

**IN THE CIRCUIT COURT, EIGHTEENTH JUDICIAL CIRCUIT,
IN AND FOR BREVARD COUNTY, FLORIDA**

DIVISION: P

CASE NUMBER: 05 -

- DR -

- XXXX-XX

PETITIONER,
and

RESPONDENT.

FAMILY COURT COVER SHEET

(Complete and submit with initial paperwork)

Type of Action/Proceeding. Place a check in the appropriate box 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.**

Initial Action/Petition

Reopening Case

Modification/Supplemental Petition

Motion for Civil Contempt/Enforcement

Other

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

Simplified Dissolution of Marriage

Dissolution of Marriage

Injunction – Domestic Violence

Injunction – Dating Violence

Injunction – Repeat Violence

Injunction – Sexual Violence

Injunction – Stalking

Support IV-D (Department of Revenue, Child Support Enforcement)

Support Non-IV-D (**not** Department of Revenue, Child Support Enforcement)

UIFSA IV-D (Department of Revenue, Child Support Enforcement)

UIFSA Non-IV-D (**not** Department of Revenue, Child Support Enforcement)

Other Family Court

Adoption Arising out of Chapter 63

Name Change

Paternity/Disestablishment of Paternity

Juvenile Delinquency

Juvenile Dependency

Shelter Petition

Termination of Parental Rights Arising Out of Chapter 39

Adoption Arising Out of Chapter 39

CINS/FINS

FAMILY COURT COVER SHEET

Page 2

CASE NUMBER: 05 -

- DR -

- XXXX-XX

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.

Yes, all related cases are listed on Family Law Form 12.900(h)

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

Signature (Attorney or Party)

FL Bar No. (Bar number if attorney)

Type or Print Name

Date

IF A NON-LAWYER 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 non-lawyer} _____,
a non-lawyer, whose address {street} _____,
{city} _____, {state} _____ {phone} _____,
helped {name} _____, who is the [choose **one** only]
Petitioner or Respondent, fill out this form.

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA

Case No.: _____

Division: _____

Petitioner,

and

Respondent.

REQUEST FOR CONFIDENTIAL FILING OF ADDRESS

I, {full legal name} _____, request that the Court maintain and hold as confidential, the following address:

Address _____

City _____ State _____ Zip _____
Telephone (area code and number) _____

This request is being made for the purpose of keeping the location of my residence unknown for safety reasons pursuant to section 119.071(2)(j)1, section 741.30(3)(b)(a), section 784.046(4)(b)1, and section 784.0485(3)(b)1, Florida Statutes, or other statutory provision providing for the separate confidential filing for safety reasons.

Dated: _____

Signature

CLERK'S CERTIFICATE AS TO REQUEST FOR CONFIDENTIAL FILING OF ADDRESS

I, _____, as Clerk of the Circuit Court, do hereby certify that I received and filed the above and will keep the above address confidential, subsequent to further order of the Court relative to such confidentiality.

CLERK OF THE CIRCUIT COURT

(SEAL)

By: _____
{Deputy Clerk}

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA

Case No.: _____

Division: _____

Petitioner,
and

Respondent.

NOTICE OF RELATED CASES

1. Petitioner submits this Notice of Related Cases as required by Florida Rule of Judicial Administration 2.545(d). A related case may be an open or closed civil, criminal, guardianship, domestic violence, juvenile delinquency, juvenile dependency, or domestic relations case. A case is "related" to this family law case if it involves any of the same parties, children, or issues and it is pending at the time the party files a family case; if it affects the court's jurisdiction to proceed; if an order in the related case may conflict with an order on the same issues in the new case; or if an order in the new case may conflict with an order in the earlier litigation.

[check **one** only]

☐ **There are no related cases.**

☐ **The following are the related cases (add additional pages if necessary):**

Related Case No. 1

Case Name(s): _____

Petitioner _____

Respondent _____

Case No.: _____ Division: _____

Type of Proceeding: [check **all** that apply]

☐ Dissolution of Marriage

☐ Custody

☐ Child Support

☐ Juvenile Dependency

☐ Termination of Parental Rights

☐ Domestic/Sexual/Dating/Repeat

Violence or Stalking Injunctions

☐ Paternity

☐ Adoption

☐ Modification/Enforcement/Contempt Proceedings

☐ Juvenile Delinquency

☐ Criminal

☐ Mental Health

☐ Other {specify} _____

State where case was decided or is pending: ____ Florida ____ Other: {specify} _____

Name of Court where case was decided or is pending (*for example, Fifth Circuit Court, Marion County, Florida*): _____

Title of last Court Order/Judgment (if any): _____

Date of Court Order/Judgment (if any): _____

Relationship of cases check **all** that apply]:

____ pending case involves same parties, children, or issues;

____ may affect court's jurisdiction;

____ order in related case may conflict with an order in this case;

____ order in this case may conflict with previous order in related case.

Statement as to the relationship of the cases: _____

Related Case No. 2

Case Name(s): _____

Petitioner _____

Respondent _____

Case No.: _____ Division: _____

Type of Proceeding: [check **all** that apply]

____ Dissolution of Marriage

____ Paternity

____ Custody

____ Adoption

____ Child Support

____ Modification/Enforcement/Contempt Proceedings

____ Juvenile Dependency

____ Juvenile Delinquency

____ Termination of Parental Rights

____ Criminal

____ Domestic/Sexual/Dating/Repeat

____ Mental Health

Violence or Stalking Injunctions

____ Other {specify} _____

State where case was decided or is pending: ____ Florida ____ Other: {specify} _____

Name of Court where case was decided or is pending (*for example, Fifth Circuit Court, Marion County, Florida*): _____

Title of last Court Order/Judgment (if any): _____

Date of Court Order/Judgment (if any): _____

Relationship of cases check all that apply]:

____ pending case involves same parties, children, or issues;

- ☐ may affect court's jurisdiction;
☐ order in related case may conflict with an order in this case;
☐ order in this case may conflict with previous order in related case.

Statement as to the relationship of the cases: _____

Related Case No. 3

Case Name(s): _____
 Petitioner _____
 Respondent _____
 Case No.: _____ Division: _____

Type of Proceeding: [check **all** that apply]

- | | |
|---|--|
| <input type="checkbox"/> Dissolution of Marriage | <input type="checkbox"/> Paternity |
| <input type="checkbox"/> Custody | <input type="checkbox"/> Adoption |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Modification/Enforcement/Contempt Proceedings |
| <input type="checkbox"/> Juvenile Dependency | <input type="checkbox"/> Juvenile Delinquency |
| <input type="checkbox"/> Termination of Parental Rights | <input type="checkbox"/> Criminal |
| <input type="checkbox"/> Domestic/Sexual/Dating/Repeat | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Violence or Stalking Injunctions | <input type="checkbox"/> Other {specify} _____ |

State where case was decided or is pending: ☐ Florida ☐ Other: {specify} _____

Name of Court where case was decided or is pending (*for example, Fifth Circuit Court, Marion County, Florida*): _____

Title of last Court Order/Judgment (if any): _____

Date of Court Order/Judgment (if any): _____

Relationship of cases check all that apply]:

- ☐ pending case involves same parties, children, or issues;
☐ may affect court's jurisdiction;
☐ order in related case may conflict with an order in this case;
☐ order in this case may conflict with previous order in related case.

Statement as to the relationship of the cases: _____

2. [check **one** only]

☐ I **do not** request coordination of litigation in any of the cases listed above.

_____ I **do** request coordination of the following cases: _____

3. [check **all** that apply]

_____ Assignment to one judge

_____ Coordination of existing cases

will conserve judicial resources and promote an efficient determination of these cases
because:_____.

4. The Petitioner acknowledges a continuing duty to inform the court of any cases in this or any other state that could affect the current proceeding.

