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

_,

| Case No.: |
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|-----------|

Bar Code Label

Petitioner

and

Respondent

PETITION FOR REGISTRATION AND ENFORCEMENT OF FOREIGN DECREE

| | is a petition to register and enforce the Final Judgment dated the, 20, and entered in the | - |
|------------|--|-----------------------------|
| | , 20, and entered in the, County, State of, (a certifie | ed copy is attached to this |
| petition.) | ,, ,, ,, , | 15 |
| (1) | Petitioner presently resides at | |
| | (street address, city, county, state, zip code) | |
| (2) | Respondent presently resides at | |
| | (street address, city, county, state, zip code) | |
| (3) | The parties are the parent of the following minor children: | |
| | Name | Date of Birth |
| | | |
| (4) | The minor children presently reside with <i>{name of party}</i> whose address is | |
| (5) | The above final judgment required the Respondent, <i>{name}</i> | |
| | ,, | |
| | | |
| | | |

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| | |

| (6) | The Respondent, {name} | , has |
|-----|--|--------------|
| | failed to comply with the Final Judgment by: | |
| | | |
| WHE | EREFORE, Petitioner prays this Court will: | |
| A. | Register the foreign Final Judgment. | |
| B. | Find Respondent, {name} | in contempt. |
| C. | Enforce the order requiring Respondent, <i>{name}</i> comply with the order. | to |
| D. | And for such other and further relief as this Court deems proper. | |

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.

Date

| Signature | | |
|-----------|-------|-----|
| Name | | |
| Address | | |
| City | State | Zip |

Telephone {area code and number}

| PETITION FOR REGISTRATION AND ENFORCEMENT OF FOREIGN Page 3 | I DECREE Case No: | |
|--|--|------------|
| STATE OF FLORIDA COUNTY OF BREVARD | | |
| Sworn to (or affirmed) and subscribed before me this by | day of, 20, | |
| Signature of Notary Public-State of Florida | Print, type or stamp Commissioned Name of Notary | Public |
| Check one only:Personally knownPr Type of I.D. produced | roduced I.D. | |

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

I, {full legal name and trade name of nonlawyer} ______, a nonlawyer, located at {street} ______, {city} _____, {state} _____, {phone} _____, helped {Petitioner's name} ______, _____, who [v one only] _____petitioner or _____ respondent,

fill out this form.