

IN THE CIRCUIT COURT, OF THE FOURTH JUDICIAL CIRCUIT,  
IN AND FOR DUVAL COUNTY, FLORIDA

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

DIVISION: \_\_\_\_\_

IN THE INTEREST OF:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A Child(ren)

**MOTION TO REOPEN**  
**JUVENILE DEPENDENCY CASE**

COMES NOW, {YOUR NAME} \_\_\_\_\_,

THE {YOUR RELATIONSHIP TO THE CHILD(REN)}

☐ RELATIVE CAREGIVER

☐ ADOPTIVE PARENT

☐ MOTHER

☐ FATHER

☐ PERMANENT GUARDIAN

☐ CHILD

☐ Other: \_\_\_\_\_

of the minor child(ren) who is/are currently residing

with \_\_\_\_\_ at  
{NAME OF PERSON(S) AND RELATIONSHIP TO CHILD(REN) IF KNOWN}

\_\_\_\_\_ and request the Court to  
{ADDRESS OF PERON(S) CHILD(REN) LIVE WITH}

reopen the above referenced case for one of the following reason(s):

- ☐ Modify Visitation
- ☐ Modify Child Support
- ☐ Modify Custody/ Change of Custody
- ☐ Civil Contempt/Enforcement
- ☐ Reopen Case for Adoption
- ☐ Reopen Case to Extend Foster Care
- ☐ Other:\_\_\_\_\_

*(please attach supporting documents from list below)*

The Court previously ordered:

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I am requesting the Court re-open the case and {WHAT DO YOU WANT THE COURT TO DO}:

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because {REASON FOR REQUEST}:

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*{PLEASE ATTACH ADDITIONAL PAGES AND SUPPORTING DOCUMENTS}*

I HEREBY CERTIFY that a copy of the foregoing has been furnished by  
(check all that apply) \_\_\_\_\_ Mail \_\_\_\_\_ Email \_\_\_\_\_ Hand Delivery to the  
person(s) listed below this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

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

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

City/State/Zip: \_\_\_\_\_

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

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

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

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

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

City/State/Zip: \_\_\_\_\_

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

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

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

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

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

City/State/Zip: \_\_\_\_\_

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

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

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

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

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

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Address

\_\_\_\_\_

### **Examples of Supporting Documents:**

- Case Plan:

*certification/letter of compliance with case plan tasks such as*

- Parenting
  - Substance Use Disorder Treatment
  - Evidence of Sobriety/Drug Testing Compliance
  - Medicated Assisted Treatment
  - Compliance with Visitation
  - Psychiatric Services
  - Medication Management
  - Individual Therapy
  - Family Therapy
  - Parental Fitness Evaluation
  - Psychosexual Evaluation
  - Lease
  - Paystubs
- Certificate of Death of Caregiver
  - Voluntary Consent without Counsel to Termination of Parental Rights
  - Letter of Support from Mother and/or Father and/or Caregiver
  - Short Form Financial Affidavit(s) Family Law Form 12.902(b)
  - Other documentation you believe supports your request

### **Please complete and attach**

JUVENILE DEPENDENCY INFORMATION FORM

Florida SUPREME COURT APPROVED FAMILY LAW FORM, NOTICE OF RELATED CASES, FORM 12.900(H)

FLORIDA SUPREME COURT APPROVED FAMILY LAW FORM 12.915 DESIGNATION OF CURRENT MAILING AND E-MAIL ADDRESS

## JUVENILE DEPENDENCY INFORMATION FORM

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

DIVISION: \_\_\_\_\_

IN THE INTEREST OF:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A Child(ren)

Mother's Information:

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

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

City/State/Zip: \_\_\_\_\_

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

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

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

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

Father's Information:

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

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

City/State/Zip: \_\_\_\_\_

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

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

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

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

Child(ren): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Other Father's Information:

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

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

City/State/Zip: \_\_\_\_\_

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

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

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

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

Child(ren): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Father's Information:

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

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

City/State/Zip: \_\_\_\_\_

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

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

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

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

Child(ren): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Custodian's Information:

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

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

City/State/Zip: \_\_\_\_\_

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

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

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

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

Relationship to child: \_\_\_\_\_

Other Custodian's Information:

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

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

City/State/Zip: \_\_\_\_\_

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

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

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

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

Relationship to child: \_\_\_\_\_

Children's Name's and Date's of Birth: (*'A' child is the oldest child*)

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_

E. \_\_\_\_\_

F. \_\_\_\_\_

G. \_\_\_\_\_

H. \_\_\_\_\_

I. \_\_\_\_\_

IN THE CIRCUIT COURT, OF THE FOURTH JUDICIAL CIRCUIT,  
IN AND FOR DUVAL COUNTY, FLORIDA

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

DIVISION: \_\_\_\_\_

IN THE INTEREST OF:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A Child(ren)

NOTICE OF RELATED CASES

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

ARE THERE ANY OTHER COURT CASES INVOLVING THE PARENTS OR CHILDREN?

☐ **There are no other cases involving these parents or children.**

☐ **YES, the following are related cases involving the parents and children.**

**If you answered 'Yes' to the above question, please list the case numbers, Counties and States below:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**The case(s) listed above are related in the following way(s):**

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

Statement as to the relationship of the cases:

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[check **one** only]

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

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

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

\_\_\_\_\_  
Petitioner's Signature

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

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone



## CERTIFICATE OF SERVICE

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

\_\_\_\_\_  
Signature of Petitioner/Attorney for Petitioner

\_\_\_\_\_  
Petitioner's Signature (unless above)

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

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone

Remember, a person who is NOT an attorney is called a nonlawyer. If a nonlawyer helps you fill out these forms, that person must give you a copy of a **Disclosure from Nonlawyer**, Florida Family Law Rules of Procedure Form 12.900(a), before he or she helps you. A nonlawyer helping you fill out these forms **must** also 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.

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

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

The personnel in the Self-Help program are not allowed to fill out any forms or to provide legal advice. If you have an attorney, Family Court Services cannot help you; you must contact your attorney for assistance.

Please complete this form and drop it off or mail it to the Clerk of Courts, Duval County Courthouse, Juvenile Department, Room 2017, 501 W. Adams Street, Jacksonville, Florida 32202

revised 10/8/20

# INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW FORM 12.915

## DESIGNATION OF CURRENT MAILING AND E-MAIL ADDRESS (06/18)

### When should this form be used?

This form should be used to inform the clerk and the other **party** of your current mailing and e-mail address(es) or **any change of address**. It is very important that the court and the other party in your case have your correct address.

A party not represented by an attorney may choose to designate e-mail address(es) for **service**. A primary and up to two secondary e-mail addresses can be designated. If you do so and the other party is represented by an attorney or has also designated e-mail address(es) for service, e-mail will be the **exclusive means of service**.

If there is any change in your mailing or e-mail address(es), you must complete a new form, file it with the clerk, and serve a copy on any other party or parties in your case.

### What should I do next?

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 your case is filed and keep a copy for your records. A copy of this form must be served on any other party in your case. **Service** must be in accordance with Florida Rule of Judicial Administration 2.516.

### IMPORTANT INFORMATION REGARDING E-FILING

The Florida Rules of 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 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 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 Judicial Administration.** If you elect to participate in electronic service, which means serving or receiving pleadings

by electronic mail (e-mail), or through the Florida Courts E-Filing Portal, you **must** review Florida Rule of Judicial Administration 2.516. You may find this rule at [www.flcourts.org](http://www.flcourts.org) through the link to the Rules of Judicial Administration provided under either Family Law Forms: Getting Started, or Rules of Court in the A-Z Topical Index.

**SELF-REPRESENTED LITIGANTS MAY SERVE DOCUMENTS BY E-MAIL; HOWEVER, THEY ARE NOT REQUIRED TO DO SO.** If a self-represented litigant elects to serve and receive documents by e-mail, the procedures must always be followed once the initial 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 Judicial Administration 2.516.

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

**Before proceeding, you should read General Information for Self-Represented Litigants found at the beginning of these forms.** The words that are in **bold underline** in these instructions are defined there.

