

Supreme Court of Florida

No. SC01-2455

AMENDMENTS TO THE FLORIDA FAMILY LAW FORMS

[December 6, 2001]

PER CURIAM.

Pursuant to the procedures approved by this Court in Amendments to the Florida Family Law Rules of Procedure and Family Law Forms, 26 Fla. L. Weekly S13 (Fla. Sept. 21, 2000), this Court has reviewed the Family Law Forms and determined that some of the forms request a social security number where the social security number is not necessary. We have jurisdiction. See art. V, § 2(a), Fla. Const.

Input on this issue was sought and received from the Advisory Workgroup on the Florida Supreme Court Approved Family Law Forms. Additionally, the Florida Family Law Rules Committee has filed a separate petition with this Court wherein the Committee agrees that the request for social security numbers should

be removed from all Family Law Forms where no legitimate purpose is served.¹

We hereby adopt the amendments to forms 12.902(c), 12.902(d), 12.981(b) and 12.941(e) deleting the request for a social security number.² The amended forms are set forth in the appendix to this opinion, fully engrossed, and effective for immediate use. By approval of these forms, we express no opinion as to their correctness or applicability.

This opinion and the forms discussed herein may be accessed and downloaded from this Court's website at www.flcourts.org.

It is so ordered.

WELLS, C.J., and SHAW, HARDING, ANSTEAD, PARIENTE, LEWIS, and QUINCE, JJ., concur.

THE FILING OF A MOTION FOR REHEARING SHALL NOT ALTER THE EFFECTIVE DATE OF THESE AMENDMENTS.

Original Proceeding - Florida Family Law Rules of Procedure and Family Law Forms

1. The Committee's petition, No. SC01-2344, is pending with the Court and contains additional requests that will be addressed separately.

2. The request for a social security number will remain on forms 12.902(j), Notice of Social Security Number, and 12.912(a), Memo for Certificate of Military Service.

INSTRUCTIONS FOR FLORIDA FAMILY LAW RULE OF PROCEDURE FORM 12.902(c),
FAMILY LAW FINANCIAL AFFIDAVIT

When should this form be used?

This form should be used when you are involved in a family law case which requires a **financial affidavit** and your individual gross income is **\$50,000 OR MORE per year**.

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

What should I do next?

A copy of this form must be mailed or hand delivered to the other **party** in your case, if it is not served on him or her with your initial papers. This must be accomplished within 45 days of service of the 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”** in these instructions are defined there. For further information, see rule 12.285, Florida Family Law Rules of Procedure.

Special notes...

If this is a domestic violence case and you want to keep your address confidential for safety reasons, do not enter the address, telephone, and fax information at the bottom of this form. Instead, file **Petitioner’s Request for Confidential Filing of Address, O’** Florida Supreme Court Approved Family Law Form 12.980(i).

The affidavit must be completed using **monthly** income and expense amounts. If you are paid or your bills are due on a schedule which is not monthly, you must convert those amounts. Hints are provided below for making these conversions.

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

Hourly amount	×	Hours worked per week	=	Weekly amount
Weekly amount	×	52 Weeks per year	=	Yearly amount
Yearly amount	÷	12 Months per year	=	Monthly Amount

Daily - If you are paid by the day, you may convert your income to monthly as follows:

Daily amount	×	Days worked per week	=	Weekly amount
Weekly amount	×	52 Weeks per year	=	Yearly amount
Yearly amount	÷	12 Months per year	=	Monthly Amount

Weekly - If you are paid by the week, you may convert your income to monthly as follows:

Weekly amount	×	52 Weeks per year	=	Yearly amount
Yearly amount	÷	12 Months per year	=	Monthly Amount

Bi-weekly - If you are paid every two weeks, you may convert your income to monthly as follows:

Bi-weekly amount	×	26	=	Yearly amount
Yearly amount	÷	12 Months per year	=	Monthly Amount

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

Bi-monthly amount	×	2	=	Monthly Amount
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Expenses may be converted in the same manner.

