

**CHECKLISTS TO COMPLETE FOR CONSENT  
ORDERS/JUDGMENTS IN DIVISION FM-A**

**Dissolution of marriage case:**

**For a Consent Temporary Needs Order:**

Consent Temporary Needs Order in Dissolution of Marriage Case: Checklist re  
Child-Related Issues (D.O.M. form 1)

**For a Consent Final Judgment of Dissolution of Marriage:**

Consent Final Judgment of Dissolution of Marriage: Checklist re  
Child-Related Issues, and (D.O.M. form 2)

Consent Final Judgment of Dissolution of Marriage: Checklist re  
Documents (D.O.M. form 3)

**For a Consent Final Judgment Modifying Final Judgment of Dissolution of Marriage:**

Consent Final Judgment Modifying Final Judgment of Dissolution of Marriage:  
Checklist re Child-Related Issues (D.O.M. form 4)

**Paternity case:**

**For a Consent Temporary Needs Order:**

Consent Temporary Needs Order in Paternity Case: Checklist re  
Child-Related Issues (Pat. form 1)

**For a Consent Final Judgment of Paternity:**

Consent Final Judgment of Paternity: Checklist re Child-Related Issues (Pat. form 2)

**For a Consent Final Judgment Modifying Final Judgment of Paternity:**

Consent Final Judgment Modifying Final Judgment of Paternity:  
Checklist re Child-Related Issues (Pat. form 3)

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

CASE NO.: 16-20\_\_\_\_-DR-\_\_\_\_-FMXX  
DIVISION: FM-A

\_\_\_\_\_,  
☐ HUSBAND ☐ WIFE,

v.

\_\_\_\_\_,  
☐ HUSBAND ☐ WIFE.  
\_\_\_\_\_ /

CONSENT TEMPORARY NEEDS ORDER IN DISSOLUTION OF MARRIAGE CASE:  
CHECKLIST RE CHILD-RELATED ISSUES

Are there, or have there ever been, issues as to either parent regarding:

substance abuse?	Yes <input type="checkbox"/> No <input type="checkbox"/>
domestic violence (not limited to injunctions or criminal offenses)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
mental health difficulties?	Yes <input type="checkbox"/> No <input type="checkbox"/>
involvement by the Dept. of Children and Families with either parent ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
child sexual abuse or child physical abuse?	Yes <input type="checkbox"/> No <input type="checkbox"/>
violations (other than traffic)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Explain any "yes" answers:	
Does this case involve any other child-related issues regarding which, in the good faith exercise of your professional judgment, you believe the Court should be aware? If so, please identify the issue(s):	Yes <input type="checkbox"/> No <input type="checkbox"/>

\_\_\_\_\_  
Signature of attorney for ☐ Husband ☐ Wife

Printed name of attorney: \_\_\_\_\_

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

\_\_\_\_\_  
Telephone: (904) \_\_\_\_\_

Florida Bar number: \_\_\_\_\_

Date this form was completed: \_\_\_\_\_

\_\_\_\_\_  
Signature of attorney for ☐ Husband ☐ Wife

Printed name of attorney: \_\_\_\_\_

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

\_\_\_\_\_  
Telephone: (904) \_\_\_\_\_

Florida Bar number: \_\_\_\_\_

Date this form was completed: \_\_\_\_\_

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

CASE NO.: 16-20\_\_\_\_-DR-\_\_\_\_-FMXX  
DIVISION: FM-A

\_\_\_\_\_,  
☐ HUSBAND ☐ WIFE,

v.

\_\_\_\_\_,  
☐ HUSBAND ☐ WIFE.

CONSENT FINAL JUDGMENT OF DISSOLUTION OF MARRIAGE:  
CHECKLIST RE CHILD-RELATED ISSUES

Are there, or have there ever been, issues as to either parent regarding:

substance abuse?	Yes <input type="checkbox"/> No <input type="checkbox"/>
domestic violence (not limited to injunctions or criminal offenses)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
mental health difficulties?	Yes <input type="checkbox"/> No <input type="checkbox"/>
involvement by the Dept. of Children and Families with either parent ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
child sexual abuse or child physical abuse?	Yes <input type="checkbox"/> No <input type="checkbox"/>
violations (other than traffic)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Explain any "yes" answers:	
Does this case involve any other child-related issues regarding which, in the good faith exercise of your professional judgment, you believe the Court should be aware? If so, please identify the issue(s):	Yes <input type="checkbox"/> No <input type="checkbox"/>

