

**INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED  
FAMILY LAW FORM 12.980(a)  
PETITION FOR INJUNCTION FOR PROTECTION AGAINST  
DOMESTIC VIOLENCE (08/23)**

**When should this form be used?**

If you are a victim of any act of domestic violence or have reasonable cause to believe that you are in imminent danger of becoming a victim of domestic violence, you can use this form to ask the court for a protective order prohibiting domestic violence. Because you are making a request to the court, you are called the **petitioner**. The person whom you are asking the court to protect you from is called the **respondent**. **Domestic violence includes:** assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, kidnapping, false imprisonment, or any other criminal offense resulting in physical injury or death to petitioner by any of petitioner's family or household members. In determining whether you have reasonable cause to believe you are in imminent danger of becoming a victim of domestic violence, the court must consider all relevant factors alleged in the petition, including, but not limited to the following:

1. The history between the petitioner and the respondent, including threats, harassment, stalking, and physical abuse.
2. Whether the respondent has attempted to harm the petitioner or family members or individuals closely associated with the petitioner.
3. Whether the respondent has threatened to conceal, kidnap, or harm the petitioner's child or children.
4. Whether the respondent has intentionally injured or killed a family pet.
5. Whether the respondent has used, or has threatened to use, against the petitioner any weapons such as guns or knives.
6. Whether the respondent has physically restrained the petitioner from leaving the home or calling law enforcement.
7. Whether the respondent has a criminal history involving violence or the threat of violence.
8. The existence of a verifiable order of protection issued previously or from another jurisdiction.
9. Whether the respondent has destroyed personal property, including, but not limited to, telephones or other communications equipment, clothing, or other items belonging to the petitioner.
10. Whether the respondent has or had engaged in a pattern of abusive, threatening, intimidating, or controlling behavior composed of a series of acts over a period of time, however short, which evidences a continuity of purpose and which reasonably causes the petitioner to believe that the petitioner or his or her minor child or children are in imminent danger of becoming victims of any act of domestic violence.
11. Whether the respondent engaged in any other behavior or conduct that leads the petitioner to have reasonable cause to believe that he or she is in imminent danger of becoming a victim of domestic violence.

The domestic violence laws only apply to your situation if the respondent is your **spouse**, former spouse, related to you by blood or marriage, living with you now or has lived with you in the past (if you are or were living as a family), or the other parent of your children whether or not you have ever been married or ever lived together. With the exception of persons who have a child in common, the family or household members must be currently residing together or have in the past resided together in the same single dwelling unit. If the respondent is not

one of the above, you should look at **Petition for Injunction for Protection Against Repeat Violence**, Florida Supreme Court Approved Family Law Form 12.980(f), to determine if your situation will qualify for an injunction for protection against repeat violence, or **Petition for Injunction for Protection Against Dating Violence**, Florida Supreme Court Approved Family Law Form 12.980(n), to determine if your situation will qualify for an injunction for protection against dating violence, or **Petition for Injunction for Protection Against Sexual Violence**, Florida Supreme Court Approved Family Law Form 12.980(q), to determine if your situation will qualify for an injunction for protection against sexual violence.

If you are under the age of eighteen and you have never been married or had the disabilities of nonage removed by a court, then one of your parents, custodians, or your legal guardian must sign this petition with you.

This form should be typed or printed in black ink. You should complete this form (giving as much detail as possible) and sign it in front of a notary public or the clerk of the circuit court in the county where you live. The clerk will take your completed petition to a judge. You should keep a copy for your records. If you have any questions or need assistance completing this form, the clerk or family law intake staff will help you.

