

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA

In re: the Marriage of:

Case No: _____

Division: _____

_____,
Petitioner,

and

_____,
Respondent.

**PETITION FOR SUPPORT AND PARENTING PLAN UNCONNECTED
WITH 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

_____ Petitioner _____ Respondent _____ Both live in Florida at the filing of this Petition for Support and Parenting Plan Unconnected with Dissolution of Marriage, which is filed pursuant to section 61.09, Florida Statutes.

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}* _____ (Indicate if approximate).

Place of marriage: *{county, state, country}* _____.

4. MINOR CHILD(REN)

*[Indicate **all** that apply]*

a. _____ Petitioner is pregnant. The baby is due on: *{date}* _____

b. _____ Respondent is pregnant. The baby is due on: *{date}* _____

c. _____ The minor (under 18) child(ren) common to both parties, conceived or born during the marriage, are:

Name

Birth date

d. _____ 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 incapacity are:

Name

Birth date

5. A completed Notice of Social Security Number, Florida Supreme Court Approved Family Law Form 12.902(j), is filed with this petition.
6. A completed Family Law Financial Affidavit, Florida Family Law Rules of Procedure Form 12.902(b) or (c) _____ is filed with this petition or _____ will be timely filed.
7. A completed Child Support Guidelines Worksheet, Florida Family Law Rules of Procedure Form 12.902(e), _____ is filed with this petition, or _____ will be timely filed.
8. 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.

SECTION I. SPOUSAL SUPPORT (ALIMONY)

1. _____ **Petitioner does not request spousal support (alimony) from Respondent at this time.**

OR

2. _____ Respondent has the ability to contribute to Petitioner's support and has failed to do so. Petitioner requests that the Court order Respondent to pay spousal support (alimony) to Petitioner, who claims that he or she has an actual need for the support that he or she is requesting. 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 Respondent to pay and any specific request(s) for type of alimony (temporary, permanent, rehabilitative, bridge-the-gap, durational, and/or lump sum):

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

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

SECTION II. 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 III. CHILD SUPPORT

1. Respondent has the ability to contribute to the support of his or her minor child(ren) and has failed to do so. Based upon the time-sharing schedule, the Petitioner is entitled to child support.

[Indicate all that apply]

2. _____ Petitioner requests that the Court award child support as determined by Florida’s child support guidelines, section 61.30, Florida Statutes.

3. _____ Petitioner requests that the Court award child support to be paid beyond the age of 18 years by Respondent because:

a. _____ the following child(ren), {name(s)} _____,
is (are) dependent because of a mental or physical incapacity which began prior to the
age of 18 {explain}: _____
_____;

b. _____ the following child(ren), {name(s)} _____,
is (are) dependent in fact, is (are) in high school and is (are) between the ages of 18 and
19; said child(ren) is (are) performing in good faith with a reasonable expectation of
graduation before the age of 19.

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 (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:
_____ Respondent _____ both spouses.

SECTION IV. OTHER RELIEF

SECTION V. REQUEST

(This section summarizes what you are asking the Court to include in the order for support.)

Petitioner requests that the Court enter an order:

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

- 1. ____ awarding spousal support (alimony) as requested in Section I of this petition;
- 2. ____ adopting or establishing a Parenting Plan containing provisions for parental responsibility and time-sharing for the dependent or minor child(ren), as requested in Section II of this petition;
- 3. ____ establishing child support for the minor child(ren), as requested in Section III of this petition;
- 4. ____ awarding other relief as requested in Section IV of this petition; and any other items 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}* _____.