\_\_\_\_\_  
Signature of attorney for ☐ Wife ☐ Husband

Printed name of attorney: \_\_\_\_\_

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

\_\_\_\_\_  
Telephone: (904) \_\_\_\_\_

Florida Bar number: \_\_\_\_\_

Date this form was completed: \_\_\_\_\_

\_\_\_\_\_  
Signature of attorney for ☐ Wife ☐ Husband

Printed name of attorney: \_\_\_\_\_

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

\_\_\_\_\_  
Telephone: (904) \_\_\_\_\_

Florida Bar number: \_\_\_\_\_

Date this form was completed: \_\_\_\_\_

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

CASE NO.: 16-20\_\_\_\_-DR-\_\_\_\_-FMXX  
DIVISION: FM-A

\_\_\_\_\_,  
☐ HUSBAND ☐ WIFE,

v.

\_\_\_\_\_,  
☐ HUSBAND ☐ WIFE. .  
\_\_\_\_\_ /

**CONSENT FINAL JUDGMENT OF DISSOLUTION OF MARRIAGE:**  
**CHECKLIST re DOCUMENTS**

Has each party filed a current, sworn, fully-completed financial affidavit?

☐ Yes ☐ No                      If no, which spouse has not? ☐ Husband ☐ Wife

Do the parties have a minor child or minor children? ☐ Yes ☐ No

If yes, has at least one party filed a U.C.C.J.E.A. affidavit?

☐ Yes, Husband has. ☐ Yes, Wife has. ☐ Yes, both have. ☐ No, neither has.

Which parent has completed an approved parenting-after-divorce course?

☐ Husband ☐ Wife ☐ Both ☐ Neither

Is the proposed child support guidelines? ☐ Yes ☐ No

If "no," what is the guidelines amount and what amount is proposed? What facts support the proposed departure?

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

Which of the following does the file contain?

<input type="checkbox"/> an answer by:	<input type="checkbox"/> Husband	<input type="checkbox"/> Wife
<input type="checkbox"/> an answer and waiver by:	<input type="checkbox"/> Husband	<input type="checkbox"/> Wife
<input type="checkbox"/> a Clerk's default for:	<input type="checkbox"/> Husband	<input type="checkbox"/> Wife

\_\_\_\_\_  
Signature by attorney for ☐ Husband ☐ Wife

\_\_\_\_\_  
Printed name of same attorney

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

CASE NO.: 16-20\_\_\_\_-DR-\_\_\_\_-FMXX  
DIVISION: FM-A

☐ FORMER HUSBAND  
☐ FORMER WIFE,

v.

\_\_\_\_\_,  
☐ FORMER HUSBAND  
☐ FORMER WIFE.

CONSENT FINAL JUDGMENT *MODIFYING*  
FINAL JUDGMENT OF DISSOLUTION OF MARRIAGE:  
CHECKLIST RE CHILD-RELATED ISSUES

Are there, or have there ever been, issues as to either parent regarding:

substance abuse?	Yes <input type="checkbox"/> No <input type="checkbox"/>
domestic violence (not limited to injunctions or criminal offenses)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
mental health difficulties?	Yes <input type="checkbox"/> No <input type="checkbox"/>
involvement by the Dept. of Children and Families with either parent ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
child sexual abuse or child physical abuse?	Yes <input type="checkbox"/> No <input type="checkbox"/>
violations (other than traffic)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Explain any "yes" answers:	
Does this case involve any other child-related issues regarding which, in the good faith exercise of your professional judgment, you believe the Court should be aware? If so, please identify the issue(s):	Yes <input type="checkbox"/> No <input type="checkbox"/>

Signature of attorney for ☐ Former Husband ☐ Former Wife

Printed name of attorney: \_\_\_\_\_

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

Telephone: (904) \_\_\_\_\_

Florida Bar number: \_\_\_\_\_

Date this form was completed: \_\_\_\_\_

Signature of attorney for ☐ Former Husband ☐ Former Wife

Printed name of attorney: \_\_\_\_\_

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

Telephone: (904) \_\_\_\_\_

Florida Bar number: \_\_\_\_\_

Date this form was completed: \_\_\_\_\_

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

CASE NO.: 16-20\_\_\_\_-DR-\_\_\_\_-FMXX  
DIVISION: FM-A

\_\_\_\_\_,  
☐ HUSBAND      ☐ WIFE,  
v.