### **What should I do if the judge grants my petition?**

If the facts contained in your petition convince the judge that you are a victim of domestic violence or that an **imminent danger of domestic violence** exists, the judge will sign either an immediate **Temporary Injunction for Protection Against Domestic Violence with Minor Child(ren)**, Florida Supreme Court Approved Family Law Form 12.980(c)(1) or an immediate **Temporary Injunction for Protection Against Domestic Violence without Minor Child(ren)**, Florida Supreme Court Approved Family Law Form 12.980(c)(2). A temporary injunction is issued without notice to the respondent. The clerk will give your petition, the temporary injunction, and any other papers filed with your petition to the sheriff or other law enforcement officer for personal service on the respondent. The temporary injunction will take effect immediately after the respondent is served with a copy of it. It lasts until a full hearing can be held or for a period of 15 days, whichever comes first. The court may extend the temporary injunction beyond 15 days for a good reason, which may include failure to obtain service on the respondent.

The temporary injunction is issued ex parte. This means that the judge has considered only the information presented by one side—YOU. The temporary injunction gives a date that you must appear in court for a hearing. At that hearing, you will be expected to testify about the facts in your petition. The respondent will be given the opportunity to testify at this hearing, also. At the hearing, the judge will decide whether to issue either a **Final Judgment of Injunction for Protection Against Domestic Violence with Minor Child(ren) (After Notice)**, Florida Supreme Court Approved Family Law Form 12.980(d)(1), or a **Final Judgment of Injunction for Protection Against Domestic Violence without Minor Child(ren) (After Notice)**, Florida Supreme Court Approved Family Law Form 12.980(d)(2). Either of these final judgments will remain in effect for a specific time period or until modified or dissolved by the court. **If either you or the respondent do not appear at the final hearing, the temporary injunction may be continued in force, extended, or dismissed, and/or additional orders may be granted, including entry of a permanent injunction and the imposition of court costs. You and respondent will be bound by the terms of any injunction issued at the final hearing.**

**IF EITHER YOU OR RESPONDENT DO NOT APPEAR AT THE FINAL HEARING, YOU WILL BOTH BE BOUND BY THE TERMS OF ANY INJUNCTION ISSUED IN THIS MATTER.**

If the judge signs a temporary or final injunction, the clerk will provide you with the necessary copies. **Make sure that you keep one certified copy of the injunction with you at all times!**

### **What can I do if the judge denies my petition?**

If your petition is denied solely on the grounds that it appears to the court that no imminent danger of domestic violence exists, the court will set a full hearing, at the earliest possible time, on your petition, unless you request that no hearing be set. The respondent will be notified by **personal service** of your petition and the hearing. If your petition is denied, you may: amend your petition by filing a **Supplemental Affidavit in Support of Petition for Injunction for Protection Against Domestic Violence, Repeat or Dating Violence**, Florida Family Law Form 12.980 (g); attend the hearing and present facts that support your petition; and/or dismiss your petition.

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

**Before proceeding, you should read General Information for Self-Represented Litigants found at the beginning of these forms.** The words that are in **bold underline** are defined in that section. The clerk of the circuit court or family law intake staff will help you complete any necessary domestic violence forms and can give you information about local domestic violence victim assistance programs, shelters, and other related services. You may also call the Domestic Violence Hotline at 1-800-500-1119. For further information, see Chapter 741, Florida Statutes, and Rule 12.610, Florida Family Law Rules of Procedure.

### **IMPORTANT INFORMATION REGARDING E-FILING**

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

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

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

**SELF-REPRESENTED LITIGANTS MUST SERVE DOCUMENTS BY E-MAIL UNLESS EXCUSED PURSUANT TO FLORIDA RULE OF GENERAL PRACTICE AND JUDICIAL ADMINISTRATION 2.516(b)(1)(D).** If a self-represented litigant has been excused from serving documents by e-mail and then elects to serve and receive documents by e-mail, the procedures must always be followed once that election is made.

To serve and receive documents by e-mail, you must designate your e-mail addresses by using the **Designation of Current Mailing and E-mail Address**, Florida Supreme Court Approved Family Law Form 12.915, and you must provide your e-mail address on each form on which your signature appears. Please **CAREFULLY** read the rules and

instructions for: **Certificate of Service (General)**, Florida Supreme Court Approved Family Law Form 12.914; **Designation of Current Mailing and E-mail Address**, Florida Supreme Court Approved Family Law Form 12.915; and Florida Rule of General Practice and Judicial Administration 2.516.