### **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**, 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.

## DESIGNATION OF CURRENT MAILING AND E-MAIL ADDRESS

I, {full legal name}, \_\_\_\_\_, being sworn, certify that:

### **MAILING ADDRESS:**

My current mailing address is:

{Street or Post Office Box} \_\_\_\_\_,

{City}, \_\_\_\_\_, {State}, \_\_\_\_\_, {Zip} \_\_\_\_\_.

{Telephone No.} \_\_\_\_\_ {Fax No.} \_\_\_\_\_.

### **E-MAIL ADDRESS:**

***{Do not provide an e-mail address unless you choose to serve and receive all documents in the future only by e-mail. If you are a self-represented litigant (appearing without an attorney), you are not required to serve or receive documents by electronic mail (e-mail); however, once you designate an e-mail address, that address will be the exclusive means of serving and receiving documents. Once you choose to serve and receive documents by e-mail, you cannot change your decision.}***

I wish to designate the following e-mail address(es) for the purposes of serving and receiving documents:

\_\_\_\_\_

**I understand that I must keep the clerk's office and the opposing party or parties notified of my current mailing and e-mail address(es) and that all future papers in this lawsuit will be served at the address(es) on record at the clerk's office.**

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

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

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

\_\_\_\_\_  
Signature of Party

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Sworn to or affirmed and signed before me on \_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC or DEPUTY CLERK

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

\_\_\_\_\_ Personally known  
\_\_\_\_\_ Produced identification  
Type of identification produced \_\_\_\_\_

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

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

This form was completed with the assistance of:

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

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

{street} \_\_\_\_\_,

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

# INSTRUCTIONS FOR FLORIDA FAMILY LAW RULES OF PROCEDURE FORM 12.902(b), FAMILY LAW FINANCIAL AFFIDAVIT (SHORT FORM) (01/15)

## 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 **UNDER \$50,000 per year** unless:

- (1) You are filing a simplified dissolution of marriage under rule 12.105 and both parties have waived the filing of a financial affidavit;
- (2) You have no minor children, no support issues, and have filed a written settlement agreement disposing of all financial issues; or
- (3) The court lacks jurisdiction to determine any financial issues.

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 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 served on the other party in your case within 45 days of being served with the petition, if it is not served on him or her with your initial papers. **Service** must be in accordance with Florida Rule of Judicial Administration 2.516.

## Where can I look for more information?

**Before proceeding, you should read “General Information for Self-Represented Litigants” found at the beginning of these forms.** The words that are in **“bold underline”** in these instructions are defined there. For further information, see Florida Family Law Rule of Procedure 12.285.

## Special notes...

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

The 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.

Instructions to Florida Family Law Rules of Procedure Form 12.902(b), Family Law Financial Affidavit (Short Form) (01/15)

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

Hourly amount	x	Hours worked per week	=	Weekly amount
Weekly amount	x	52 Weeks per year	=	Yearly amount
Yearly amount	÷	12 Months per year	=	<b>Monthly Amount</b>

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

Daily amount	x	Days worked per week	=	Weekly amount
Weekly amount	x	52 Weeks per year	=	Yearly amount
Yearly amount	÷	12 Months per year	=	<b>Monthly Amount</b>

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

Weekly amount	x	52 Weeks per year	=	Yearly amount
Yearly amount	÷	12 Months per year	=	<b>Monthly Amount</b>

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

Bi-weekly amount	x	26	=	Yearly amount
Yearly amount	÷	12 Months per year	=	<b>Monthly Amount</b>

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

Semi-monthly amount	x	2	=	<b>Monthly Amount</b>
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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**, 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 (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): \_\_\_\_\_

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

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

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

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to or affirmed and signed before me on \_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC or DEPUTY CLERK

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

\_\_\_\_\_ Personally known  
\_\_\_\_\_ Produced identification  
Type of identification produced \_\_\_\_\_

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

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

This form was completed with the assistance of:

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

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

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

*{city}* \_\_\_\_\_, *{state}* \_\_\_\_\_ *{telephone number}* \_\_\_\_\_.