Dated: _____

Petitioner's Signature

Printed Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Fax Number: _____

E-mail Address(es): _____

CERTIFICATE OF SERVICE

I **CERTIFY** that I delivered a copy of this Notice of Related Cases to the _____ County Sheriff's Department or a certified process server for service on the Respondent, and [**check all used**]
() e-mailed () mailed () hand delivered, a copy to {name}_____, who is the
[**check all that apply**] () judge assigned to new case, () chief judge or family law administrative
judge, () {name}_____ a party to the related case, () {name}
_____, a party to the related case on {date}_____.

Signature of Petitioner/Attorney for Petitioner

Printed Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Fax Number: _____

E-mail Address(es): _____

Florida Bar Number: _____

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

[fill in **all** blanks] This form was prepared for the {choose **only one**}: () Petitioner () Respondent.

This form was completed with the assistance of:

{name of individual} _____,

{name of business} _____,

{address} _____,

{city} _____ {state} _____, {telephone number} _____.

**IN THE CIRCUIT COURT, EIGHTEENTH JUDICIAL CIRCUIT,
IN AND FOR BREVARD COUNTY, FLORIDA**

DIVISION: FAMILY

CASE NUMBER: 05 - - - -XXXX-XX

PETITIONER

CLOCK IN

and

RESPONDENT

PETITIONER'S WAIVER OR NON-WAIVER OF RETURN HEARING

I, _____, the petitioner herein, have filed a Petition for Injunction for Protection Against Domestic Violence Dating Violence Repeat Violence Sexual Violence or Stalking Violence. I understand that, after reviewing the Petition, the court may;

- a) Issue a temporary injunction and set the case for hearing with notice to the Respondent, or
- b) Not issue a temporary injunction and set the case for hearing with notice to the Respondent, or
- c) Deny the temporary injunction and not set the case for hearing

Petitioner, initial either Paragraph A or B below:

_____ A. If the court does **not** issue a temporary injunction for protection, I do not object to a hearing being set and understand that notice of the hearing and a copy of the Petition for Injunction will be provided to the Respondent.

OR

_____ B. If the court does **not** issue a temporary injunction for protection, I am voluntarily requesting that a hearing **NOT** be set. I do **NOT** want the Respondent to be served with a notice of hearing or a copy of the Petition for Injunction without a temporary injunction for protection in place. I understand that the Judge will enter an order denying the temporary injunction instead of an order setting it for a hearing. I further understand that nothing herein affects my right to amend my petition.

I have signed this waiver or non-waiver freely and voluntarily.

Signature of Petitioner

Date

Printed Name: _____

**IN THE CIRCUIT COURT, EIGHTEENTH JUDICIAL CIRCUIT, IN AND FOR
BREVARD COUNTY, FLORIDA**

CASE NUMBER: 05-20____-____-_____**-XXXX-XX**

Division : Family

Petitioner

vs.

Respondent

DESIGNEE AUTHORIZATION

_____, hereby authorize _____ to
(petitioner) (name of designee)

to pick up copies of documents related to this case.

This authorization is valid for 10 days from _____.

Petitioner's Signature

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA

Case No.: _____
Division: _____

Petitioner,
and

Respondent.

UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA) AFFIDAVIT

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

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

THE FOLLOWING INFORMATION IS TRUE ABOUT CHILD # 1 :

Child's Full Legal Name: _____
Place of Birth: _____ Date of Birth: _____ Sex: _____

Child's Residence for the past 5 years:

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

| | | | |
|-----------|--|--|--|
| ____/____ | | | |
| ____/____ | | | |
| | | | |
| | | | |

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

THE FOLLOWING INFORMATION IS TRUE ABOUT CHILD # ____:

Child's Full Legal Name: _____
 Place of Birth: _____ Date of Birth: _____ Sex: _____

Child's Residence for the past 5 years:

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

THE FOLLOWING INFORMATION IS TRUE ABOUT CHILD # ____:

Child's Full Legal Name: _____
 Place of Birth: _____ Date of Birth: _____ Sex: _____

Child's Residence for the past 5 years:

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

| | | | |
|-----------|--|--|--|
| | | | |
| ____/____ | | | |
| ____/____ | | | |
| ____/____ | | | |
| ____/____ | | | |
| ____/____ | | | |

2. Participation in custody or time-sharing proceeding(s):

[Choose only one]

_____ I HAVE NOT participated as a party, witness, or in any capacity in any other litigation or custody proceeding in this or any other state, jurisdiction, or country, concerning parental responsibility for, custody of, or time-sharing or visitation with a child subject to this proceeding.

_____ I HAVE participated as a party, witness, or in any capacity in any other litigation or custody proceeding in this or another state, jurisdiction, or country, concerning parental responsibility for, custody of, or time-sharing or visitation with a child subject to this proceeding.

Explain:

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

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

[Choose only one]

_____ I HAVE NO INFORMATION of any parental responsibility, custody, time-sharing, or visitation proceeding pending in a court of this or any other state, jurisdiction, or country concerning a child subject to this proceeding.

_____ I HAVE THE FOLLOWING INFORMATION concerning a parental responsibility, custody, time-sharing, or visitation 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:*

- Name of each child involved in said litigation: _____
- Type of proceeding: _____
- Court and state: _____
- Date of court order or judgment (if any): _____
- Case Number: _____

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

[Choose only one]

_____ I DO NOT KNOW OF ANY PERSON in this or any other state, jurisdiction, or country, who is not a party to this proceeding and who has physical custody or claims to have parental responsibility for, custody of, or time-sharing or visitation 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 parental responsibility for, custody of, or time-sharing or visitation with respect to any child subject to this proceeding:

a. Name and address of person: _____

_____ has physical custody

_____ claims parental responsibility or custody rights

_____ claims time-sharing or visitation

Name of each child: _____

Relationship to child, if any: _____

b. Name and address of person: _____

_____ has physical custody

_____ claims parental responsibility or custody rights

_____ claims time-sharing or visitation

Name of each child: _____

Relationship to child, if any: _____

c. Name and address of person: _____

_____ has physical custody

_____ claims parental responsibility or custody rights

_____ claims time-sharing or visitation

Name of each child: _____

Relationship to child, if any: _____

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

[Choose only one]

_____ The child(ren) described in this affidavit are NOT subject to existing child support order(s) in this or any other state, jurisdiction, or country..

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

a. Name of each child: _____

b. Type of proceeding: _____

c. Court and address: _____

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

e. Amount of child support ordered to be paid and by whom: _____

6. I acknowledge that I have a continuing duty to advise this Court of any parental responsibility, custody, time-sharing or visitation , child support, or guardianship proceeding (including dissolution of marriage, separate maintenance, child neglect, or dependency) concerning the child(ren) in this state or any other state about which information is obtained during this proceeding.
7. A completed Notice of **Confidential Information within Court Filing**, Florida Rules of Judicial Administration Appendix to Rule 2.420 Form, is filed with this Affidavit.

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

Other party or his/her attorney:

Name: _____
Address: _____
City, State, Zip: _____
Fax Number: _____
Designated E-mail Address(es): _____

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

Dated: _____

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

STATE OF FLORIDA
COUNTY OF _____

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

NOTARY PUBLIC or DEPUTY CLERK

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

_____ Personally known

_____ Produced identification

Type of identification produced _____

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

[fill in **all** blanks] This form was prepared for the {choose only **one**} _____ Petitioner _____ Respondent

This form was completed with the assistance of:

{name of individual} _____,

{name of business} _____,

{address} _____,

{city} _____, {state} _____, {zip code} _____, {telephone number} _____.

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA

Case No.: _____

Division: _____

and Petitioner,

Respondent.