\_\_\_\_\_,  
☐ HUSBAND      ☐ WIFE.

\_\_\_\_\_ /

**FINAL JUDGMENT OF DISSOLUTION OF MARRIAGE:**  
**CHECKLIST RE DOCUMENTS**

Does the file contain, for *each* parent:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. A certificate of completion of a parenting course?                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. A current and complete financial affidavit?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. An <i>agreed</i> guidelines child support worksheet?                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If no, does the file contain a <i>unilateral</i> guidelines<br>child support worksheet? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. A U.C.C.J.E.A. affidavit?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Explain any "no" answers: \_\_\_\_\_  
\_\_\_\_\_

6. As to any party not present at the hearing, check whether the file contains, as to the  
absent party:

- ☐ an answer and waiver of notice of final hearing, or
- ☐ a waiver of notice of final hearing (in a settlement agreement), or
- ☐ a Clerk's default with notice of final hearing to last known record address.

7. Is the proposed child support guidelines? If not, explain the amount of and reason for  
the proposed deviation: \_\_\_\_\_  
\_\_\_\_\_

Signature of Husband's attorney, if any: \_\_\_\_\_  
Printed name of Husband's attorney, if any: \_\_\_\_\_

Signature of Wife's attorney, if any: \_\_\_\_\_  
Printed name of Wife's attorney, if any: \_\_\_\_\_

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

CASE NO.: 16-20\_\_\_\_-DR-\_\_\_\_-FMXX  
DIVISION: FM-A

\_\_\_\_\_,  
☐ FATHER ☐ MOTHER,

v.

\_\_\_\_\_,  
☐ FATHER ☐ MOTHER.  
\_\_\_\_\_

CONSENT TEMPORARY NEEDS ORDER IN PATERNITY CASE:  
CHECKLIST RE CHILD-RELATED ISSUES

Are there, or have there ever been, issues as to either parent regarding:

substance abuse?	Yes <input type="checkbox"/> No <input type="checkbox"/>
domestic violence (not limited to injunctions or criminal offenses)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
mental health difficulties?	Yes <input type="checkbox"/> No <input type="checkbox"/>
involvement by the Dept. of Children and Families with either parent ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
child sexual abuse or child physical abuse?	Yes <input type="checkbox"/> No <input type="checkbox"/>
violations (other than traffic)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Explain any "yes" answers:	
Does this case involve any other child-related issues regarding which, in the good faith exercise of your professional judgment, you believe the Court should be aware? If so, please identify the issue(s):	Yes <input type="checkbox"/> No <input type="checkbox"/>

\_\_\_\_\_  
Signature of attorney for ☐ Father ☐ Mother

Printed name of attorney: \_\_\_\_\_

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

\_\_\_\_\_  
Telephone: (904) \_\_\_\_\_

Florida Bar number: \_\_\_\_\_

Date this form was completed: \_\_\_\_\_

\_\_\_\_\_  
Signature of attorney for ☐ Father ☐ Mother

Printed name of attorney: \_\_\_\_\_

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

\_\_\_\_\_  
Telephone: (904) \_\_\_\_\_

Florida Bar number: \_\_\_\_\_

Date this form was completed: \_\_\_\_\_

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

CASE NO.: 16-20\_\_\_\_-DR-\_\_\_\_-FMXX  
DIVISION: FM-A

\_\_\_\_\_,  
☐ (PUTATIVE) FATHER ☐ MOTHER,

v.