### Special notes . . .

With this form you may also need to file the following:

- **Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) Affidavit**, Florida Supreme Court Approved Family Law Form 12.902(d), must be completed and filed if you are asking the court to determine issues with regard to your **parenting plan** or **time-parenting plan** means a document created to govern the relationship between the parents relating to the decisions that must be made regarding the minor child(ren) and must contain a time-sharing schedule for the parents and child(ren). The issues concerning the minor child(ren) may include, but are not limited to, the child(ren)'s education, health care, and physical, social, and emotional well-being. In creating the plan, all circumstances between the parents, including their historic relationship, domestic violence, and other factors must be taken into consideration. The parenting plan shall be developed and agreed to by the parents and approved by a court, or established by the court, with or without the use of a court-ordered parenting plan recommendation. If the parents cannot agree, or if the parents agreed to a plan that is not approved by the court, a parenting plan shall be established by the court. **"Time-sharing schedule"** means a timetable that must be included in the parenting plan that specifies the time, including overnights and holidays, that a minor child will spend with each parent. If developed and agreed to by the parents of a minor child, it must be approved by the court. If the parents cannot agree, or if their agreed-upon schedule is not approved by the court, the schedule shall be established by the court.
- **Notice of Related Cases**, Florida Family Law Rules of Procedure Form 12.900(h), must be completed and filed.
- **Notice of Social Security Number**, Florida Supreme Court Approved Family Law Form 12.902(j), must be completed and filed if you are asking the court to determine issues of temporary child support.
- **Family Law Financial Affidavit**, Florida Family Law Rules of Procedure Form 12.902(b) or (c), must be completed and filed if you are seeking temporary alimony or temporary child support.
- **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.

Additionally, if you fear that disclosing your address to the respondent would put you in danger, you should complete a **Request for Confidential Filing of Address**, Florida Supreme Court Approved Family Law Form 12.980(h), and file it with the clerk of the circuit court and write confidential in the space provided on the petition.

## **Important information about your injunction packet**

Please carefully review the information below and the instruction pages provided with the injunction packet before submitting your injunction forms. This will help avoid delays and ensure your packet is complete.

### **Tips for Filling Out Your Forms:**

- Write clearly and legibly to avoid confusion.
- Answer all questions. If something does not apply to you, write “N/A” or draw a line through it — do not leave it blank.
- Double-check spelling of names and addresses — including your own and the respondent’s.
- Be detailed and specific when describing what happened. Include:
  - Dates
  - What occurred
  - Why you are seeking protection
  - Any threats, violence, or harassment

*The Judge reviews ONLY what you write in your petition and what’s attached if you have attached anything. Be sure to include everything important. You may attach supporting materials such as photos, text messages, or police reports, when you file.*

- Focus only on your experiences — do not include events that happened to other people unless directly relevant to your case.

### **How to Format the Case Style:**

The way you list the names in your petition depends on who the injunction is for:

► For yourself only:

*Example:* Jane Doe (your first and last name)

► For yourself and your minor child(ren):

*Example:* Jane Doe and O.B.O. J.D.

*(“O.B.O.” means “on behalf of” and “J.D.” is your child’s initials.)*

► For your minor child(ren) only:

*Example: Jane Doe O.B.O. J.D.*

*(Your full name followed by “on behalf of” and the child’s initials.)*

► If the respondent is a minor:

*Example: John Doe by/through parent or guardian*

Even if you know the minor’s parent or guardian’s name, you must still format it as shown above.