FAMILY LAW FINANCIAL AFFIDAVIT (SHORT FORM)

(Under \$50,000 Individual Gross Annual Income)

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

My Occupation: _____ Employed by: _____

Business Address: _____

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

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

SECTION I. PRESENT MONTHLY GROSS INCOME:

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

1. \$ _____ Monthly gross salary or wages
2. _____ Monthly bonuses, commissions, allowances, overtime, tips, and similar payments
3. _____ Monthly business income from sources such as self-employment, partnerships, close corporations, and/or independent contracts (gross receipts minus ordinary and necessary expenses required to produce income) (Attach sheet itemizing such income and expenses.)
4. _____ Monthly disability benefits/SSI
5. _____ Monthly Workers' Compensation
6. _____ Monthly Unemployment Compensation
7. _____ Monthly pension, retirement, or annuity payments
8. _____ Monthly Social Security benefits
9. _____ Monthly alimony actually received (Add 9a and 9b)
 - 9a. From this case: \$ _____
 - 9b. From other case(s): _____
10. _____ Monthly interest and dividends
11. _____ Monthly rental income (gross receipts minus ordinary and necessary expenses)

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

PRESENT MONTHLY DEDUCTIONS:

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

SECTION II. AVERAGE MONTHLY EXPENSES

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

A. HOUSEHOLD:

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

B. AUTOMOBILE

Gasoline \$ _____
Repairs \$ _____
Insurance \$ _____

C. CHILD(REN)'S EXPENSES

Day care \$ _____
Lunch money \$ _____
Clothing \$ _____
Grooming \$ _____
Gifts for holidays \$ _____
Medical/Dental (uninsured) \$ _____
Other: _____ \$ _____

D. INSURANCE

Medical/Dental (if not listed on
lines 23 or 45) \$ _____
Child(ren)'s medical/dental \$ _____
Life \$ _____
Other: _____ \$ _____

E. OTHER EXPENSES NOT LISTED ABOVE

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

F. PAYMENTS TO CREDITORS

| CREDITOR: | MONTHLY PAYMENT |
|-----------|--------------------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

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

SUMMARY

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

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

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

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

SECTION III. ASSETS AND LIABILITIES

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

A. ASSETS:

| DESCRIPTION OF ITEM(S). List a description of each separate item owned by you (and/or your spouse, if this is a petition for dissolution of marriage). LIST ONLY LAST 4 DIGITS OF ACCOUNT NUMBERS. Check the line next to any asset(s) which you are requesting the judge award to you. | | Current Fair Market Value | Nonmarital (check correct column) | |
|---|--|---------------------------|-----------------------------------|------|
| | | | husband | wife |
| <input type="checkbox"/> | Cash (on hand) | \$ | | |
| <input type="checkbox"/> | Cash (in banks or credit unions) | | | |
| <input type="checkbox"/> | Stocks, Bonds, Notes | | | |
| <input type="checkbox"/> | Real estate: (Home) | | | |
| <input type="checkbox"/> | (Other) | | | |
| <input type="checkbox"/> | Automobiles | | | |
| <input type="checkbox"/> | Other personal property | | | |
| <input type="checkbox"/> | Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.) | | | |
| <input type="checkbox"/> | Other | | | |
| <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | Check here if additional pages are attached. | | | |
| Total Assets (add next column) | | \$ | | |

B. LIABILITIES:

| DESCRIPTION OF ITEM(S). List a description of each separate debt owed by you (and/or your spouse, if this is a petition for dissolution of marriage). LIST ONLY LAST 4 DIGITS OF ACCOUNT NUMBERS. Check the line next to any debt(s) for which you believe you should be responsible. | | Current Amount Owed | Nonmarital (check correct column) | |
|---|---|---------------------|-----------------------------------|------|
| | | | husband | wife |
| <input type="checkbox"/> | Mortgages on real estate: First mortgage on home | \$ | | |
| <input type="checkbox"/> | Second mortgage on home | | | |
| <input type="checkbox"/> | Other mortgages | | | |
| <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | Auto loans | | | |
| <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | Charge/credit card accounts | | | |
| <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | Other | | | |
| <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | ____ Check here if additional pages are attached. | | | |
| Total Debts (add next column) | | \$ | | |

C. CONTINGENT ASSETS AND LIABILITIES:

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

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

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

SECTION IV. CHILD SUPPORT GUIDELINES WORKSHEET

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

[Check **one** only]

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

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

I certify that a copy of this document was [**check all used**]: () e-mailed () mailed () faxed () hand delivered to the person(s) listed below on {date} _____.

Other party or his/her attorney:

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

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

Dated: _____

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

STATE OF FLORIDA
COUNTY OF _____

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

NOTARY PUBLIC or DEPUTY CLERK

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

_____ Personally known
_____ Produced identification
Type of identification produced _____

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

[fill in **all** blanks] This form was prepared for the: *{choose only one}* () Petitioner () Respondent

This form was completed with the assistance of:

{name of individual} _____,

{name of business} _____,

{address} _____,

{city} _____, *{state}* _____ *{telephone number}* _____.

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA

Case No.: _____

Division: _____

Petitioner,
and

Respondent.

NOTICE OF SOCIAL SECURITY NUMBER

I, {full legal name} _____, certify that
my social security number is _____, as required by the applicable section of
the Florida Statutes. My date of birth is _____.

[Choose **one** only]

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

| Name | Birth date | Social Security Number |
|-------|------------|------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

{Attach additional pages if necessary.}

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

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

Dated: _____

Signature of Party

Printed Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Fax Number: _____

Designated E-mail Address(es): _____

STATE OF FLORIDA

COUNTY OF _____

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

Date: _____

NOTARY PUBLIC or DEPUTY CLERK

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

____ Personally known

____ Produced identification

____ Type of identification produced

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

[fill in **all** blanks] This form was prepared for the: *{choose only one}* _____ Petitioner _____ Respondent

This form was completed with the assistance of:

{name of individual} _____,

{name of business} _____,

{address} _____,

{city} _____, *{state}* _____, *{zip code}* _____, *{telephone number}* _____

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA

Case No.: _____

Division: _____

Petitioner,
and

Respondent.

NOTICE OF FILING CHILD SUPPORT GUIDELINES WORKSHEET

PLEASE TAKE NOTICE, that {name} _____, is filing his/her

Child Support Guidelines Worksheet attached and labeled Exhibit 1.

CERTIFICATE OF SERVICE

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

Other party or his/her attorney:

Name: _____

Address: _____

City, State, Zip: _____

Fax Number: _____

E-mail Address(es): _____

Signature of Party or his/her Attorney

Printed Name: _____

Address: _____

City, State, Zip: _____

Fax Number: _____

E-mail Address(es): _____

Florida Bar Number: _____

| CHILD SUPPORT GUIDELINES WORKSHEET | | | |
|---|-----------|-----------|-------|
| | A. FATHER | B. MOTHER | TOTAL |
| 1. Present Net Monthly Income Enter the amount from line 27, Section I of Florida Family Law Rules of Procedure Form 12.902(b) or (c), Financial Affidavit. | | | |
| 2. Basic Monthly Obligation There is (are) {number}_____ minor child(ren) common to the parties. Using the total amount from line 1, enter the appropriate amount from the child support guidelines chart. | | | |
| 3. Percent of Financial Responsibility Divide the amount on line 1A by the total amount on line 1 to get Father's percentage of 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 of financial responsibility. Enter answer on line 3B. | % | % | |
| 4. Share of Basic Monthly Obligation 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. | | | |
| 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), Florida Statutes, for more information.] | | | |
| b. Total Monthly Child(ren)'s Health Insurance Cost [This is only amounts actually paid for health insurance on the child(ren).] | | | |

| CHILD SUPPORT GUIDELINES WORKSHEET | | | |
|--|-----------|-----------|-------|
| | A. FATHER | B. MOTHER | TOTAL |
| c. Total Monthly Child(ren)'s Noncovered Medical, Dental and Prescription Medication Costs | | | |
| d. Total Monthly Child Care & Health Costs [Add lines 5a + 5b +5c]. | | | |
| 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. | | | |
| Statutory Adjustments/Credits | | | |
| 7. a. Monthly child care payments actually made | | | |
| b. Monthly health insurance payments actually made | | | |
| 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 section 61.30 (8), Florida Statutes) | | | |
| 8. Total Support Payments actually made (Add 7a though 7c) | | | |
| 9. MINIMUM CHILD SUPPORT OBLIGATION FOR EACH PARENT [Line 4 plus line 6; minus line 8] | | | |
| Substantial Time-Sharing (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 | | | |
| | A. FATHER | B. MOTHER | TOTAL |
| 10. Basic Monthly Obligation x 150% [Multiply line 2 by 1.5] | | | |

