

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

Case No.: \_\_\_\_\_  
Division: \_\_\_\_\_

In re: The Marriage of:

\_\_\_\_\_,  
Petitioner,

and

\_\_\_\_\_,  
Respondent.

### PETITION FOR DISSOLUTION OF MARRIAGE WITH DEPENDENT OR MINOR CHILD(REN)

I, {full legal name} \_\_\_\_\_, the

Petitioner, being sworn, certify that the following statements are true:

1. JURISDICTION/RESIDENCE

Petitioner  Respondent  Both has (have) lived in Florida for at least 6 months before the filing of this Petition for Dissolution of Marriage.

2. Petitioner  is or  is not a member of the military service.  
Respondent  is or  is not a member of the military service.

3. MARRIAGE HISTORY

Date of marriage: {month, day, year} \_\_\_\_\_  
Date of separation: {month, day, year} \_\_\_\_\_ ( Please indicate if approximate)  
Place of marriage: {county, state, country} \_\_\_\_\_

4. DEPENDENT OR MINOR CHILD(REN)

{Choose **all** that apply}

- a.  Petitioner is pregnant. Baby is due on: {date} \_\_\_\_\_  
b.  Respondent is pregnant. Baby is due on: {date} \_\_\_\_\_  
c.  The minor (under 18) child(ren) common to both parties are:

Name	Birth date
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
d.  The minor child(ren) born or conceived during the marriage who are **not** common to both parties are:

**Name**

**Birth date**

\_\_\_\_\_  
\_\_\_\_\_  
The birth parent (s) of the above minor child(ren) is (are): *{name and address}*

\_\_\_\_\_  
e.  The child(ren) common to both parties who are 18 or older but who are dependent upon the parties due to a mental or physical disability are:

**Name**

**Birth date**

- \_\_\_\_\_  
\_\_\_\_\_  
5. A completed Family Law Financial Affidavit, Florida Family Law Rules of Procedure Form 12.902(b) or (c) *{choose only one}*  is filed with this petition or  will be timely filed.
6. A completed Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) Affidavit, Florida Supreme Court Approved Family Law Form 12.902(d), is filed with this petition. (You **must** complete and attach this form in a dissolution of marriage with minor child(ren)).
7. A completed Notice of Social Security Number, Florida Supreme Court Approved Family Law Form 12.902(j), is filed with this petition.
8. This petition for dissolution of marriage should be granted because:  
*{Choose only one}*
- a.  The marriage is irretrievably broken.

**OR**

- b.  One of the parties has been adjudged mentally incapacitated for a period of 3 years prior to the filing of this petition. A copy of the Judgment of Incapacity is attached.

#### **SECTION I. MARITAL ASSETS AND LIABILITIES**

1.  There are no marital assets or liabilities.

**OR**

2.  There are marital assets or liabilities. All marital and nonmarital assets and liabilities are (or will be) listed in the financial affidavits, Florida Family Law Rules of Procedure Form 12.902(b) or (c), filed in this case.

{Indicate **all** that apply}

- a.  All marital assets and liabilities have been divided by a written agreement between the parties, which is attached, to be incorporated into the final judgment of dissolution of marriage. (The parties may use Marital Settlement Agreement for Dissolution of Marriage with Dependent or Minor Child(ren), Florida Supreme Court Approved Family Law Form 12.902(f)(1).

- b.  The Court should determine how the assets and liabilities of this marriage are to be distributed, under section 61.075, Florida Statutes.

- c.  Petitioner  Respondent should be awarded an interest in the other spouse's property because:

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## SECTION II. SPOUSAL SUPPORT (ALIMONY)

1.  Petitioner  Respondent forever gives up any right to spousal support (alimony) from the other spouse.

OR

2.  Petitioner  Respondent requests that the Court order the other spouse to pay the following spousal support (alimony) and claims that he or she has an actual need for the support that he or she is requesting **and that the other spouse has the ability to pay that support.** Spousal support (alimony) is requested in the amount of \$ \_\_\_\_\_ every:  week  other week  month, or  other \_\_\_\_\_ beginning {date} \_\_\_\_\_ and continuing until {date or event} \_\_\_\_\_.

Explain why the Court should order  Petitioner  Respondent to pay, and any specific request(s) for type of alimony (temporary, permanent, bridge-the-gap, durational, rehabilitative, and/or lump sum):

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3.  Other provisions relating to alimony, including any tax treatment and consequences:

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4.  Petitioner requests life insurance on the other spouse's life, provided by that spouse, to secure such support.