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

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

Case No.: _____

Division: _____

_____,
Petitioner,

and

_____,
Respondent.

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

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

SECTION I. INCOME

1. Date of Birth: _____

2. My occupation is: _____

3. I am currently

[/ **all** that apply]

___ a. Unemployed

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

___ b. Employed by: _____

Address: _____

City, State, Zip code: _____

Telephone Number: _____

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

() monthly () other: _____

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

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

___ c. Retired. Date of retirement: _____

Employer from whom retired: _____
 Address: _____
 City, State, Zip code: _____ Telephone Number: _____

LAST YEAR'S GROSS INCOME: Your Income Other Party's Income (*if known*)
 YEAR _____ \$ _____ \$ _____

PRESENT MONTHLY GROSS INCOME:

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

- | | |
|--|-------------|
| 1. Monthly gross salary or wages | 1. \$ _____ |
| 2. Monthly bonuses, commissions, allowances, overtime, tips, and similar payments | 2. _____ |
| 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.)
(9 Attach sheet itemizing such income and expenses.) | 3. _____ |
| 4. Monthly disability benefits/SSI | 4. _____ |
| 5. Monthly Workers' Compensation | 5. _____ |
| 6. Monthly Unemployment Compensation | 6. _____ |
| 7. Monthly pension, retirement, or annuity payments | 7. _____ |
| 8. Monthly Social Security benefits | 8. _____ |
| 9. Monthly alimony actually received | 9. _____ |
| 9a. From this case: \$ _____ | 9. _____ |
| 9b. From other case(s): _____ Add 9a and 9b | 10. _____ |
| 10. Monthly interest and dividends | |
| 11. Monthly rental income (gross receipts minus ordinary and necessary expenses required to produce income) (9 Attach sheet itemizing such income and expense items.) | 11. _____ |
| | 12. _____ |
| 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 (9 Attach sheet itemizing each item and amount.) | 13. _____ |
| 14. Monthly gains derived from dealing in property (not including nonrecurring gains) | 14. _____ |
| Any other income of a recurring nature (identify source) | 15. _____ |
| 15. _____ | 16. _____ |
| 16. _____ | |

17. PRESENT MONTHLY GROSS INCOME (Add lines 1-16) TOTAL: **17. \$ _____**

PRESENT MONTHLY DEDUCTIONS:

All amounts must be MONTHLY. See the instructions with this form to figure out money amounts for anything that is NOT paid monthly.

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

SECTION II. AVERAGE MONTHLY EXPENSES

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

HOUSEHOLD:

1. Monthly mortgage or rent payments 1. \$ _____
2. Monthly property taxes (if not included in mortgage) 2. _____
3. Monthly insurance on residence (if not included in mortgage) 3. _____
4. Monthly condominium maintenance fees and homeowner’s association fees 4. _____
5. Monthly electricity 5. _____
6. Monthly water, garbage, and sewer 6. _____
7. Monthly telephone 7. _____
8. Monthly fuel oil or natural gas 8. _____
9. Monthly repairs and maintenance 9. _____
10. Monthly lawn care 10. _____
11. Monthly pool maintenance 11. _____
12. Monthly pest control 12. _____
13. Monthly misc. household 13. _____
14. Monthly food and home supplies 14. _____
15. Monthly meals outside home 15. _____
16. Monthly cable t.v. 16. _____
17. Monthly alarm service contract 17. _____

- 18. Monthly service contracts on appliances 18. _____
- 19. Monthly maid service 19. _____
- Other:
- 20. _____ 20. _____
- 21. _____ 21. _____
- 22. _____ 22. _____
- 23. _____ 23. _____
- 24. _____ 24. _____

25. SUBTOTAL (add lines 1 through 24) 25. \$ _____

AUTOMOBILE:

- 26. Monthly gasoline and oil 26. \$ _____
- 27. Monthly repairs 27. _____
- 28. Monthly auto tags and emission testing 28. _____
- 29. Monthly insurance 29. _____
- 30. Monthly payments (lease or financing) 30. _____
- 31. Monthly rental/replacements 31. _____
- 32. Monthly alternative transportation (bus, rail, car pool, etc.) 32. _____
- 33. Monthly tolls and parking 33. _____
- 34. Other: _____ 34. _____

35. SUBTOTAL (add lines 26 through 34) 35. \$ _____

MONTHLY EXPENSES FOR CHILDREN COMMON TO BOTH PARTIES:

