

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

CHECKLIST FOR PATERNITY CASES AND MODIFICATIONS

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

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 Paternity without further notice to either party or delay, and based upon the following:

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

- I. \_\_\_\_ Consent Agreement,
- II. \_\_\_\_ Settlement Agreement, or
- III. \_\_\_\_ Default properly entered by the Clerk of Court.

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, one (1) completed checklist 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 Consent Order Modifying Final Judgment of Paternity, Child Support and Timesharing, 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. 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;

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