| CHILD SUPPORT GUIDELINES WORKSHEET | | | |
|--|-----------|-----------|-------|
| | A. FATHER | B. MOTHER | TOTAL |
| 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. | | | |
| 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. | % | % | |
| 13. Parent's support multiplied by other Parent's percentage of overnights. [Multiply line 11A by line 12B. Enter this number in 13A. Multiply line 11B by line 12A. Enter this number in 13B.] | | | |
| 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. See section 61.30(7), Florida Statutes, for more information.] | | | |
| b. Total Monthly Child(ren)'s Health Insurance Cost [This is only amounts actually paid for health insurance on the child(ren).] | | | |
| c. Total Monthly Child(ren)'s Noncovered Medical, Dental and Prescription Medication Costs. | | | |
| d. Total Monthly Child Care & Health Costs [Add lines 14a + 14b + 14c.] | | | |

| CHILD SUPPORT GUIDELINES WORKSHEET | | | |
|---|-----------|-----------|-------|
| | A. FATHER | B. MOTHER | TOTAL |
| 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. | | | |
| Statutory Adjustments/Credits | | | |
| 16. a. Monthly child care payments actually made | | | |
| b. Monthly health insurance payments actually made | | | |
| 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 section 61.30(8), Florida Statutes] | | | |
| 17. Total Support Payments actually made [Add 16a through 16c] | | | |
| 18. Total Additional Support Transfer Amount [Line 15 minus line 17; enter any negative number as zero] | | | |
| 19. Total Child Support Owed from Father to Mother [Add line 13A plus line 18A] | | | |
| 20. Total Child Support Owed from Mother to Father [Add line 13B plus line 18B] | | | |
| 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] | \$ | | |

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

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

[fill in **all** blanks] This form was prepared for the: *{choose only one}* () Petitioner () Respondent

This form was completed with the assistance of:

{name of individual} _____,

{name of business} _____,

{address} _____,

{city} _____, *{state}* _____, *{telephone number}* _____.

INSTRUCTIONS FOR FLORIDA FAMILY LAW RULES OF PROCEDURE FORM 12.902(e), CHILD SUPPORT GUIDELINES WORKSHEET (09/12)

When should this form be used?

You should complete this worksheet if **child support** is being requested in your case. If you know the income of the other **party**, this worksheet should accompany your **financial affidavit**. If you do not know the other party's income, this form must be completed after the other party files his or her financial affidavit, and **serves** a copy on you.

This form should be typed or printed in black ink. You should file the original with the **clerk of the circuit court** in the county where your case is filed and keep a copy for your records.

What should I do next?

A copy of this form must be served on the other party in your case. **Service** must be in accordance with Florida Rule of Judicial Administration 2.516.

Where can I look for more information?

Before proceeding, you should read "General Information for Self-Represented Litigants" found at the beginning of these forms. The words that are in "**bold underline**" in these instructions are defined there. For further information, see section 61.30, Florida Statutes.

Special notes...

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

The chart below contains the guideline amounts that you should use when calculating child support. This amount is based on the number of children and the combined income of the parents, and it is divided between the parents in direct proportion to their income or earning capacity. From time to time, some of the amounts in the child support guidelines chart will change. Be sure you have the most recent version of the chart before using it.

Because the guidelines are based on monthly amounts, it may be necessary to convert some income and expense figures from other frequencies to monthly. You should do this as follows:

Instructions for Florida Family Law Rules of Procedure Form 12.902(e), Child Support Guidelines Worksheet (09/12)

| | | | | | |
|--------------------------------------|----------------|---|----|---|-----------------------|
| If payment is twice per month | Payment amount | x | 2 | = | Monthly amount |
| If payment is every two weeks | Payment amount | x | 26 | = | Yearly amount due |
| | Yearly amount | ÷ | 12 | = | Monthly amount |
| If payment is weekly | Weekly amount | x | 52 | = | Yearly amount due |
| | Yearly amount | ÷ | 12 | = | Monthly amount |

If you or the other parent request that the court award an amount that is different than the guideline amount, you must also complete and attach a **Motion to Deviate from Child Support Guidelines**, Florida Supreme Court Approved Family Law Form 12.943.

Remember, a person who is NOT an attorney is called a nonlawyer. If a nonlawyer helps you fill out these forms, that person must give you a copy of a **Disclosure from Nonlawyer**, Florida Family Law Rules of Procedure Form 12.900(a), before he or she helps you. A nonlawyer helping you fill out these forms also **must** put his or her name, address, and telephone number on the bottom of the last page of every form he or she helps you complete.

CHILD SUPPORT GUIDELINES CHART

| Combined Monthly Available Income | One Child | Two Children | Three Children | Four Children | Five Children | Six Children |
|--|--------------|-----------------|-------------------|------------------|------------------|-----------------|
| 800.00 | 190 | 211 | 213 | 216 | 218 | 220 |
| 850.00 | 202 | 257 | 259 | 262 | 265 | 268 |
| 900.00 | 213 | 302 | 305 | 309 | 312 | 315 |
| 950.00 | 224 | 347 | 351 | 355 | 359 | 363 |
| 1000.00 | 235 | 365 | 397 | 402 | 406 | 410 |
| 1050.00 | 246 | 382 | 443 | 448 | 453 | 458 |
| 1100.00 | 258 | 400 | 489 | 495 | 500 | 505 |
| 1150.00 | 269 | 417 | 522 | 541 | 547 | 553 |
| 1200.00 | 280 | 435 | 544 | 588 | 594 | 600 |
| 1250.00 | 290 | 451 | 565 | 634 | 641 | 648 |
| 1300.00 | 300 | 467 | 584 | 659 | 688 | 695 |
| 1350.00 | 310 | 482 | 603 | 681 | 735 | 743 |
| 1400.00 | 320 | 498 | 623 | 702 | 765 | 790 |
| 1450.00 | 330 | 513 | 642 | 724 | 789 | 838 |
| 1500.00 | 340 | 529 | 662 | 746 | 813 | 869 |
| 1550.00 | 350 | 544 | 681 | 768 | 836 | 895 |
| 1600.00 | 360 | 560 | 701 | 790 | 860 | 920 |
| 1650.00 | 370 | 575 | 720 | 812 | 884 | 945 |
| 1700.00 | 380 | 591 | 740 | 833 | 907 | 971 |
| 1750.00 | 390 | 606 | 759 | 855 | 931 | 996 |
| 1800.00 | 400 | 622 | 779 | 877 | 955 | 1022 |
| 1850.00 | 410 | 638 | 798 | 900 | 979 | 1048 |
| 1900.00 | 421 | 654 | 818 | 923 | 1004 | 1074 |
| 1950.00 | 431 | 670 | 839 | 946 | 1029 | 1101 |
| 2000.00 | 442 | 686 | 859 | 968 | 1054 | 1128 |
| 2050.00 | 452 | 702 | 879 | 991 | 1079 | 1154 |
| 2100.00 | 463 | 718 | 899 | 1014 | 1104 | 1181 |
| 2150.00 | 473 | 734 | 919 | 1037 | 1129 | 1207 |
| 2200.00 | 484 | 751 | 940 | 1060 | 1154 | 1234 |
| 2250.00 | 494 | 767 | 960 | 1082 | 1179 | 1261 |
| 2300.00 | 505 | 783 | 980 | 1105 | 1204 | 1287 |
| 2350.00 | 515 | 799 | 1000 | 1128 | 1229 | 1314 |
| 2400.00 | 526 | 815 | 1020 | 1151 | 1254 | 1340 |
| 2450.00 | 536 | 831 | 1041 | 1174 | 1279 | 1367 |
| 2500.00 | 547 | 847 | 1061 | 1196 | 1304 | 1394 |
| 2550.00 | 557 | 864 | 1081 | 1219 | 1329 | 1420 |

