

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

CASE NO.: 16-____-DR-____-FM
DIVISION: FM-B

IN RE: The Matter of:

_____,
Petitioner,
and
_____,
Respondent.
_____ /

PRETRIAL STIPULATION - PATERNITY ACTIONS

PURSUANT to Order Setting this case for Pretrial Conference and Trial, counsel for the parties met and stipulated as follows: (add extra pages if needed)

1. Appearances

Petitioner, _____, Age _____, Counsel _____

Respondent, _____, Age _____, Counsel _____

2. Type of proceedings (e.g: original dissolution of marriage; modification; paternity, etc.)

3. Names, ages, and birth dates of children born (if any):

_____, born _____, age _____

_____, born _____, age _____

_____, born _____, age _____

4. **Children presently reside with:**

_____ Mother

_____ Father

_____ Other: _____

5. **Children First In Divorce Course Completed by:**

Mother/Wife ____ Yes, ____ No; Father ____ Yes, ____ No

6. **Issue as to primary residential parent?** ____ Yes, ____ No

7. **Shared Parental Responsibility:**

____ Parties agree; ____ Sole parental responsibility sought by _____

8. **Visitation issue:** ____ Non-Structured; ____ Structured

Indicate requested structure by each party, if in controversy:

9. **Employment:**

A. (a) Father employed by _____ and earns

\$ _____ gross; \$ _____ net; per _____

(b) All retirement plans _____

and the number of years in each plan: _____.

B. (a) Mother employed by _____ and earns

\$ _____ gross; \$ _____ net; per _____

(b) All retirement plans _____

and the number of years in each plan: _____.

10. **Child Support:**

A. Amount paid per week during pendency of suit:

\$ _____ Voluntarily; \$ _____ Temporary award/date _____

B. Total support sought per week/month: \$ _____

C. Support offered per week/month: \$ _____

D. (a) Medical and dental insurance to be paid by:

_____ Mother, _____ Father, _____ In Controversy

(b) Is insurance provided by either party's employer:

_____ Mother, _____ Father

E. Costs of medical and dental expenses not covered by insurance to be paid by:

_____ Mother, _____ Father, _____ Shared by parties,

_____ In controversy

F. Additional special circumstances suggesting from guidelines: _____

G. Guidelines support amount: \$ _____

11. **What life insurance is presently available to each party?**

_____ Mother, _____ Father

12. **Witnesses and nature of testimony (other than parties and residential witnesses):**

Mother: _____

Father: _____

NOTE: Counsel shall discuss all witnesses and testimony prior to final hearing for agreement on admission without objection of introductory, cumulative, and uncontroverted testimony, which can be read into record at final hearing.

13. **Exhibits:**

A. Mandatory UP-TO-DATE Financial Affidavits of each of the parties.

B. Mother (other exhibits): _____

C. Father (other exhibits): _____

NOTE: Counsel shall review all exhibits prior to final hearing and agree, where reasonable, to admission thereof without objection.

14. **The parties make the following additional stipulations:**

15. **Attorney's fees and court costs sought by:**

_____ Mother, _____ Father

A. _____ Issue to be reserved for consideration subsequent to final hearing.

B. _____ Issue to be heard at trial by affidavit or by testimony.

NOTE: All parties seeking attorney's fees at the time of final hearing or subsequent thereto must file a verified statement as to the manner of time spent, along with a detailed list of costs.

DATED this _____ day of _____, 20____.

**Attorney for Husband or
Husband in proper person**

**Attorney for Wife or
Wife in proper person**