the [√ **one** only] ____ petitioner **or** _X_ respondent, fill out this form.

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SAMPLE

IN THE CIRCUIT COURT OF THE FIVE JUDICIAL CIRCUIT,
IN AND FOR HERNANDO COUNTY, FLORIDA

Case No.: _____

Division: _____

Jacob Black,
Petitioner,

and

Isabel Marie Black,
Respondent

NOTICE OF HEARING BEFORE GENERAL MAGISTRATE

[✍fill in **all** blanks]

TO: Isabel Marie Black
_____

There will be a hearing before General Magistrate {name of general magistrate}_____ ___, on {date} _____, at {time} _____m., in Room _____of the _____Courthouse, on the following issues: _____
_____
_____hour(s)/ ___minutes have been reserved for this hearing.
PLEASE GOVERN YOURSELF ACCORDINGLY.

If the matter before the General Magistrate is a Motion for Civil Contempt/Enforcement, FAILURE TO APPEAR AT THE HEARING MAY RESULT IN THE COURT ISSUING A WRIT OF BODILY ATTACHMENT FOR YOUR ARREST. IF YOU ARE ARRESTED, YOU MAY BE HELD IN JAIL UP TO 48 HOURS BEFORE A HEARING IS HELD.

PLEASE GOVERN YOURSELF ACCORDINGLY.

This part to be filled out by the court or filled in with information you have obtained from the court:
If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact {name} _____, {address} _____, {telephone} _____, within 2 working days of your receipt of this Notice of Hearing. If you are hearing or voice impaired, call TDD 1-800-955-8771.

SHOULD YOU WISH TO SEEK REVIEW OF THE REPORT AND RECOMMENDATION MADE BY THE GENERAL MAGISTRATE, YOU MUST FILE EXCEPTIONS IN ACCORDANCE WITH RULE 12.490(f), FLORIDA FAMILY LAW RULES OF PROCEDURE. YOU WILL BE REQUIRED TO PROVIDE THE COURT WITH A RECORD SUFFICIENT TO SUPPORT YOUR EXCEPTIONS, OR YOUR EXCEPTIONS WILL BE DENIED. A RECORD

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ORDINARILY INCLUDES A WRITTEN TRANSCRIPT OF ALL RELEVANT PROCEEDINGS. THE PERSON SEEKING REVIEW MUST HAVE THE TRANSCRIPT PREPARED IF NECESSARY FOR THE COURT'S REVIEW.

YOU ARE HEREBY ADVISED THAT IN THIS CIRCUIT:

_____a. electronic recording is provided by the court. A party may provide a court reporter at that party's expense.
_____b. a court reporter is provided by the court.

If you are represented by an attorney or plan to retain an attorney for this matter you should notify the attorney of this hearing.

If this matter is resolved, the moving party shall contact the General Magistrate's Office to cancel this hearing.

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

Other party or his/her attorney:
Name: Isabel Marie Black
Address: 222 Hill Street
City, State, Zip: Mount, FL 22222
Fax Number: (444) 444-4444

Dated:

Signature of Party
Printed Name: Jacob Black
Address: 111 Hill Street
City, State, Zip: Towne, FL 11111
Telephone Number: (111) 111-1111
Fax Number: (333) 333-3333

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [✍fill in **all** blanks]
I, {full legal name and trade name of nonlawyer} Sean Freeman_____,
a nonlawyer, located at {street} 9900 Spectrum Drive_____, {city} Austin_____ , {state} ...TX..., {phone} (323) 962-8600 , helped {name} Jacob Black_____,
who is the [/ **one** only]_X_petitioner ____respondent, fill out this form.

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SAMPLE

IN THE CIRCUIT COURT OF THE FIVE JUDICIAL CIRCUIT,
IN AND FOR HERNANDO COUNTY, FLORIDA

Case No.: _____

Division: _____

Jacob Black,
Petitioner,

and

Isabel Marie Black,
Respondent

ORDER OF REFERRAL TO GENERAL MAGISTRATE

THIS CASE IS REFERRED TO THE GENERAL MAGISTRATE on the following issues:

1 _____
2 _____
3 _____
4 _____

AND ANY OTHER MATTER RELATED THERETO.

IT IS FURTHER ORDERED that the above issues are referred to General Magistrate {name}_____ , for further proceedings, under rule 12.490 of the Florida Family Law Rules of Procedure and current administrative orders of the Court. Financial Affidavits, ☐ Florida Family Law Rules of Procedure Form 12.902(b) or (c), shall be filed in accordance with Florida Family Law Rule of Procedure 12.285. The General Magistrate is authorized to administer oaths and conduct hearings, which may include taking of evidence, and shall file a report and recommendations that contain findings of fact, conclusions of law, and the name of the court reporter, if any.

The General Magistrate shall assign a time for the proceedings as soon as reasonably possible after this referral is made and shall give notice to each of the parties either directly or by directing counsel or a party to file and serve a notice of hearing.

Counties within the State of Florida may have different rules. Please consult the ( ) Clerk of the Court ( ) Family Law Intake Staff ( ) other _____relating to this procedure.