- 36. Monthly nursery, babysitting, or day care 36. \$ _____
- 37. Monthly school tuition 37. _____
- 38. Monthly school supplies, books, and fees 38. _____
- 39. Monthly after school activities 39. _____
- 40. Monthly lunch money 40. _____
- 41. Monthly private lessons or tutoring 41. _____
- 42. Monthly allowances 42. _____
- 43. Monthly clothing and uniforms 43. _____
- 44. Monthly entertainment (movies, parties, etc.) 44. _____
- 45. Monthly health insurance 45. _____
- 46. Monthly medical, dental, prescriptions (nonreimbursed only) 46. _____
- 47. Monthly psychiatric/psychological/counselor 47. _____
- 48. Monthly orthodontic 48. _____
- 49. Monthly vitamins 49. _____
- 50. Monthly beauty parlor/barber shop 50. _____
- 51. Monthly nonprescription medication 51. _____
- 52. Monthly cosmetics, toiletries, and sundries 52. _____
- 53. Monthly gifts from child(ren) to others (other children, relatives, teachers, etc.) 53. _____

- 54. Monthly camp or summer activities 54. _____
 - 55. Monthly clubs (Boy/Girl Scouts, etc.) 55. _____
 - 56. Monthly access expenses (for nonresidential parent) 56. _____
 - 57. Monthly miscellaneous 57. _____
- 58. SUBTOTAL (add lines 36 through 57) 58. \$ _____**

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

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

MONTHLY INSURANCE:

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

OTHER MONTHLY EXPENSES NOT LISTED ABOVE:

- 70. Monthly dry cleaning and laundry 70. \$ _____
- 71. Monthly clothing 71. _____
- 72. Monthly medical, dental, and prescription (unreimbursed only) 72. _____
- 73. Monthly psychiatric, psychological, or counselor (unreimbursed only) 73. _____
- 74. Monthly non-prescription medications, cosmetics, toiletries, and sundries 74. _____
- 75. Monthly grooming 75. _____
- 76. Monthly gifts 76. _____
- 77. Monthly pet expenses 77. _____
- 78. Monthly club dues and membership 78. _____
- 79. Monthly sports and hobbies 79. _____
- 80. Monthly entertainment 80. _____
- 81. Monthly periodicals/books/tapes/CD's 81. _____
- 82. Monthly vacations 82. _____
- 83. Monthly religious organizations 83. _____
- 84. Monthly bank charges/credit card fees 84. _____
- 85. Monthly education expenses 85. _____
- Other: (include any usual and customary expenses not otherwise mentioned in the items listed above)
- 86. _____ 86. _____

87. _____ 87. _____
88. _____ 88. _____
89. _____ 89. _____

90. **SUBTOTAL** (add lines 70 through 89) **90.** \$ _____

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

NAME OF CREDITOR(s):

91. _____ 91. \$ _____
92. _____ 92. _____
93. _____ 93. _____
94. _____ 94. _____
95. _____ 95. _____
96. _____ 96. _____
97. _____ 97. _____
98. _____ 98. _____
99. _____ 99. _____
100. _____ 100. _____
101. _____ 101. _____
102. _____ 102. _____
103. _____ 103. _____

104. **SUBTOTAL** (add lines 91 through 103) **104.** \$ _____

105. TOTAL MONTHLY EXPENSES:
(add lines 25, 35, 58, 63, 69, 90, and 104 of Section II, Expenses) **105.** \$ _____

SUMMARY

106. TOTAL PRESENT MONTHLY NET INCOME
(from line 27 of SECTION I. INCOME) **106.** \$ _____

107. TOTAL MONTHLY EXPENSES (from line 105 above) **107.** \$ _____

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

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

SECTION III. ASSETS AND LIABILITIES

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

INSTRUCTIONS:

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

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

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

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

A ASSETS: DESCRIPTION OF ITEM(S) / the box next to any asset(s) which you are requesting the judge award to you.	B Current Fair Market Value	C Nonmarital (/ correct column)	
		husband	wife
<input type="checkbox"/> Cash (on hand)	\$		
<input type="checkbox"/> Cash (in banks or credit unions)			
<input type="checkbox"/>			
<input type="checkbox"/> Stocks/Bonds			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Notes (money owed to you in writing)			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Money owed to you (not evidenced by a note)			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Real estate: (Home)			
<input type="checkbox"/> (Other)			
<input type="checkbox"/>			
<input type="checkbox"/> Business interests			
<input type="checkbox"/>			
<input type="checkbox"/> Automobiles			

