

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 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 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 the other spouse at this time.**

**OR**

2.  Respondent has the ability to contribute to the support of the other spouse and has failed to do so. Petitioner requests that the Court order the other spouse to pay the following spousal support (alimony) and claims that he or she has a need for the support that he or she is requesting. Spousal support (alimony) is requested in the amount of \$\_\_\_\_\_ every  week  other week  month, 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. 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.

[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.

## SECTION III. OTHER RELIEF

\_\_\_\_\_  
\_\_\_\_\_.

**SECTION IV. 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 establishing support **and**:

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

- a.  awarding spousal support (alimony) as requested in Section I of this petition;
- b.  establishing child support for the minor child(ren) as requested in Section II of this petition;
- c.  awarding other relief as requested in Section III 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}* \_\_\_\_\_.