Instructions for Florida Family Law Rules of Procedure Form 12.902(e), Child Support Guidelines Worksheet (09/12)

| Combined Monthly Available Income | One Child | Two Children | Three Children | Four Children | Five Children | Six Children |
|--|--------------|-----------------|-------------------|------------------|------------------|-----------------|
| 2600.00 | 568 | 880 | 1101 | 1242 | 1354 | 1447 |
| 2650.00 | 578 | 896 | 1121 | 1265 | 1379 | 1473 |
| 2700.00 | 588 | 912 | 1141 | 1287 | 1403 | 1500 |
| 2750.00 | 597 | 927 | 1160 | 1308 | 1426 | 1524 |
| 2800.00 | 607 | 941 | 1178 | 1328 | 1448 | 1549 |
| 2850.00 | 616 | 956 | 1197 | 1349 | 1471 | 1573 |
| 2900.00 | 626 | 971 | 1215 | 1370 | 1494 | 1598 |
| 2950.00 | 635 | 986 | 1234 | 1391 | 1517 | 1622 |
| 3000.00 | 644 | 1001 | 1252 | 1412 | 1540 | 1647 |
| 3050.00 | 654 | 1016 | 1271 | 1433 | 1563 | 1671 |
| 3100.00 | 663 | 1031 | 1289 | 1453 | 1586 | 1695 |
| 3150.00 | 673 | 1045 | 1308 | 1474 | 1608 | 1720 |
| 3200.00 | 682 | 1060 | 1327 | 1495 | 1631 | 1744 |
| 3250.00 | 691 | 1075 | 1345 | 1516 | 1654 | 1769 |
| 3300.00 | 701 | 1090 | 1364 | 1537 | 1677 | 1793 |
| 3350.00 | 710 | 1105 | 1382 | 1558 | 1700 | 1818 |
| 3400.00 | 720 | 1120 | 1401 | 1579 | 1723 | 1842 |
| 3450.00 | 729 | 1135 | 1419 | 1599 | 1745 | 1867 |
| 3500.00 | 738 | 1149 | 1438 | 1620 | 1768 | 1891 |
| 3550.00 | 748 | 1164 | 1456 | 1641 | 1791 | 1915 |
| 3600.00 | 757 | 1179 | 1475 | 1662 | 1814 | 1940 |
| 3650.00 | 767 | 1194 | 1493 | 1683 | 1837 | 1964 |
| 3700.00 | 776 | 1208 | 1503 | 1702 | 1857 | 1987 |
| 3750.00 | 784 | 1221 | 1520 | 1721 | 1878 | 2009 |
| 3800.00 | 793 | 1234 | 1536 | 1740 | 1899 | 2031 |
| 3850.00 | 802 | 1248 | 1553 | 1759 | 1920 | 2053 |
| 3900.00 | 811 | 1261 | 1570 | 1778 | 1940 | 2075 |
| 3950.00 | 819 | 1275 | 1587 | 1797 | 1961 | 2097 |
| 4000.00 | 828 | 1288 | 1603 | 1816 | 1982 | 2119 |
| 4050.00 | 837 | 1302 | 1620 | 1835 | 2002 | 2141 |
| 4100.00 | 846 | 1315 | 1637 | 1854 | 2023 | 2163 |
| 4150.00 | 854 | 1329 | 1654 | 1873 | 2044 | 2185 |
| 4200.00 | 863 | 1342 | 1670 | 1892 | 2064 | 2207 |
| 4250.00 | 872 | 1355 | 1687 | 1911 | 2085 | 2229 |
| 4300.00 | 881 | 1369 | 1704 | 1930 | 2106 | 2251 |
| 4350.00 | 889 | 1382 | 1721 | 1949 | 2127 | 2273 |
| 4400.00 | 898 | 1396 | 1737 | 1968 | 2147 | 2295 |
| 4450.00 | 907 | 1409 | 1754 | 1987 | 2168 | 2317 |

| Combined Monthly Available Income | One Child | Two Children | Three Children | Four Children | Five Children | Six Children |
|--|--------------|-----------------|-------------------|------------------|------------------|-----------------|
| 4500.00 | 916 | 1423 | 1771 | 2006 | 2189 | 2339 |
| 4550.00 | 924 | 1436 | 1788 | 2024 | 2209 | 2361 |
| 4600.00 | 933 | 1450 | 1804 | 2043 | 2230 | 2384 |
| 4650.00 | 942 | 1463 | 1821 | 2062 | 2251 | 2406 |
| 4700.00 | 951 | 1477 | 1838 | 2081 | 2271 | 2428 |
| 4750.00 | 959 | 1490 | 1855 | 2100 | 2292 | 2450 |
| 4800.00 | 968 | 1503 | 1871 | 2119 | 2313 | 2472 |
| 4850.00 | 977 | 1517 | 1888 | 2138 | 2334 | 2494 |
| 4900.00 | 986 | 1530 | 1905 | 2157 | 2354 | 2516 |
| 4950.00 | 993 | 1542 | 1927 | 2174 | 2372 | 2535 |
| 5000.00 | 1000 | 1551 | 1939 | 2188 | 2387 | 2551 |
| 5050.00 | 1006 | 1561 | 1952 | 2202 | 2402 | 2567 |
| 5100.00 | 1013 | 1571 | 1964 | 2215 | 2417 | 2583 |
| 5150.00 | 1019 | 1580 | 1976 | 2229 | 2432 | 2599 |
| 5200.00 | 1025 | 1590 | 1988 | 2243 | 2447 | 2615 |
| 5250.00 | 1032 | 1599 | 2000 | 2256 | 2462 | 2631 |
| 5300.00 | 1038 | 1609 | 2012 | 2270 | 2477 | 2647 |
| 5350.00 | 1045 | 1619 | 2024 | 2283 | 2492 | 2663 |
| 5400.00 | 1051 | 1628 | 2037 | 2297 | 2507 | 2679 |
| 5450.00 | 1057 | 1638 | 2049 | 2311 | 2522 | 2695 |
| 5500.00 | 1064 | 1647 | 2061 | 2324 | 2537 | 2711 |
| 5550.00 | 1070 | 1657 | 2073 | 2338 | 2552 | 2727 |
| 5600.00 | 1077 | 1667 | 2085 | 2352 | 2567 | 2743 |
| 5650.00 | 1083 | 1676 | 2097 | 2365 | 2582 | 2759 |
| 5700.00 | 1089 | 1686 | 2109 | 2379 | 2597 | 2775 |
| 5750.00 | 1096 | 1695 | 2122 | 2393 | 2612 | 2791 |
| 5800.00 | 1102 | 1705 | 2134 | 2406 | 2627 | 2807 |
| 5850.00 | 1107 | 1713 | 2144 | 2418 | 2639 | 2820 |
| 5900.00 | 1111 | 1721 | 2155 | 2429 | 2651 | 2833 |
| 5950.00 | 1116 | 1729 | 2165 | 2440 | 2663 | 2847 |
| 6000.00 | 1121 | 1737 | 2175 | 2451 | 2676 | 2860 |
| 6050.00 | 1126 | 1746 | 2185 | 2462 | 2688 | 2874 |
| 6100.00 | 1131 | 1754 | 2196 | 2473 | 2700 | 2887 |
| 6150.00 | 1136 | 1762 | 2206 | 2484 | 2712 | 2900 |
| 6200.00 | 1141 | 1770 | 2216 | 2495 | 2724 | 2914 |
| 6250.00 | 1145 | 1778 | 2227 | 2506 | 2737 | 2927 |
| 6300.00 | 1150 | 1786 | 2237 | 2517 | 2749 | 2941 |
| 6350.00 | 1155 | 1795 | 2247 | 2529 | 2761 | 2954 |