SURRENDER, CONSENT AND WAIVER  
OF NOTICE OF HEARING ON **TERMINATION OF PARENTAL RIGHTS**

I, \_\_\_\_\_, the mother/father of \_\_\_\_\_, a male/female child born on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_, desiring to release this child to THE STATE OF FLORIDA, Department of Children and Families, a licensed child placing agency for the purpose of subsequent adoption, as provided by law, hereby freely and voluntarily:

1. I HEREBY EXECUTE THIS WRITTEN SURRENDER of this child to THE STATE OF FLORIDA, Department of Children and Families, a licensed child placing agency willing to receive the child for the purpose of subsequent adoption:
2. I HEREBY WAIVE NOTICE of any and all hearings and proceedings legally necessary for the permanent commitment of this child to the Department of Children and Families for the purpose of adoption, and for subsequent legal adoption proceedings;
3. I HEREBY CONSENT, IRREVOCABLY, UNCONDITIONALLY AND FINALLY, TO:
  - (a) The entry of a court order permanently committing this child to the Department of Children and Families for subsequent adoption;
  - (b) The permanent deprivation of any present parental right to this child and the forfeiture in the future of any claim of any right previously held;
  - (c) The placement of this child by the Department of Children and Families in a family home for prospective subsequent adoption;
  - (d) The appearance by the Department of Children and Families as a party in any court where the legal adoption of this child is pending and to its consent to such adoption;
4. I HAVE BEEN ADVISED that I am entitled to legal representation at all stages of the permanent commitment proceedings, and I have been further advised that if I cannot afford an attorney one will be appointed free of charge.
5. I DO NOT wish to discuss this matter with an attorney. I DO NOT wish to have an attorney represent me. I hereby KNOWINGLY, VOLUNTARILY, AND INTELLIGENTLY WAIVE my right to an attorney and wish to execute my surrender at this time without an attorney representing me.
6. No one has promised me anything nor threatened me in any way in order for me to surrender of my parental rights as to this child including, but not limited to, promises for visitation with the child after the termination and/or promises of a specific adoptive family for the child after the termination.
7. I am currently not under the influence of any drugs, alcohol or medication that is affecting my ability to understand and execute this voluntary surrender.
8. I do not have a mental illness that I am being treated for, or have been treated for in the past, that is affecting my ability to understand and execute this voluntary surrender.
9. I have completed the \_\_\_\_\_ grade or I have attended/graduated from \_\_\_\_\_.

10. I read and write the English language and I HAVE read (check here) \_\_\_\_\_ and/or someone has read to me (check here) \_\_\_\_\_ in (language) \_\_\_\_\_ this document in its entirety. I UNDERSTAND the information provided in this document and confirm that it is true, correct and accurately states my desire to knowingly, intelligently and voluntarily surrender my parental rights as to this child.
11. I WAIVE ALL RIGHT to knowledge at any time after this of the location of this child, or the identity or location of any custodian or adoptive parent of this child, or to have any court compel the above named agency, or any of its authorized agents, to divulge any such information.
12. I UNDERSTAND that my RIGHTS, RESPONSIBILITIES, and DUTIES as a parent to this child, including, but not limited to, child support, ARE NOT relinquished or stopped until an Order Terminating my Parental Rights is entered by the Court. I request that the final order be sent to the following mailing address:

- 
13. BY EXECUTING THIS SURRENDER I am certifying that everything contained in this document is true and correct.

**SIGNED and SEALED** at County of Duval State of Florida, this \_\_\_\_ day of \_\_\_\_\_ A.D., \_\_\_\_\_.

Signed, Sealed and Delivered in our Presence:

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Witness

STATE OF FLORIDA  
COUNTY OF DUVAL

I, an officer authorized to take acknowledgements in the State and County aforesaid, do hereby certify that on this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_, the mother/father, did

execute before me the foregoing Surrender, Consent and Waiver of Notice, freely and voluntarily and for the purpose contained therein. Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

Personally known to me \_\_\_\_\_ or

Produced Identification \_\_\_\_\_

Identification Produced \_\_\_\_\_