A REFERRAL TO A GENERAL MAGISTRATE REQUIRES THE CONSENT OF ALL PARTIES. YOU ARE ENTITLED TO HAVE THIS MATTER HEARD BY A JUDGE. IF YOU DO NOT WANT TO HAVE THIS MATTER HEARD BY THE GENERAL MAGISTRATE, YOU MUST FILE A WRITTEN OBJECTION TO THE REFERRAL WITHIN 10 DAYS OF THE TIME OF SERVICE OF THIS ORDER. IF THE TIME SET FOR THE HEARING IS LESS THAN 10 DAYS AFTER SERVICE OF THIS ORDER, THE OBJECTION MUST BE MADE BEFORE THE HEARING. IF THIS ORDER IS SERVED WITHIN THE FIRST 20 DAYS AFTER SERVICE OF PROCESS, THE TIME TO FILE AN OBJECTION IS EXTENDED TO

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THE TIME WITHIN WHICH A RESPONSIVE PLEADING IS DUE. FAILURE TO FILE A WRITTEN OBJECTION WITHIN THE APPLICABLE TIME PERIOD IS DEEMED TO BE A CONSENT TO THE REFERRAL.

If either party files a timely objection, this matter shall be returned to the undersigned judge with a notice stating the amount of time needed for hearing.

REVIEW OF THE REPORT AND RECOMMENDATIONS MADE BY THE GENERAL MAGISTRATE SHALL BE BY EXCEPTIONS AS PROVIDED IN RULE 12.490(f), FLORIDA FAMILY LAW RULES OF PROCEDURE. A RECORD, WHICH INCLUDES A TRANSCRIPT, MAY BE REQUIRED TO SUPPORT EXCEPTIONS.

YOU ARE ADVISED THAT IN THIS CIRCUIT:

_____a. electronic recording is provided by the court. A party may provide a court reporter at that party's expense.

_____b. a court reporter is provided by the court.

SHOULD YOU WISH TO SEEK REVIEW OF THE REPORT AND RECOMMENDATION MADE BY THE GENERAL MAGISTRATE, YOU MUST FILE EXCEPTIONS IN ACCORDANCE WITH RULE 12.490(f), FLORIDA FAMILY LAW RULES OF PROCEDURE. YOU WILL BE REQUIRED TO PROVIDE THE COURT WITH A RECORD SUFFICIENT TO SUPPORT YOUR EXCEPTIONS, OR YOUR EXCEPTIONS WILL BE DENIED. A RECORD ORDINARILY INCLUDES A WRITTEN TRANSCRIPT OF ALL RELEVANT PROCEEDINGS. THE PERSON SEEKING REVIEW MUST HAVE THE TRANSCRIPT PREPARED IF NECESSARY FOR THE COURT'S REVIEW.

ORDERED on_____ .

_____
CIRCUIT JUDGE

COPIES TO:
Petitioner (or his or her attorney)
Respondent (or his or her attorney)
General Magistrate

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SAMPLE

IN THE CIRCUIT COURT OF THE FIVE JUDICIAL CIRCUIT,

IN AND FOR HERNANDO COUNTY, FLORIDA

Case No.: _____

Division: _____

Jacob Black,

Petitioner,

and

Isabel Marie Black,

Respondent.

NOTICE OF HEARING (CHILD SUPPORT ENFORCEMENT HEARING OFFICER)

TO: *{name of other party}* Isabel Marie Black_____

There will be a hearing before Child Support Enforcement Hearing Officer *{name}* _____, on *{date}* _____, at *{time}* _____m., in Room _____ of the_____

County Courthouse, on the following issues:

_____

_____

_____

_____ hour(s)/ _____minutes have been reserved for this hearing.

If the matter before the Child Support Enforcement Hearing Officer is a Motion for Civil Contempt/Enforcement, **FAILURE TO APPEAR AT THE HEARING MAY RESULT IN THE COURT ISSUING A WRIT OF BODILY ATTACHMENT FOR YOUR ARREST. IF YOU ARE ARRESTED, YOU MAY BE HELD IN JAIL UP TO 48 HOURS BEFORE A HEARING IS HELD.**

This part to be filled out by the court or filled in with information you have obtained from the court:

If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact *{name}* _____

{address} _____ *telephone}* _____

within 2 working days of your receipt of this Notice of Hearing. If you are hearing or voice impaired, call TDD 1-800-955-8771.

If you are represented by an attorney or plan to retain an attorney for this matter, you should notify the attorney of this hearing.

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If this matter is resolved, the moving party shall contact the hearing officer's office to cancel this hearing.

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

Other party or his/her attorney:
Name: Isabel Marie Black
Address: 222 Hill Street
City, State, Zip: Mount, FL 22222
Fax Number: (444) 444-4444

Dated: _____

Signature of Party
Printed Name: Jacob Black
Address: 111 Hill Street
City, State, Zip: Towne, FL 11111
Telephone Number: (111) 111-1111
Fax Number: (333) 333-3333

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [✍fill in **all** blanks]
I, {full legal name and trade name of nonlawyer} Sean Freeman, a nonlawyer, located at {street} 9900 Spectrum Drive, {city} Austin, {state} TX, {phone} (323) 962-8600, helped {name} Jacob Black, who is the [✓**one** only] X petitioner or _____respondent, fill out this form.