| Combined Monthly Available Income | One Child | Two Children | Three Children | Four Children | Five Children | Six Children |
|--|--------------|-----------------|-------------------|------------------|------------------|-----------------|
| 6400.00 | 1160 | 1803 | 2258 | 2540 | 2773 | 2967 |
| 6450.00 | 1165 | 1811 | 2268 | 2551 | 2785 | 2981 |
| 6500.00 | 1170 | 1819 | 2278 | 2562 | 2798 | 2994 |
| 6550.00 | 1175 | 1827 | 2288 | 2573 | 2810 | 3008 |
| 6600.00 | 1179 | 1835 | 2299 | 2584 | 2822 | 3021 |
| 6650.00 | 1184 | 1843 | 2309 | 2595 | 2834 | 3034 |
| 6700.00 | 1189 | 1850 | 2317 | 2604 | 2845 | 3045 |
| 6750.00 | 1193 | 1856 | 2325 | 2613 | 2854 | 3055 |
| 6800.00 | 1196 | 1862 | 2332 | 2621 | 2863 | 3064 |
| 6850.00 | 1200 | 1868 | 2340 | 2630 | 2872 | 3074 |
| 6900.00 | 1204 | 1873 | 2347 | 2639 | 2882 | 3084 |
| 6950.00 | 1208 | 1879 | 2355 | 2647 | 2891 | 3094 |
| 7000.00 | 1212 | 1885 | 2362 | 2656 | 2900 | 3103 |
| 7050.00 | 1216 | 1891 | 2370 | 2664 | 2909 | 3113 |
| 7100.00 | 1220 | 1897 | 2378 | 2673 | 2919 | 3123 |
| 7150.00 | 1224 | 1903 | 2385 | 2681 | 2928 | 3133 |
| 7200.00 | 1228 | 1909 | 2393 | 2690 | 2937 | 3142 |
| 7250.00 | 1232 | 1915 | 2400 | 2698 | 2946 | 3152 |
| 7300.00 | 1235 | 1921 | 2408 | 2707 | 2956 | 3162 |
| 7350.00 | 1239 | 1927 | 2415 | 2716 | 2965 | 3172 |
| 7400.00 | 1243 | 1933 | 2423 | 2724 | 2974 | 3181 |
| 7450.00 | 1247 | 1939 | 2430 | 2733 | 2983 | 3191 |
| 7500.00 | 1251 | 1945 | 2438 | 2741 | 2993 | 3201 |
| 7550.00 | 1255 | 1951 | 2446 | 2750 | 3002 | 3211 |
| 7600.00 | 1259 | 1957 | 2453 | 2758 | 3011 | 3220 |
| 7650.00 | 1263 | 1963 | 2461 | 2767 | 3020 | 3230 |
| 7700.00 | 1267 | 1969 | 2468 | 2775 | 3030 | 3240 |
| 7750.00 | 1271 | 1975 | 2476 | 2784 | 3039 | 3250 |
| 7800.00 | 1274 | 1981 | 2483 | 2792 | 3048 | 3259 |
| 7850.00 | 1278 | 1987 | 2491 | 2801 | 3057 | 3269 |
| 7900.00 | 1282 | 1992 | 2498 | 2810 | 3067 | 3279 |
| 7950.00 | 1286 | 1998 | 2506 | 2818 | 3076 | 3289 |
| 8000.00 | 1290 | 2004 | 2513 | 2827 | 3085 | 3298 |
| 8050.00 | 1294 | 2010 | 2521 | 2835 | 3094 | 3308 |
| 8100.00 | 1298 | 2016 | 2529 | 2844 | 3104 | 3318 |
| 8150.00 | 1302 | 2022 | 2536 | 2852 | 3113 | 3328 |
| 8200.00 | 1306 | 2028 | 2544 | 2861 | 3122 | 3337 |
| 8250.00 | 1310 | 2034 | 2551 | 2869 | 3131 | 3347 |

| Combined Monthly Available Income | One Child | Two Children | Three Children | Four Children | Five Children | Six Children |
|--|--------------|-----------------|-------------------|------------------|------------------|-----------------|
| 8300.00 | 1313 | 2040 | 2559 | 2878 | 3141 | 3357 |
| 8350.00 | 1317 | 2046 | 2566 | 2887 | 3150 | 3367 |
| 8400.00 | 1321 | 2052 | 2574 | 2895 | 3159 | 3376 |
| 8450.00 | 1325 | 2058 | 2581 | 2904 | 3168 | 3386 |
| 8500.00 | 1329 | 2064 | 2589 | 2912 | 3178 | 3396 |
| 8550.00 | 1333 | 2070 | 2597 | 2921 | 3187 | 3406 |
| 8600.00 | 1337 | 2076 | 2604 | 2929 | 3196 | 3415 |
| 8650.00 | 1341 | 2082 | 2612 | 2938 | 3205 | 3425 |
| 8700.00 | 1345 | 2088 | 2619 | 2946 | 3215 | 3435 |
| 8750.00 | 1349 | 2094 | 2627 | 2955 | 3224 | 3445 |
| 8800.00 | 1352 | 2100 | 2634 | 2963 | 3233 | 3454 |
| 8850.00 | 1356 | 2106 | 2642 | 2972 | 3242 | 3464 |
| 8900.00 | 1360 | 2111 | 2649 | 2981 | 3252 | 3474 |
| 8950.00 | 1364 | 2117 | 2657 | 2989 | 3261 | 3484 |
| 9000.00 | 1368 | 2123 | 2664 | 2998 | 3270 | 3493 |
| 9050.00 | 1372 | 2129 | 2672 | 3006 | 3279 | 3503 |
| 9100.00 | 1376 | 2135 | 2680 | 3015 | 3289 | 3513 |
| 9150.00 | 1380 | 2141 | 2687 | 3023 | 3298 | 3523 |
| 9200.00 | 1384 | 2147 | 2695 | 3032 | 3307 | 3532 |
| 9250.00 | 1388 | 2153 | 2702 | 3040 | 3316 | 3542 |
| 9300.00 | 1391 | 2159 | 2710 | 3049 | 3326 | 3552 |
| 9350.00 | 1395 | 2165 | 2717 | 3058 | 3335 | 3562 |
| 9400.00 | 1399 | 2171 | 2725 | 3066 | 3344 | 3571 |
| 9450.00 | 1403 | 2177 | 2732 | 3075 | 3353 | 3581 |
| 9500.00 | 1407 | 2183 | 2740 | 3083 | 3363 | 3591 |
| 9550.00 | 1411 | 2189 | 2748 | 3092 | 3372 | 3601 |
| 9600.00 | 1415 | 2195 | 2755 | 3100 | 3381 | 3610 |
| 9650.00 | 1419 | 2201 | 2763 | 3109 | 3390 | 3620 |
| 9700.00 | 1422 | 2206 | 2767 | 3115 | 3396 | 3628 |
| 9750.00 | 1425 | 2210 | 2772 | 3121 | 3402 | 3634 |
| 9800.00 | 1427 | 2213 | 2776 | 3126 | 3408 | 3641 |
| 9850.00 | 1430 | 2217 | 2781 | 3132 | 3414 | 3647 |
| 9900.00 | 1432 | 2221 | 2786 | 3137 | 3420 | 3653 |
| 9950.00 | 1435 | 2225 | 2791 | 3143 | 3426 | 3659 |
| 10000.00 | 1437 | 2228 | 2795 | 3148 | 3432 | 3666 |

**IN THE CIRCUIT COURT IN THE EIGHTEENTH JUDICIAL CIRCUIT,
IN AND FOR BREVARD COUNTY, FLORIDA**

DIVISION: FAMILY

Case No.: 05 -

- DR -

- XXXX-XX

Clock In

PETITIONER (name/child name/street/city/state/zip)

RESPONDENT (name/name/street/city/state/zip)

PETITION FOR INJUNCTION FOR PROTECTION AGAINST DOMESTIC VIOLENCE

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

SECTION I. PETITIONER (This section is about you. It must be completed. However, **if you fear that disclosing your address to the respondent would put you in danger**, you should complete and file **Petitioner's Request for Confidential Filing of Address**, Florida Supreme Court Approved Family Law Form 12.980(h), and write "confidential" in the space provided on this form for your address and telephone number).

