

Division FM-D - Judge James E. Kallaher, Circuit Court

CHECKLIST FOR UNCONTESTED DISSOLUTIONS

CASE NAME: \_\_\_\_\_ CASE NO.: \_\_\_\_\_ -DR- \_\_\_\_\_ DIVISION: FM-D

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 Drivers License / FL Photo ID card issued more than 6 months prior to filing of Petition or CP  
\_\_\_\_\_ Photo copy of FL Driver's License / FL Photo ID for filing  
\_\_\_\_\_ FL Drivers License/ FL Photo I.D. issued on \_\_\_\_\_  
\_\_\_\_\_ 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 match Guideline Worksheet (preferably DPA): \_\_\_\_\_ Yes \_\_\_\_\_ No

**DOMESTIC RELATIONS DEPOSITORY INFORMATION FORM:** Completed and Filed \_\_\_\_\_ Yes \_\_\_\_\_ No

**FINANCIAL AFFIDAVITS FILED:** \_\_\_\_\_ Husband's \_\_\_\_\_ Wife's \_\_\_\_\_ Petitioner's \_\_\_\_\_ Respondent's

**ALIMONY WORKSHEET FILED: (showing gross, deductions, net for each party)** (prefer DPA) \_\_\_\_\_ Yes \_\_\_\_\_ No

**PARENTING CLASS CERTIFICATE OF COMPLETION FILED:**

\_\_\_\_\_ Wife's \_\_\_\_\_ Petitioner's  
\_\_\_\_\_ Husband's \_\_\_\_\_ Respondent's

**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? Yes or No**

\_\_\_\_\_ Dependency \_\_\_\_\_ Child Sexual Abuse \_\_\_\_\_ Domestic Violence  
\_\_\_\_\_ Mental Health \_\_\_\_\_ Substance Abuse

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

**PLEASE DOCKET THIS COMPLETED FORM**

## CHECK LIST FOR ENTRY OF FINAL JUDGMENT WITHOUT PERSONAL APPEARANCE

Fill in the Date of Filing of each item or indicate "N/A" if appropriate.

- \_\_\_\_\_ Petition: (Including UCCJA)
  - \_\_\_\_\_ Restoration of former name pled? Yes/No If yes, must include with DOB in the Final Judgment.
  - \_\_\_\_\_ Child Support Guidelines Worksheet (Rule 12.285(j)) (if applicable)
  - \_\_\_\_\_ Answer and/or Waiver by Respondent or Default
  - \_\_\_\_\_ Notice of Social Security Number (Fam. Law Form 12.901(j))
  - \_\_\_\_\_ Settlement Agreement(s) as to all financial and property issues signed by both Parties
  - \_\_\_\_\_ Parenting Course Certificates and Parenting Plan (if applicable)
  - \_\_\_\_\_ Motion, Waiver of Hearing, and/or Final Hearing Testimony signed by both Parties
  - \_\_\_\_\_ Financial Affidavit for both Parties, or exception: \_\_\_\_\_
  - \_\_\_\_\_ Order on Motion to Deviate from Guidelines if CSG amount differ from F.J. and IDO/IWO
  - \_\_\_\_\_ Copy of **Florida** driver's license
  - \_\_\_\_\_ Issue Date of **Florida** driver's license: \_\_\_\_\_
  - \_\_\_\_\_ Income Deduction Order (All Support)/Income Withholding Order (if Child Support)
  - \_\_\_\_\_ Order approving alternative payment method for child support if not through SDU
- 

### **Initial Below Confirming Completion or N/A if it does not apply**

- \_\_\_\_\_ PDF of FJ with Parties' names and addresses
- \_\_\_\_\_ ALL Agreements
- \_\_\_\_\_ Vital Statistics form
- \_\_\_\_\_ Final Disposition form (1.998)

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

\_\_\_\_\_  
Attorney at Law

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

CASE NO.: \_\_\_\_\_  
DIVISION: FM-D

\_\_\_\_\_,

Petitioner,  
and

\_\_\_\_\_,

Respondent

**MOTION AND WAIVER REQUESTING EX PARTE FINAL HEARING,  
WITH FINAL HEARING SWORN TESTIMONY**

**WHEREAS**, this case has been settled by written agreement(s); and

**WHEREAS**, the parties have been advised of their right to a final evidentiary hearing in person before the court, when such is possible, but have chosen this procedure;