A ASSETS: DESCRIPTION OF ITEM(S) / the box next to any asset(s) which you are requesting the judge award to you.	B Current Fair Market Value	C Nonmarital (/ correct column)	
		husband	wife
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Boats			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Other vehicles			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Furniture & furnishings in home			
<input type="checkbox"/>			
<input type="checkbox"/> Furniture & furnishings elsewhere			
<input type="checkbox"/>			
<input type="checkbox"/> Collectibles			
<input type="checkbox"/>			
<input type="checkbox"/> Jewelry			
<input type="checkbox"/>			
<input type="checkbox"/> Life insurance (cash surrender value)			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Sporting and entertainment (T.V., stereo, etc.) equipment			
<input type="checkbox"/>			
<input type="checkbox"/> Other assets			
<input type="checkbox"/>			

A ASSETS: DESCRIPTION OF ITEM(S) / the box next to any asset(s) which you are requesting the judge award to you.	B Current Fair Market Value	C Nonmarital (/ correct column)	
		husband	wife
9			
9			
9			
Total Assets (add column B)	\$ _____		

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

INSTRUCTIONS:

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

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

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

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

A LIABILITIES: DESCRIPTION OF ITEM(S) / the box next to any debt(s) for which you believe you should be responsible.	B Current Amount Owed	C Nonmarital (/ correct column)	
		husband	wife
9 Mortgages on real estate: (Home)	\$		
9 (Other)			
9			
9			
9 Charge/credit card accounts			
9			
9			
9			
9			
9 Auto loan			
9 Auto loan			
9 Bank/Credit Union loans			
9			
9			

A LIABILITIES: DESCRIPTION OF ITEM(S) / the box next to any debt(s) for which you believe you should be responsible.	B Current Amount Owed	C Nonmarital (/ correct column)	
		husband	wife
9			
9 Money you owe (not evidenced by a note)			
9			
9 Judgments			
9			
9 Other			
9			
9			
9			
9			
9			
9			
Total Debts (add column B)	\$ _____		

C. NET WORTH (excluding contingent assets and liabilities)

Total Assets (enter total of Column B in Asset Table; Section A) \$ _____

Total Liabilities (enter total of Column B in Liabilities Table; Section B) \$ _____

TOTAL NET WORTH (Total Assets minus Total Liabilities)
(excluding contingent assets and liabilities) \$ _____

D. CONTINGENT ASSETS AND LIABILITIES

INSTRUCTIONS:

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

A Contingent Assets / the box next to any contingent asset(s) which you are requesting the judge	B Possible Value	C Nonmarital (/ correct column)	
		husband	wife
9 ward to you.	\$ _____		
9			
9			
9			
9			

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

A Contingent Liabilities / the box next to any contingent debt(s) for which you believe you should be responsible.	B Possible Amount Owed	C Nonmarital (/ correct column)	
		husband	wife
9	\$ _____		
9			
9			
9			
9			
Total Contingent Liabilities	\$ _____		

E. Has there been any agreement between you and the other party that one of you will take responsibility for a debt and will hold the other party harmless from that debt? () yes () no

If yes, explain: _____

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

[/ one only]

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

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

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

Other party or his/her attorney:

Name: _____

Address: _____

City, State, Zip: _____

Fax Number: _____

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: _____

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: [N fill in all blanks]

I, *{full legal name and trade name of nonlawyer}* _____,

a nonlawyer, located at *{street}* _____, *{city}* _____,

{state} _____, *{phone}* _____, helped *{name}* _____,

who is the [/ **one** only] ___ petitioner **or** ___ respondent, fill out this form.

INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW FORM
12.902(d),
UNIFORM CHILD CUSTODY JURISDICTION ACT (UCCJA) AFFIDAVIT

When should this form be used?

This form should be used in any case involving custody of or visitation with any minor child(ren). This **affidavit** is **required** even if the custody and visitation of the minor child(ren) are not in dispute.

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

What should I do next?

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

Where can I look for more information?

Before proceeding, you should read “General Information for Self-Represented Litigants” found at the beginning of these forms. The words that are in “**bold underline**” in these instructions are defined there. For further information, see sections 61.1302–61.1354, Florida Statutes.

Special notes...

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

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

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

Case No.: _____

Division: _____

_____,
Petitioner,

and

_____,
Respondent.

UNIFORM CHILD CUSTODY JURISDICTION ACT (UCCJA) 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 Petitioner's

(Make as many copies of page 2 as necessary.)