1. Petitioner currently lives at: {street address} _____
{city, state, zip code} _____
Telephone Number: {area code and number} _____
Physical description of Petitioner:
Race _____ Sex: Male Female Date of Birth: _____

2. Petitioner's attorney's name, address, telephone number, and e-mail address is:

Attorney's Name

Attorney's Address

Attorney's Phone Number Attorney's E-Mail Address

(If you do not have an attorney, write "none".)

SECTION II. RESPONDENT (This section is about the person you want to be protected from. It must be completed.)

1. Respondent currently lives at: {street address} _____
{city, state, zip code} _____
Respondent's Driver's License Number is: {if known} _____

PETITION FOR INJUNCTION FOR PROTECTION AGAINST DOMESTIC VIOLENCE

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2. Respondent is: [Choose all that apply]

- a. the spouse of Petitioner. Date of Marriage _____
- b. the former spouse of Petitioner.
Date of Marriage: _____
Date of Dissolution of Marriage: _____
- c. related by blood or marriage to Petitioner.
Specify relationship: _____
- d. a person who is or was living in one home with Petitioner, as if a family.
- e. a person with whom Petitioner has a child in common, even if Petitioner and Respondent never were married or living together.

3. Petitioner has known Respondent since {date} _____.

4. Respondent's last known place of employment: _____
Employment Address: _____
Working Hours: _____
Monday Tuesday Wednesday Thursday Friday Saturday Sunday

5. Physical description of Respondent:
Race: _____ Sex: Male Female Date of Birth: _____
Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____
Distinguishing marks or scars: _____
Vehicle: {make/model} _____ Color: _____ Tag Number: _____

6. Other names Respondent goes by {aliases or nicknames}: _____

7. Respondent's attorney's name, address, telephone number, and e-mail address is:

Attorney's Name

Attorney's Address

Attorney's Phone Number Attorney's E-Mail Address

(If you do not know whether Respondent has an attorney, write "unknown". If Respondent does not have an attorney, write "none".)

SECTION III. CASE HISTORY AND REASON FOR SEEKING PETITION (This section must be completed.)

1. Has Petitioner ever received or tried to get an injunction for protection against domestic violence against Respondent in this or any other court?
Yes No If yes, what happened in that case? (include case number, if known)

PETITION FOR INJUNCTION FOR PROTECTION AGAINST DOMESTIC VIOLENCE

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2. Has Respondent ever received or tried to get an injunction for protection against domestic violence against Petitioner in this or any other court?

Yes No If yes, what happened in that case? (include case number, if known)

3. Describe **any other** court case that is either going on now or that happened in the past, including a dissolution of marriage, paternity action, or child support enforcement action, **between Petitioner and Respondent** {include city, state, and case number, if known}:

4. Petitioner is either a victim of domestic violence or has reasonable cause to believe he or she is in imminent danger of becoming a victim of domestic violence because respondent has {mark all sections that apply and describe in the spaces below the incidents of violence or threats of violence, specifying when and where they occurred, including, but not limited to, locations such as a home, school, place of employment, or time-sharing exchange}:

- a. committed or threatened to commit domestic violence defined in s. 741.28, Florida Statutes, as any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, kidnapping, false imprisonment, or any criminal offense resulting in physical injury or death of one family or household member by another. With the exception of persons who are parents of a child in common, the family or household members must be currently residing or have in the past resided together in the same single dwelling unit.
- b. previously threatened, harassed, stalked, or physically abused the petitioner.
- c. attempted to harm the petitioner or family members or individuals closely associated with the Petitioner.
- d. threatened to conceal, kidnap, or harm the petitioner's child or children.
- e. intentionally injured or killed a family pet.
- f. used, or has threatened to use, against the petitioner any weapons such as guns or knives.
- g. physically restrained the petitioner from leaving the home or calling law enforcement.
- h. a criminal history involving violence or the threat of violence (if known).
- i. another order of protection issued against him or her previously or from another jurisdiction (if known).
- j. destroyed personal property, including, but not limited to, telephones or other communication equipment, clothing, or other items belonging to the petitioner.
- k. engaged in any other behavior or conduct that leads the petitioner to have reasonable cause to believe he or she is in imminent danger of becoming a victim of domestic violence.

Below is a brief description of the latest act of violence or threat of violence that causes Petitioner to honestly fear imminent domestic violence by Respondent. (Use additional sheets if necessary.)

On {date} _____, at {location} _____
Respondent: _____

Respondent:

[illegible]

Please indicate here if you are attaching additional pages to continue these facts.

5. Additional Information

[Choose **all** that apply]

- a. Other acts or threats of domestic violence as described on attached sheet.
- b. This or other acts of domestic violence have been previously reported to {person or agency}:

- c. Respondent owns, has, and/or is known to have guns or other weapons.
Describe weapon(s):

- d. Respondent has a drug problem.
- e. Respondent has an alcohol problem.

- f. Respondent has a history of mental health problems. If checked, answer the following, if known:

| | | |
|---|-----|----|
| Has Respondent ever been the subject of a Baker Act Proceeding? | Yes | No |
| Is Respondent supposed to take medication for mental health problems? | Yes | No |
| If yes, is Respondent currently taking his/her medication? | Yes | No |

PETITION FOR INJUNCTION FOR PROTECTION AGAINST DOMESTIC VIOLENCE

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SECTION IV. TEMPORARY EXCLUSIVE USE AND POSSESSION OF HOME (Complete this section **only** if you want the Court to grant you temporary exclusive use and possession of the home that you share with Respondent.)

1. Petitioner claims the following about the home that Petitioner and Respondent share or that Petitioner left because of domestic violence:
[Choose **all** that apply]
 - a. Petitioner needs the exclusive use and possession of the home that the parties share at
{street address} _____
{city, state, zip code} _____
 - b. Petitioner cannot get another safe place to live because:

 - c. If kept out of the home, Respondent has the money to get other housing or may live without money at *{street address}* _____
{city, state, zip code} _____
2. The home is
[Choose **one** only]
 - a. Owned or rented by Petitioner and Respondent jointly.
 - b. Solely owned or rented by Petitioner.
 - c. Solely owned or rented by Respondent.
 - d. Other

SECTION V. TEMPORARY PARENTING PLAN WITH TEMPORARY TIME-SHARING SCHEDULE FOR MINOR CHILD(REN) (Complete this section **only** if you are asking the court to provide a temporary parenting plan, including a temporary time-sharing schedule, with regard to, the minor child or children of the parties which might involve prohibiting or limiting time-sharing or requiring that it be supervised by a third party. You must be the natural parent, adoptive parent, or guardian by court order of the minor child(ren). If you are asking the court to provide a temporary parenting plan, including a temporary time-sharing schedule, with regard to the minor child or children of the parties which might involve or prohibiting or limiting time-sharing or requiring that it be supervised by a third party, you must also complete and file a **Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) Affidavit**, Florida Supreme Court Approved Family Law Form 12.902(d).)

Note: If the paternity of the minor child(ren) listed below has not been established through either marriage or court order, the Court may deny a request to provide a temporary parenting plan, including a temporary time-sharing schedule with regard to, the minor child or children, and/or a request of child support.

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1. Petitioner is the natural parent, adoptive parent, or guardian by court order of the minor child(ren) whose name(s) and age(s) is (are) listed below:

| Name | Place of Birth | Birth Date | Sex |
|------|----------------|------------|-----|
| | | | |
| | | | |
| | | | |

2. The minor child(ren) for whom Petitioner is asking the court to provide a temporary parenting plan, including a temporary time-sharing schedule, with regard to:
[Choose **one** only]

- a. saw the domestic violence described in this petition happen.
- b. were at the place where the domestic violence happened but did not see it.
- c. they were not there when the domestic violence happened this time but have seen previous acts of domestic violence by Respondent.
- d. have not witnessed domestic violence by Respondent.