**Please Note:**

- The Clerk’s Office cannot give legal advice. We may offer general guidance, but we cannot help you fill out the forms or tell you what to write.
- If you need help completing your packet, you should:
  - Contact an attorney, or
  - Reach out to the Sheriff’s Office Victim Services Unit for assistance.  
Their phone number is: 386-437-4116

# PETITIONERS INFORMATION

CASE NO:

PETITIONER'S NAME: \_\_\_\_\_

RESPONDENT'S NAME: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ CELL: \_\_\_\_\_

RACE: \_\_\_\_\_ SEX: \_\_\_\_\_

DOB: \_\_\_\_\_ EYES: \_\_\_\_\_ HAIR: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

CHILD(REN) INFO:

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

DOB: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

EYES: \_\_\_\_\_ HAIR: \_\_\_\_\_

EYES: \_\_\_\_\_ HAIR: \_\_\_\_\_

IN THE CIRCUIT COURT OF THE SEVENTH JUDICIAL CIRCUIT,  
IN AND FOR FLAGLER COUNTY, FLORIDA

IN RE:

\_\_\_\_\_  
Petitioner

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 a 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 case for hearing

**Petitioner, initial either Paragraphy 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 hearing and copy of the Petition for Injunction will be provided to the Respondent.

\_\_\_\_ B. If the court does not issue a temporary injunction for protection; I request 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 waive my right under F.S. §741.30(5)(b) to have this case set for 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, 7<sup>TH</sup>  
JUDICIAL CIRCUIT, IN AND FOR  
FLAGLER COUNTY, FLORIDA

CASE NO.: \_\_\_\_\_

\_\_\_\_\_  
Plaintiff/Petitioner,

v.

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

**DESIGNATION OF E-MAIL ADDRESS BY A PARTY NOT REPRESENTED BY AN ATTORNEY**

Pursuant to Fla. R. Gen. Prac. & Jud. Admin. 2.516(b)(1)(C), I \_\_\_\_\_,  
designate the e-mail address(es) below for electronic service of all documents related to this case.

By completing this form, I am authorizing the court, clerk of court, and all parties to send copies of notices, orders, judgments, motions, pleadings, or other written communications to me by e-mail or through the Florida Courts E-filing Portal.

I understand that I must keep the clerk's office and the opposing party or parties notified of my current e-mail address(es) and that all copies of notices, orders, judgments, motions, pleadings, or other written communications in this case will be served at the e-mail address(es) on record at the clerk's office.

Designated E-mail Address: \_\_\_\_\_

Secondary Designated E-mail Address(es) (if any): \_\_\_\_\_

**CERTIFICATE OF SERVICE**

I certify that a copy of hereof had been furnished to the clerk of court for Flagler County and (Name and Address(es) of parties used for service) \_\_\_\_\_

by ☐ e-mail, ☐ mail on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

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

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

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

and

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

## 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 a 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's current address is: {street address} \_\_\_\_\_  
{city, state, and 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, and telephone number is: \_\_\_\_\_  
\_\_\_\_\_.  
(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's current address is: {street address, city, state, and zip code} \_\_\_\_\_  
\_\_\_\_\_.  
Respondent's Driver's License number is: {if known} \_\_\_\_\_.

2. Respondent is: *{Indicate 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: \_\_\_\_\_

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, and telephone number is: \_\_\_\_\_

(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}*

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

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 a pattern of abusive, threatening, intimidating, or controlling behavior composed of a series of acts over a period of time, however short.
  - l. ☐ 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.

*{Please begin your narrative below. Use additional pages if necessary but please do not write in the margins or on the back of any of the pages Please indicate below if you are using additional pages.}*

Respondent:

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

*{Indicate **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

1. Petitioner claims the following about the home that Petitioner and Respondent share or that Petitioner left because of domestic violence:

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.

#### SECTION V. **TEMPORARY PARENTING PLAN WITH TEMPORARY TIME-SHARING SCHEDULE FOR MINOR**

**CHILDREN** (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 or children. 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 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 children 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 for child support.