Request for Confidential Filing of Address, ○ " Florida Supreme Court Approved Family Law Form 12.980(i), you should write "confidential" in any space on this form that would require you to enter the address where you are currently living.

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 proceeding(s):

[/ one only]

- ___ 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 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 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 proceeding(s):

[/ one only]

- ___ I HAVE NO INFORMATION of any custody 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 proceeding pending in a court of this or another state concerning a child subject to this proceeding, other than set out in item 2. Explain:
- a. Name of each child: _____
 - b. Type of proceeding: _____
 - c. Court and state: _____
 - d. Date of court order or judgment (if any): _____

4. Persons not a party to this proceeding:

[/ one only]

- ___ I DO NOT KNOW OF ANY PERSON not a party to this proceeding who has physical custody or claims to have custody or visitation rights 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 or visitation rights with respect to any child subject to this proceeding:
- a. Name and address of person: _____

 () has physical custody () claims custody rights () claims visitation rights.
 Name of each child: _____
 - b. Name and address of person: _____

 () has physical custody () claims custody rights () claims visitation rights.
 Name of each child: _____
 - c. Name and address of person: _____

 () has physical custody () claims custody rights () claims visitation rights.
 Name of each child: _____

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

[/ one only]

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

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

a. Name of each child: _____

b. Type of proceeding: _____

c. Court and address: _____

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

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

6. **I acknowledge that I have a continuing duty to advise this Court of any custody, visitation, 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 [/ one only] () 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: _____

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: _____

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: [N fill in all blanks]**

I, *{full legal name and trade name of nonlawyer}* _____,

a nonlawyer, located at *{street}* _____, *{city}* _____,

{state} _____, *{phone}* _____, helped *{name}* _____,

who is the [/ 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.

ORDER TO PICK-UP MINOR CHILD(REN)

An Emergency Verified Motion for Child Pick-Up Order has been filed by () Petitioner () Respondent, alleging facts which under existing law are determined to be sufficient to authorize taking into custody the minor child(ren) named below. Based on this motion, this Court makes the following findings, notices, and conclusions:

JURISDICTION

This Court has jurisdiction over issues surrounding the minor child(ren) listed below based on the following:

[/ all that apply]

- _____ a. This Court exercised and continues to exercise original jurisdiction over the minor children listed below under the Uniform Child Custody Jurisdiction Act (UCCJA), specifically, section 61.1308, Florida Statutes.
- _____ b. A certified out-of-state custody decree has been presented to this Court with a request for full faith and credit recognition and enforcement under the Parental Kidnaping Prevention Act, 28 U.S.C. §1738A. This Court has jurisdiction to enforce this decree under the UCCJA, specifically section 61.1328, Florida Statutes.
- _____ c. By operation of Florida law governing the primary custody rights of children born out of wedlock, this Court has jurisdiction over the child(ren) listed below because this (these) child(ren) was (were) born in the State of Florida and no prior court action involving the minor child(ren) has addressed a putative father's rights to custody or other parental rights. See sections 742.031 and 744.301, Florida Statutes.
- _____ d. Pursuant to the UCCJA, specifically section 61.133, Florida Statutes, this Court has jurisdiction to modify a custody decree of another state and has consulted with the Court which took initial jurisdiction over the minor child(ren) to determine this authority.
- _____ e. Other: _____

NOTICE OF HEARING

Because this Order to Pick-Up Minor Child(ren) has been issued without prior notice to the non-movant {name} _____, all parties involved in this matter are informed that they are scheduled to appear and testify at a hearing regarding this matter on {date} _____, at ____m., at which time the Court will consider whether the Court should issue a further order in this case, and whether other things should be ordered, including who should pay the filing fees and costs. The hearing will be before The Honorable {name} _____ at {room name/number, location, address, city} _____, Florida. If a party does not appear, this order may be continued in force, extended, or dismissed, and/or additional orders may be issued, including the imposition of court costs.

If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact {name} _____, {address} _____, {telephone} _____, within 2 working days of your receipt of this order. If you are hearing or voice impaired, call TDD 1-800-955-8771.