**SECTION III. PARENTING PLAN ESTABLISHING PARENTAL RESPONSIBILITY AND TIME-SHARING**

1. The minor child(ren) currently reside(s) with  Petitioner  Respondent  Other: *{explain}* \_\_\_\_\_

2. **Parental Responsibility.** It is in the child(ren)'s best interests that parental responsibility be: *{Choose only one}*

a.  shared by both parents;

b.  awarded solely to  Petitioner  Respondent . Shared parental responsibility would be detrimental to the child(ren) because: \_\_\_\_\_

3. **Parenting Plan and Time-Sharing.** It is in the best interests of the child(ren) that the family be ordered to comply with a Parenting Plan that  includes  does not include parental time-sharing with the child(ren). For purposes of a Parenting Plan, the Petitioner will be referred to as *{name or designation}* \_\_\_\_\_, and the Respondent will be referred to as *{name or designation}* \_\_\_\_\_. The Petitioner states that it is in the best interests of the child(ren) that:

*{Choose only one}*

a.  The attached proposed Parenting Plan should be adopted by the court. The parties *{Choose only one}*  have  have **not** agreed to the Parenting Plan.

b.  Each child will have time-sharing with both parents as follows: \_\_\_\_\_

(  Indicate if a separate sheet is attached.)

c.  The court should establish a Parenting Plan with the following provisions for:

*{Insert name or designation of the appropriate parent in the space provided}*

No time-sharing for Parent \_\_\_\_\_

Limited time-sharing with Parent \_\_\_\_\_

Supervised Time-Sharing for Parent \_\_\_\_\_ Parent \_\_\_\_\_;

Supervised or third-party exchange of the child(ren).

Explain:

4. Explain why this request is in the best interests of the child(ren):

**SECTION IV. CHILD SUPPORT**

*{Choose all that apply}*

1.  Petitioner requests that the Court award child support as determined by Florida's child support guidelines, section 61.30, Florida Statutes. A completed Child Support Guidelines Worksheet, Florida Family Law Rules of Procedure Form 12.902(e),  is, or  will be filed. Such support should be ordered retroactive to:
  - a.  the date of separation *{date}* \_\_\_\_\_.
  - b.  the date of the filing of this petition.
  - c.  other *{date}* \_\_\_\_\_ *{explain}* \_\_\_\_\_.
  
2.  Petitioner requests that the Court award child support to be paid beyond the age of 18 years because:
  - a.  the following child(ren) *{name(s)}* \_\_\_\_\_ is (are) dependent because of a mental or physical incapacity which began before the age of 18. *{explain}* \_\_\_\_\_.
  
  - b.  the following child(ren) *{name(s)}* \_\_\_\_\_ is (are) dependent in fact, is (are) in high school, and are between the ages of 18 and 19; said child(ren) is (are) performing in good faith with reasonable expectation of graduation before the age of 19.
  
3.  Petitioner requests that the Court award a child support amount that is more than or less than Florida's child support guidelines and understands that a Motion to Deviate from Child Support Guidelines, Florida Supreme Court Approved Family Law Form 12.943, **must** be filed before the Court will consider this request.
  
4.  Petitioner requests that medical/dental insurance for the minor child(ren) be provided by:

*{Choose only one}*

  - a.  Petitioner
  - b.  Respondent.
  
5.  Petitioner requests that uninsured medical/dental expenses for the child(ren) be paid:

*{Choose only one}*

  - a.  by Petitioner;
  - b.  by Respondent;
  - c.  equally by the spouses *{each spouse pays one-half}*.
  - d.  according to the percentages in the Child Support Guidelines Worksheet, Florida Family Law Rules of Procedure Form 12.902(e).
  - e.  Other *{explain}*: \_\_\_\_\_

6.  Petitioner requests that life insurance to secure child support be provided by the other spouse.

**SECTION V. OTHER**

1. Petitioner requests to be known by the following former legal name, which was:  
*{former legal name}*: \_\_\_\_\_.
2. Other relief *{specify}* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION VI. REQUEST**

*{This section summarizes what you are asking the Court to include in the final judgment of dissolution of marriage.}*

Petitioner requests that the Court enter an order dissolving the marriage **and**:

*{Indicate **all** that apply}*

1.  distributing marital assets and liabilities as requested in Section I of this petition;
2.  awarding spousal support (alimony) as requested in Section II of this petition;
3.  adopting or establishing a Parenting Plan containing provisions for parental responsibility and time-sharing for the dependent or minor child(ren) common to both parties, as requested in Section III of this petition;
4.  establishing child support for the dependent or minor child(ren) common to both parties, as requested in Section IV of this petition;
5.  restoring Petitioner's former name as requested in Section V of this petition;
6.  awarding other relief as requested in Section V of this petition; and any other terms the Court deems necessary.

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

Dated \_\_\_\_\_

\_\_\_\_\_  
Signature of Petitioner  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Designated 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 Petitioner.

This form was completed with the assistance of:

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

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

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

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