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

**Name**

**Birth date**

_____	_____
_____	_____
_____	_____

2. The minor children 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. \_\_\_\_\_ 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 children who were there when the domestic violence happened. Include children's name, age, and parents' names. \_\_\_\_\_  
\_\_\_\_\_.

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

*{Indicate **all** that apply}*

- a. ☐ Petitioner requests that the Court provide a temporary parenting plan, including a temporary time-sharing schedule, with regard to the minor child or children of the parties, as follows: \_\_\_\_\_  
\_\_\_\_\_.
- b. ☐ Petitioner requests that the Court order supervised exchange of the minor children 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}*: \_\_\_\_\_  
\_\_\_\_\_.
- c. ☐ Petitioner requests that the Court limit time-sharing by Respondent with the minor children. *{Explain}*: \_\_\_\_\_  
\_\_\_\_\_.
- d. ☐ Petitioner requests that the Court **prohibit** time-sharing by Respondent with the minor children because Petitioner genuinely fears that Respondent imminently will abuse, remove, or hide the minor children from Petitioner. *{Explain}*: \_\_\_\_\_  
\_\_\_\_\_.
- e. ☐ Petitioner requests that the Court allow only supervised time-sharing by Respondent with the minor children. *{Explain}*: \_\_\_\_\_  
\_\_\_\_\_  
Supervision should be provided by a Family Visitation Center, or other (*specify*): \_\_\_\_\_  
\_\_\_\_\_.

**SECTION VI. EXCLUSIVE CARE, POSSESSION, OR CONTROL OF FAMILY PET(S)** *(Complete this section only if you are seeking exclusive care, possession, or control of an animal owned, possessed, harbored, kept, or held by you (the Petitioner), the Respondent, or a minor child residing in either your residence or household or Respondent's residence or household. The court may order the Respondent to have no contact with the animal and may prohibit the Respondent from taking, transferring, encumbering, concealing, harming, or otherwise disposing of the animal. You may not request to have exclusive care, possession, or control of an animal owned primarily for a bona fide agricultural purpose, as defined in section 193.461, Florida Statutes, or a service animal, as defined in section 413.08, Florida Statutes, if Respondent is the service animal's handler.) {Indicate **all** that apply}.*

1. ☐ Petitioner requests to have exclusive care, possession, and control of the following animal(s) which are owned, possessed, harbored, kept, or held by Petitioner, Respondent, or a minor child residing in Petitioner's or Respondent's residence or household: \_\_\_\_\_  
\_\_\_\_\_.
2. ☐ Petitioner requests that Respondent have no contact with the following animal(s) and be prohibited from taking, transferring, encumbering, concealing, harming, or otherwise disposing of them  
\_\_\_\_\_.

**SECTION VII. 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.)

{Indicate **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 children 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 VIII. 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 on 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 the Petitioner lives;
  - b. prohibiting Respondent from going to or within 500 feet of the Petitioner's place(s) of employment or school; the address of Petitioner's place(s) of employment or school is: \_\_\_\_\_  
\_\_\_\_\_;
  - c. prohibiting Respondent from contacting Petitioner by mail, by telephone, 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;

{Indicate **all** that apply}

- f. ☐ prohibiting Respondent from going to or within 500 feet of the following place(s) Petitioner or Petitioner's minor children must go often {include address}:  
\_\_\_\_\_  
\_\_\_\_\_;
- g. ☐ granting Petitioner temporary 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 children;



