Division FM-A – Judge Jack M. Schemer, Circuit Court

CHECKLIST FOR UNCONTESTED DISSOLUTIONS, PATERNITY CASES AND MODIFICATIONS

CASE NAME: _____ **CASE NO**.: _____ -DR- _____ Division: FM-A

NOTICE OF RELATED CASES FILED: _____Yes _____No _____Not Applicable

NOITICE OF TODAY'S HEARING SERVED AND FILED: _____ Yes _____ No

WAIVER OF APPEARANCE AT FINAL HEARING FILED: _____ Husband _____Wife _____Pet _____Resp

RESIDENCY EVIDENCE:

_____ FL Driver's License / FL Photo ID; **Date issued:** _____ (please provide)
(License must be issued at least 6 months prior to filing of the action.)
_____ Affidavit of Residency signed by Witness and Notarized
_____ FL Voter Registration Card issued on _____
_____ Testimony of party regarding residency

DO THE PARTIES HAVE MINOR CHILDREN? _____ Yes _____ No

IF YES, PLEASE MARK:
UNIFORM CHILD CUSTODY JURISDICTION ACT AFFIDAVIT FILED BY:

_____ Wife's _____ Petitioner
_____ Husband's _____ Respondent

GUIDELINE CHILD SUPPORT WORKSHEET FILED: _____ Yes _____ No **Attached**: ____ Yes _____ No
Does Child Support Guideline Worksheet match Guideline Calculation (preferably DPA): _____ Yes _____ No

DOMESTIC RELATIONS DEPOSITORY DEMOGRAPHIC INFO SHEET: Completed and Filed ____ Yes ____ No
Attached: ____ Yes _____ No

PARENTING CLASS CERTIFICATE OF COMPLETION FILED:

_____ Wife's _____ Petitioner's
_____ Husband's _____ Respondent's

FINANCIAL AFFIDAVITS FILED: _____ Husband's _____ Wife's _____ Petitioner's _____Respondent's
ALIMONY worksheet showing gross, deductions, net for each party (prefer DPA) _____ Yes _____ No
Marital Settlement Agreement signed by both parties: _____ Yes _____ No
Consent Final Judgment or other Consent Order signed by both parties: _____ Yes _____ No

Are there any of the following issues in any way involved in this action? Please circle yes or no for each item below.

Dependency: **yes / no**
Child Sexual Abuse: **yes / no**
Domestic Violence: **yes / no**
Mental Health: **yes / no**
Substance Abuse: **yes / no**
Involvement by D.C.F. with either parent: **yes / no**
If yes, circle which parent: **mother / father**

I, the undersigned attorney, do hereby certify that I have personally reviewed the above court file and that the above relevant pleadings and documents are contained in the court file or will be presented to the Court with this form.

Date:_____ _____
Attorney

_____
Print Attorney Name

Appearances _____ Husband _____Wife _____Petitioner _____Respondent

Attorneys For _____ Husband _____ Wife _____Petitioner _____Respondent

This completed form will be filed by the Court at the entry of the consent judgment.