ORDER

This Court **ORDERS AND DIRECTS** any and all sheriffs of the State of Florida (or any other authorized law enforcement officer in this state or in any other state) to immediately take into custody the minor child(ren) identified below from anyone who has possession and:

_____ 1. **Place the minor child(ren) in the physical custody of {name} _____, who () may () may not remove the minor child(ren) from the jurisdiction of this Court.**

OR

_____ 2. **Accompany the minor child(ren) to the undersigned judge, if the minor child(ren) is (are) picked up during court hours, for immediate hearing on the issue of custody.** It is the intention of this Court that the nonmoving party, minor child(ren), and movant appear immediately upon service of this order before the undersigned judge, if available, or duty judge to conduct a hearing as to which party is entitled to lawful custody of the minor child(ren) at issue. It is not the intention of the court to turn over the child(ren) to the movant on an ex parte basis. Neither party should be permitted to remove the child(ren) from the jurisdiction of this Court pending a hearing. If unable to accomplish the above, the sheriff/officer shall take the child(ren) into custody and place them with the Department of Children and Family Services of the State of Florida pending an expedited hearing herein.

OR

_____ 3. **Place the minor child(ren) in the physical custody of {agency} _____, who shall contact the undersigned judge for an expedited hearing.** The sheriff/officer shall not delay the execution of this court order for any reason or permit the situation to arise where the nonmoving party is allowed to remove the child(ren) from the jurisdiction of this court.

4. **NEITHER PARTY OR ANYONE AT THEIR DIRECTION, EXCEPT PURSUANT TO**

THIS ORDER, MAY REMOVE THE CHILD(REN) FROM THE JURISDICTION OF THIS COURT PENDING FURTHER HEARING. SHOULD THE NONMOVING PARTY IN ANY WAY VIOLATE THE MANDATES OF THIS ORDER IN THE PRESENCE OF THE LAW ENFORCEMENT OFFICER, THIS OFFICER IS TO IMMEDIATELY ARREST AND INCARCERATE THE OFFENDING PARTY UNTIL SUCH TIME AS THE OFFENDING PARTY MAY BE BROUGHT BEFORE THIS COURT FOR FURTHER PROCEEDINGS.

All sheriffs of the State for Florida are authorized and ORDERED to serve (and/or execute) and enforce this order in the daytime or in the nighttime and any day of the week, except as limited by this order above.

Except as limited by the above, if necessary, the sheriff/officer is authorized to take all reasonable, necessary, and appropriate measures to effectuate this order. The sheriff/officer shall not delay the execution of this order for any reason or permit the situation to arise where the child(ren) is (are) removed from the jurisdiction of this Court before execution of this order.

The minor child(ren) is (are) identified as follows:

Name	Sex	Birth date	Race	Physical Description

Current location/address of minor child(ren) or of party believed to have possession of the minor child(ren):

ORDERED on *{date}* _____, at *{time}* _____.

CIRCUIT JUDGE

COPIES TO:

Petitioner (or his or her attorney)

Respondent (or his or her attorney)

INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW FORM
12.981(b),
STEPARENT ADOPTION: CONSENT OF ADOPTEE

When should this form be used?

This form must be completed and signed by the person being adopted, the adoptee, if he or she is **over 12 years of age**. It must be signed in the presence of a **notary public** or **deputy clerk** and two witnesses other than the notary public or deputy clerk.

This form should be typed or printed in black ink. After completing this form, you should **file** the original with the **clerk of the circuit court** in the county where the adoption **petition** is filed and keep a copy for your records.

What should I do next?

A copy of this form must be mailed **or** hand delivered to the people identified in the instructions for **Joint Petition for Stepparent Adoption, O'** Florida Family Law Form 12.981(a).

Special notes...

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

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

Case No.: _____

Division: _____

IN RE: THE ADOPTION OF

_____,
{use name to be given to child(ren)}
Adoptee(s).

STEPARENT ADOPTION: CONSENT OF ADOPTEE

1. I, {full legal name} _____, being over the age of 12, consent to my adoption by {name} _____, to be his/her legal child and heir at law.
2. I consent to my name being legally changed to {specify} _____.

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

Dated: _____

Signature of Adoptee

Printed Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Fax Number: _____

Signature of Witness

Printed Name: _____

Business Address: _____

Home Address: _____

Signature of Witness

Printed Name: _____

Business Address: _____

Home Address: _____

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: [N fill in all blanks]

I, *{full legal name and trade name of nonlawyer}* _____,
a nonlawyer, located at *{street}* _____, *{city}* _____,
{state} _____, *{phone}* _____, helped *{name}* _____,
who is the adoptee, fill out this form.