- i. ☐ establishing a temporary parenting plan including a temporary time-sharing schedule for the parties' minor children;
- j. ☐ granting Petitioner exclusive care, possession, or control of the animal(s) identified in paragraph 1 of Section VI which are owned, possessed, harbored, kept or held by Petitioner, Respondent, or a minor child residing in Petitioner or Respondent's residence or household;
- k. ☐ prohibiting Respondent from having any contact with the animal(s) identified in paragraph 2 of Section VI or from taking, transferring, encumbering, concealing, harming, or otherwise disposing of them;
- l. ☐ granting temporary alimony for Petitioner;
- m. ☐ granting temporary child support for the minor children;
- n. ☐ ordering Respondent to participate in treatment, intervention, and/or counseling services;
- o. ☐ 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 children, 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, THAT BOTH THE RESPONDENT AND I WILL BE NOTIFIED OF THE HEARING, AND THAT I MUST APPEAR AT THE HEARING. I UNDERSTAND THAT IF EITHER RESPONDENT OR I FAIL TO APPEAR AT THE FINAL HEARING, WE WILL BE BOUND BY THE TERMS OF ANY INJUNCTION OR ORDER 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 THIS PETITION ARE BEING MADE UNDER PENALTY OF PERJURY, PUNISHABLE AS PROVIDED IN SECTION 837.02, FLORIDA STATUTES.**

**THIS PETITION MUST BE SIGNED BY THE PETITIONER BUT IT IS NOT REQUIRED TO BE NOTARIZED IF IT IS FILED DURING THE SCOPE AND DURATION OF A STATE OF EMERGENCY DECLARED BY A GOVERNMENTAL ENTITY.**

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE. I UNDERSTAND THAT THE STATEMENTS MADE IN THIS PETITION ARE BEING MADE UNDER PENALTIES OF PERJURY, PUNISHABLE AS PROVIDED IN SECTION 92.525, FLORIDA STATUTES.**

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

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

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, concerning custody of or time-sharing with a child subject to this proceeding.

\_\_\_\_ I HAVE participated as a party, witness, or in any capacity in any other litigation or custody proceeding in this or another state, concerning custody of or time-sharing with a child subject to this proceeding. *Explain:*

- 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]*

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

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

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

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

*[Choose only one]*

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

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

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

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

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

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

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

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

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

*[Choose only one]*

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

\_\_\_\_\_

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE. I UNDERSTAND THAT THE STATEMENTS MADE IN THIS PETITION ARE BEING MADE UNDER PENALTIES OF PERJURY, PUNISHABLE AS PROVIDED IN SECTION 92.525, FLORIDA STATUTES.

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

Signature of Petitioner \_\_\_\_\_

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

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

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

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

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

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

\_\_\_\_\_

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

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

This form was completed with the assistance of:

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

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

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

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

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

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

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

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

and

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

## **FAMILY LAW FINANCIAL AFFIDAVIT (SHORT FORM)**

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

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

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

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

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

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

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

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

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



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

**PRESENT MONTHLY DEDUCTIONS:**

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

## SECTION II. AVERAGE MONTHLY EXPENSES

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

### A. HOUSEHOLD:

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

### B. AUTOMOBILE

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

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

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

### D. INSURANCE

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

### E. OTHER EXPENSES NOT LISTED ABOVE

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

### F. PAYMENTS TO CREDITORS

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

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

#### SUMMARY

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

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

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

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

#### SECTION III. ASSETS AND LIABILITIES

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

#### A. ASSETS:

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

**B. LIABILITIES:**

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

**C. CONTINGENT ASSETS AND LIABILITIES:**

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

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

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

#### SECTION IV. CHILD SUPPORT GUIDELINES WORKSHEET

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

[Check **one** only]

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

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

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

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

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

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE. I UNDERSTAND THAT THE STATEMENTS MADE IN THIS PETITION ARE BEING MADE UNDER PENALTIES OF PERJURY, PUNISHABLE AS PROVIDED IN SECTION 92.525, FLORIDA STATUTES.**

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

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

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

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

{Attach additional pages if necessary.}

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

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE. I UNDERSTAND THAT THE STATEMENTS MADE IN THIS PETITION ARE BEING MADE UNDER PENALTIES OF PERJURY, PUNISHABLE AS PROVIDED IN SECTION 92.525, FLORIDA STATUTES.

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

Signature of Petitioner \_\_\_\_\_

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

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

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

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

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

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

\_\_\_\_\_

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