**THEREFORE**, the parties and all counsel request that the Court enter a Final Judgment for Dissolution of Marriage without further notice to either party or delay, and based upon the following:

A. **SETTLEMENT**: This case has been resolved by a written:

I. \_\_\_\_ Settlement Agreement, or

II. \_\_\_\_ Default properly entered by the Clerk of Court with no Children, Marital Property or Liabilities;

B. **WAIVER**: Petitioner and Respondent, unless defaulted, have signed this document to waive their legal right to a final evidentiary hearing in person before the Court. They consent that this case will be concluded by an attorney at law submitting the necessary written documents to the court for its review and entry of a Final Judgment.

C. **COMPLETE CHECK LIST:** Along with this application, two (2) completed checklists will be filed and provided to the Court.

D. **WAITING PERIOD:** The waiting period of twenty (20) days (Sect. 61.19. F.S.) from the date of filing has expired.

**FINAL HEARING SWORN TESTIMONY:**

A. I am/We are the \_\_\_\_\_ Petitioner and \_\_\_\_\_ Respondent.

B. I /We have read the Petition for Dissolution and it is true and correct.

C. Petitioner has been a Florida resident since \_\_\_\_\_.

D. Petitioner's Florida Driver's License or State Identification Card is proof of Petitioner's Florida residency and a copy is attached hereto; date of issuance is 6 months prior to filing date of the Petition, which was filed on\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.

E. The marriage is irretrievably broken, I do not want to be married any longer, and no delay or counseling will save my marriage.

F. Neither I, nor my spouse, to the best of my knowledge, am/is pregnant at this time and all children born during this marriage are included in the proposed Final Judgment.

G. There were \_\_\_\_\_ child(ren) born and:

\_\_\_\_\_ are under 18.

\_\_\_\_\_ are over 18 years of age;

\_\_\_\_\_ one or more child has as mental or physical disability;

\_\_\_\_\_ no child is mentally or physically disabled;

H. Name Change: Do you want your former name restored?      Yes   /   No

I. Name to be restored: \_\_\_\_\_ Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

J. All marital property and debts and alimony rights, if any, have been fairly determined in the Agreement(s) filed, and all agreements were entered into knowingly, voluntarily, and freely. All issues related to children have been set out in the signed Parenting Plan, which I /we agree is in the best interests of the child(ren).

K. \_\_\_\_Petitioner's / \_\_\_\_ Respondent's attorney at law, as an officer of the court, placed each party under oath, advised them that they were subject to the penalties of perjury, providing that this document contains only true and factual statements.

**UNDER PENALTY OF PERJURY**, the undersigned Petitioner and Respondent swear or affirm to tell the truth, the whole truth, and nothing but the truth. This document is true and correct and expresses the uncoerced desire of the undersigned.

**DATED:** \_\_\_\_\_

**DATED:** \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF PETITIONER**

\_\_\_\_\_  
**SIGNATURE OF RESPONDENT**

\_\_\_\_\_  
**ATTORNEY FOR PETITIONER**

\_\_\_\_\_  
**ATTORNEY FOR RESPONDENT**

**STATE OF FLORIDA  
COUNTY OF DUVAL**

Sworn to or affirmed and subscribed before me by means of:

\_\_\_\_ physical presence or \_\_\_\_ online notarization, this \_\_\_\_ day of \_\_\_\_\_ by  
**PETITIONER**, \_\_\_\_\_. Said party is \_\_\_\_ personally known to me or they produced  
identification of \_\_\_\_\_.

\_\_\_\_\_

Notary Public – State of Florida

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

Commission Stamp:

**STATE OF FLORIDA  
COUNTY OF DUVAL**

Sworn to or affirmed and subscribed before me by means of:

\_\_\_\_ physical presence or \_\_\_\_ online notarization, this \_\_\_\_ day of \_\_\_\_\_ by  
**RESPONDENT**, \_\_\_\_\_. Said party is \_\_\_\_ personally known to me or they produced  
identification of \_\_\_\_\_.

\_\_\_\_\_

Notary Public – State of Florida

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

Commission Stamp:

**\*The following pages are to be used as a guide\***

## **Proposed Order**

# **Child Support Guidelines**



# Putting Children First

# **Petitioner's ID**