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SAMPLE

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT,
IN AND FOR HERNANDO COUNTY, FLORIDA

Case No.: _____
Division: _____

Jacob Black,

Petitioner,

and

Isabel Marie Black,

Respondent.

NOTICE OF HEARING (GENERAL)

[✍ fill in **all** blanks]

TO: *{name of other party}* Isabel Marie Black

There will be a hearing before Judge *{name}* _____, on *{date}* _____, at *{time}* _____ m., in Room _____ of the_____ Courthouse, on the following issues: _____
_____
_____.

_____ hour(s)/ _____ minutes have been reserved for this hearing.

This part to be filled out by the court or to be filled in with information you obtained from the court: If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact *{name}* _____, *{address}* _____, *{telephone}* _____, within 2 working days of your receipt of this Notice of Hearing. If you are hearing or voice impaired, call TDD 1-800-955-8771.

If you are represented by an attorney or plan to retain an attorney for this matter, you should notify the attorney of this hearing.

If this matter is resolved, the moving party shall contact the judge's office to cancel this hearing.

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

Other party or his/her attorney:
Name: Isabel Marie Black
Address: 222 Hill Street
City, State, Zip: Mount, FL 22222
Fax Number: (444) 444-4444
Dated: _____

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SAMPLE

_____
Signature of Party
Printed Name: Jacob Black
Address: 111 Hill Street
City, State, Zip: Towne, FL 11111
Telephone Number: (111) 111-1111
Fax Number: (333) 333-3333

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

I, *{full legal name and trade name of nonlawyer}* Sean Freeman, a nonlawyer, of Legalzoom.com, Inc., located at *{street}* 9900 Spectrum Drive, *{city}* Austin, *{state}* TX, *{phone}* (323) 962-8600, helped *{name}* Jacob Black, who is the [√ **one** only] _X_ petitioner **or** ____ respondent, fill out this form.

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SAMPLE

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT,
IN AND FOR HERNANDO COUNTY, FLORIDA

Case No.: _____
Division: _____

Jacob Black _____,
Petitioner,

and

Isabel Marie Black _____,
Respondent.

FINAL JUDGMENT OF DISSOLUTION OF MARRIAGE WITH MINOR CHILD(REN) (UNCONTESTED)

This cause came before this Court for a hearing on a Petition for Dissolution of Marriage. The Court, having reviewed the file and heard the testimony, makes these findings of fact and reaches these conclusions of law:

1. The Court has jurisdiction over the subject matter and the parties.

2. At least one party has been a resident of the State of Florida for more than 6 months immediately before filing the Petition for Dissolution of Marriage.

3. The marriage between the parties is irretrievably broken. Therefore, the marriage between the parties is dissolved, and the parties are restored to the status of being single.

4. Marital Settlement Agreement. The parties have voluntarily entered into a Marital Settlement Agreement and Parenting Plan, and each party has filed the required Family Law Financial Affidavit. Therefore, the Marital Settlement Agreement and Parenting Plan is filed as Exhibit A in this case and is ratified and made a part of this final judgment. The parties are ordered to obey all of the provisions.

5. The Court finds that the parties have the present ability to pay support as agreed to in the marital settlement agreement as ratified and made part of this final judgment.

6. ( ) yes (X) no. The wife's former name of *{full legal name}* _____ is restored.

7. The Court reserves jurisdiction to modify and enforce this final judgment.

DONE AND ORDERED at _____, Florida, on _____.

_____
CIRCUIT JUDGE

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A copy of the {*name of document(s)*} _____ was [Choose **only** one] ( ) mailed ( ) faxed and mailed ( ) hand delivered to the parties listed below on {*date*}_____ by {clerk of court or designee}_____.

Petitioner (or his or her attorney) Jacob Black, Pro Se, 111 Hill Street, Towne, FL 11111
Respondent (or his or her attorney) Isabel Marie Black, Pro Se, 222 Hill Street, Mount, FL 22222
Other: _____

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FINAL DISPOSITION FORM

THIS FORM IS REQUIRED FOR THE USE OF THE CLERK OF COURT FOR THE PURPOSE OF REPORTING JUDICIAL WORKLOAD DATA PURSUANT TO FLORIDA STATUTE 25.075.

CIRCUIT FAMILY COURT
JUDGE _____

I. CASE STYLE CASE NO. _____

PLAINTIFF Jacob Black_____

-VS
DEFENDANT Isabel Marie Black_____

II. MEANS OF FINAL DISPOSITION (PLACE AN "X" IN ONE BOX ONLY)

- ❑ Dismissed Before Hearing
- ❑ Dismissed After Hearing
- ❑ Disposed By Default
- ❑ Disposed By Judge
- ❑ Disposed By Non-Jury Trial
- ❑ Disposed By Jury Trial
- ❑ Other

DATE:_____ SIGNATURE OF ATTORNEY_____

FOR PREVAILING PARTY/PARTY_____

DISMISSED FOR LACK OF PROSECUTION

SAMPLE
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