\_\_\_\_\_,  
☐ (PUTATIVE) FATHER ☐ MOTHER,

\_\_\_\_\_ /

CONSENT FINAL JUDGMENT OF PATERNITY:  
CHECKLIST RE CHILD-RELATED ISSUES

Are there, or have there ever been, issues as to either parent regarding:

substance abuse?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
domestic violence (not limited to injunctions or criminal offenses)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
mental health difficulties?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
involvement by the Dept. of Children and Families with either parent ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
child sexual abuse or child physical abuse?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
violations (other than traffic)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Explain any "yes" answers:		
Does this case involve any other child-related issues regarding which, in the good faith exercise of your professional judgment, you believe the Court should be aware? If so, please identify the issue(s):	Yes <input type="checkbox"/>	No <input type="checkbox"/>

\_\_\_\_\_  
Signature of attorney for ☐ (Putative) Father ☐ Mother

Printed name of attorney: \_\_\_\_\_

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

\_\_\_\_\_  
Telephone: (904) \_\_\_\_\_

Florida Bar number: \_\_\_\_\_

Date this form was completed: \_\_\_\_\_

\_\_\_\_\_  
Signature of attorney for ☐ (Putative) Father ☐ Mother

Printed name of attorney: \_\_\_\_\_

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

\_\_\_\_\_  
Telephone: (904) \_\_\_\_\_

Florida Bar number: \_\_\_\_\_

Date this form was completed: \_\_\_\_\_



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

CASE NO.: 16-20\_\_\_\_-DR-\_\_\_\_-FMXX  
DIVISION: FM-A

\_\_\_\_\_,  
☐ FATHER ☐ MOTHER,

v.

\_\_\_\_\_,  
☐ FATHER ☐ MOTHER.  
\_\_\_\_\_

CONSENT FINAL JUDGMENT MODIFYING FINAL JUDGMENT OF PATERNITY:  
CHECKLIST RE CHILD-RELATED ISSUES

Are there, or have there ever been, issues as to either parent regarding:

substance abuse?	Yes <input type="checkbox"/> No <input type="checkbox"/>
domestic violence (not limited to injunctions or criminal offenses)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
mental health difficulties?	Yes <input type="checkbox"/> No <input type="checkbox"/>
involvement by the Dept. of Children and Families with either parent ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
child sexual abuse or child physical abuse?	Yes <input type="checkbox"/> No <input type="checkbox"/>
violations (other than traffic)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Explain any "yes" answers:	
Does this case involve any other child-related issues regarding which, in the good faith exercise of your professional judgment, you believe the Court should be aware? If so, please identify the issue(s):	Yes <input type="checkbox"/> No <input type="checkbox"/>

\_\_\_\_\_  
Signature of attorney for ☐ Father ☐ Mother

Printed name of attorney: \_\_\_\_\_

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

\_\_\_\_\_  
Telephone: (904) \_\_\_\_\_

Florida Bar number: \_\_\_\_\_

Date this form was completed: \_\_\_\_\_

\_\_\_\_\_  
Signature of attorney for ☐ Father ☐ Mother

Printed name of attorney: \_\_\_\_\_

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

\_\_\_\_\_  
Telephone: (904) \_\_\_\_\_

Florida Bar number: \_\_\_\_\_

Date this form was completed: \_\_\_\_\_

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

CASE NO.: 16-20\_\_\_\_-DR-\_\_\_\_-FMXX  
DIVISION: FM-A

\_\_\_\_\_,  
☐ (PUTATIVE) FATHER ☐ MOTHER,  
v.

\_\_\_\_\_,  
☐ (PUTATIVE) FATHER ☐ MOTHER.

\_\_\_\_\_ /

**FINAL JUDGMENT OF PATERNITY:**  
**CHECKLIST RE DOCUMENTS**

Does the file contain, for *each* parent:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. A certificate of completion of a parenting course?                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. A current and complete financial affidavit?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. An <i>agreed</i> guidelines child support worksheet?                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If no, does the file contain a <i>unilateral</i> guidelines<br>child support worksheet? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. A U.C.C.J.E.A. affidavit?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Explain any "no" answers: \_\_\_\_\_  
\_\_\_\_\_

6. As to any party not present at the hearing, check whether the file contains, as to the  
absent party:

- ☐ an answer and waiver of notice of final hearing, or
- ☐ a waiver of notice of final hearing (in a settlement agreement), or
- ☐ a Clerk's default with notice of final hearing to last known record address.

7. Is the proposed child support guidelines? If not, explain the amount of and reason for  
the proposed deviation: \_\_\_\_\_  
\_\_\_\_\_

Signature of (Putative) Father's attorney, if any: \_\_\_\_\_  
Printed name of Husband's attorney, if any: \_\_\_\_\_

Signature of Mother's attorney, if any: \_\_\_\_\_  
Printed name of Wife's attorney, if any: \_\_\_\_\_