3. Name **any other** minor child(ren) who were there when the domestic violence happened. Include child(ren)'s name, age, and parent's names.

| Name | Age | Parent's Name |
|------|-----|---------------|
| | | |
| | | |
| | | |

4. **Temporary Parenting Plan and Temporary Time-Sharing Schedule**

- a. Petitioner requests that the Court provide a temporary parenting plan, including a temporary time-sharing schedule, with regard to the minor children of the parties, as follows:

- b. Petitioner requests that the Court order supervised exchange of the minor child(ren) or exchange through a responsible person designated by the Court. The following person is suggested as a responsible person for purposes of such exchange. Explain:

PETITION FOR INJUNCTION FOR PROTECTION AGAINST DOMESTIC VIOLENCE

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- c. Petitioner requests that the Court limit time-sharing by Respondent with the minor child(ren). Explain:

- d. Petitioner requests that the Court prohibit time-sharing by Respondent with the minor child(ren) because Petitioner genuinely fears that Respondent imminently will abuse, remove, or hide the minor child(ren) from Petitioner. Explain:

- e. Petitioner requests that the Court allow only supervised time-sharing by Respondent with the minor child(ren). Explain:

Supervision should be provided by a Family Visitation Center, or other (specify):

SECTION VI. TEMPORARY SUPPORT (Complete this section **only** if you are seeking financial support from the Respondent. You must also complete and file a **Family Law Financial Affidavit**, Florida Family Law Rules of Procedure Form 12.902(b) or (c), and **Notice of Social Security Number**, Florida Supreme Court Approved Family Law Form 12.902(j), if you are seeking child support. A **Child Support Guidelines Worksheet**, Florida Family Law Rules of Procedure Form 12.902(e), must be filed with the court at or prior to a hearing to establish or modify child support.)

PETITION FOR INJUNCTION FOR PROTECTION AGAINST DOMESTIC VIOLENCE

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[Choose **all** that apply]

1. Petitioner claims a need for the money he or she is asking the Court to make Respondent pay, and that Respondent has the ability to pay that money.
2. Petitioner requests that the Court order Respondent to pay the following temporary alimony to Petitioner. (Petitioner must be married to Respondent to ask for temporary alimony.)
Temporary Alimony Requested \$_____ every _____ week _____ other week _____ month.
3. Petitioner requests that the Court order Respondent to pay the following temporary child support to Petitioner. (The Respondent must be the natural parent, adoptive parent, or guardian by court order of the minor child(ren) for the court to order the Respondent to pay child support.)
Temporary Child Support is requested in the amount of \$_____ every _____ week _____ other week _____ month.

SECTION VII. INJUNCTION (This section summarizes what you are asking the Court to include in the injunction. This section must be completed.)

1. Petitioner asks the Court to enter a TEMPORARY INJUNCTION for protection against domestic violence that will be in place from now until the scheduled hearing in this matter.
2. Petitioner asks the Court to enter, after a hearing has been held on this petition, a final judgment of injunction prohibiting Respondent from committing any acts of domestic violence against Petitioner **and:**
 - a. prohibiting Respondent from going to or within 500 feet of any place Petitioner lives;
 - b. prohibiting Respondent from going to or within 500 feet of Petitioner's place(s) of employment or school; the address of Petitioner's place(s) of employment and/or school is:

 - c. prohibiting Respondent from contacting Petitioner by telephone, mail, by e-mail, in writing, through another person, or in any other manner.
 - d. prohibiting Respondent from knowingly and intentionally going to or within 100 feet of Petitioner's motor vehicle.
 - e. prohibiting Respondent from defacing or destroying Petitioner's personal property.

[Check **all** that apply]

- f. prohibiting Respondent from going to or within 500 feet of the following place(s) Petitioner or Petitioner's minor child(ren) must go often *{include address}*:

PETITION FOR INJUNCTION FOR PROTECTION AGAINST DOMESTIC VIOLENCE

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- g. granting Petitioner exclusive use and possession of the home Petitioner and Respondent share;
- h. granting Petitioner on a temporary basis 100% of the time sharing with the parties' minor child(ren);
- i. establishing temporary parenting plan including a temporary time-sharing schedule for the parties' minor child(ren);
- j. granting temporary alimony for Petitioner;
- k. granting temporary child support for the minor child(ren);
- l. ordering Respondent to participate in treatment, intervention, and/or counseling services;
- m. referring Petitioner to a certified domestic violence center; and

any other terms the Court deems necessary for the protection of Petitioner and/or Petitioner's child(ren), including injunctions or directives to law enforcement agencies, as provided in Section 741.30, Florida Statutes.

I UNDERSTAND THAT BY FILING THIS PETITION, I AM ASKING THE COURT TO HOLD A HEARING ON THIS PETITION, NOTIFICATION OF RESPONDENT OF THE HEARING DATE WILL BE THROUGH SERVICE BY LAW ENFORCEMENT. I OR MY DESIGNEE WILL RETURN TO THE CLERK'S OFFICE TO RETRIEVE A CERTIFIED COPY OF THE JUDGE'S ORDER, AND THAT I MUST APPEAR AT THE HEARING. I UNDERSTAND THAT IF EITHER RESPONDENT OR I FAIL TO APPEAR AT THE HEARING, WE WILL BE BOUND BY THE TERMS OF ANY INJUNCTION ISSUED AT THAT HEARING.

I HAVE READ EVERY STATEMENT MADE IN THIS PETITION, AND EACH STATEMENT IS TRUE AND CORRECT. I UNDERSTAND THAT THE STATEMENTS MADE IN THS PETITION ARE BEING MADE UNDER PENALTY OF PERJURY, PUNISHABLE AS PROVIDED IN SECTION 837.02, FLORIDA STATUTES.

(initials)

Petitioner

Date

Petitioner's Name Printed

Petitioner's Address

City, State, Zip Code

Petitioner's Phone Number & Fax Number

Petitioner's E-Mail Address

PETITION FOR INJUNCTION FOR PROTECTION AGAINST DOMESTIC VIOLENCE

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STATE OF FLORIDA
COUNTY OF BREVARD

Sworn to or affirmed and signed before me this _____ day of _____, 20____.

BY: NOTARY PUBLIC or DEPUTY CLERK

Personally known
Produced identification

Type of identification produced _____

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

**IN THE CIRCUIT COURT, EIGHTEENTH JUDICIAL CIRCUIT,
IN AND FOR BREVARD COUNTY, FLORIDA**

DIVISION:

CASE NUMBER: 05- - - - XXXX-XX

SUPPLEMENTAL TO PETITION FOR INJUNCTION

1. Describe the injuries: _____

Check here if you are attaching additional pages to continue these facts.

2. How long has this type of conduct been going on? _____
3. If you were living separate and apart from the Respondent when this occurred, state when you separated: _____.
4. Where is the Respondent now, if you know? _____
5. Petitioner is 18 years of age? Yes No

Under penalties of perjury, I declare that I have read the foregoing, and the facts alleged are true to the best of my knowledge and belief.

(MUST BE SIGNED IN THE PRESENCE OF A NOTARY OR DEPUTY CLERK)

Petitioner

Date

Petitioner's Name Printed

Petitioner's Address

City State Zip

Petitioner's Phone Number & Fax Number

Petitioner's E-Mail Address

Sworn to or affirmed and signed before me this _____ day of _____, 20____, by
_____ who is personally known to me or presented
_____ as identification.

By: _____

IN THE COURT FOR THE EIGHTEENTH JUDICIAL
CIRCUIT IN AND FOR BREVARD COUNTY, FLORIDA

CASE NO.: 05- - - XXX-XX

_____,
Petitioner/Plaintiff,

vs

_____,
Respondent/Defendant,

NON-ATTORNEY DESIGNATION OF EMAIL ADDRESS

Pursuant to Florida Rules of Judicial Administration 2.516, I, _____,
_____, designate the below email address(es) for electronic service of all
documents related to this case.

Primary email address: _____

Secondary email address: _____

I certify that a copy of the foregoing has been furnished, if applicable, to the following at the
address listed:

By () US Mail () Email () Hand delivery

Dated this _____ day of _____, 20____.

Signature

Address

Printed Name

City/State/Zip Code

Telephone Number