

****IMPORTANT****



It is strongly recommended that you file your paperwork DURING THE MORNING BUSINESS HOURS to allow sufficient time during the day for the court to review your request. Pursuant to Administrative Order number 2010- 044, all Petitions for Protective Injunctions must be filed in the Clerk's office before 4 p.m. for same day processing.

Please contact your respective Domestic Violence Center for emergency shelter and assistance after hours:

New Port Richey:

Salvation Army Domestic Violence Center
P.O. Box 5517
Hudson, FL 34674
(727) 856-5797

Dade City:

Sunrise Domestic Violence Center
P.O. Box 928
Dade City, FL 33526
(352) 521-3120

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

Petitioner,

Case No.: _____

and

Division: _____

Respondent.

PETITION FOR INJUNCTION FOR PROTECTION AGAINST DOMESTIC VIOLENCE

I, {full legal name} _____, declare under penalties of perjury,
that the following statements are true:

SECTION I. PETITIONER

(This section is about you. It must be completed. However, if you fear that disclosing your address to the respondent would put you in danger, you should complete and file a Request for Confidential Filing of Address, Florida Supreme Court Approved Family Law Form 12.980(h), and write "confidential" in the space provided on this form for your address and telephone number.)

1. Petitioner's current address is: {street address} _____
{city, state, and zip code} _____
Telephone Number: {area code and number} _____
Physical description of Petitioner:
Race: _____ Sex: Male _____ Female _____ Date of Birth: _____

2. Petitioner's attorney's name, address, and telephone number is: _____

(If you do not have an attorney, write none.)

SECTION II. RESPONDENT

(This section is about the person you want to be protected from. It must be completed.)

1. Respondent's current address is: {street address, city, state, and zip code} _____

Respondent's Driver's License number is: {if known} _____

2. Respondent is: *{Indicate all that apply}*
 - a. _____ the spouse of Petitioner.
Date of Marriage: _____
 - b. _____ the former spouse of Petitioner.
Date of Marriage: _____
Date of Dissolution of Marriage: _____
 - c. _____ related by blood or marriage to Petitioner.
Specify relationship: _____
 - d. _____ a person who is or was living in one home with Petitioner, as if a family.
 - e. _____ a person with whom Petitioner has a child in common, even if Petitioner and Respondent never were married or living together.

3. Petitioner has known Respondent since *{date}* _____

4. Respondent's last known place of employment: _____
Employment address: _____
Working hours: _____

5. Physical description of Respondent:
Race: _____ Sex: Male _____ Female _____ Date of Birth: _____
Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____
Distinguishing marks or scars: _____
Vehicle: (make/model) _____ Color: _____ Tag Number: _____

6. Other names Respondent goes by (aliases or nicknames): _____

7. Respondent's attorney's name, address, and telephone number is: _____

(If you do not know whether Respondent has an attorney, write unknown. If Respondent does not have an attorney, write none.)

SECTION III. CASE HISTORY AND REASON FOR SEEKING PETITION (This section must be completed.)

1. Has Petitioner ever received or tried to get an injunction for protection against domestic violence against Respondent in this or any other court?
_____ Yes _____ No If yes, what happened in that case? *{Include case number, if known}*

_____.

2. Has Respondent ever received or tried to get an injunction for protection against domestic violence against Petitioner in this or any other court?

_____ Yes _____ No If yes, what happened in that case? *{Include case number, if known}*

3. Describe **any other** court case that is either going on now or that happened in the past, including a dissolution of marriage, paternity action, or child support enforcement action, **between Petitioner and Respondent** *{Include city, state, and case number, if known}*: _____

4. Petitioner is either a victim of domestic violence or has reasonable cause to believe he or she is in imminent danger of becoming a victim of domestic violence because respondent has: *{Mark all sections that apply and describe in the spaces below the incidents of violence or threats of violence, specifying when and where they occurred, including, but not limited to, locations such as a home, school, place of employment, or time-sharing exchange}*

a. _____ committed or threatened to commit domestic violence defined in s. 741.28, Florida Statutes, as any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, kidnapping, false imprisonment, or any criminal offense resulting in physical injury or death of one family or household member by another. With the exception of persons who are parents of a child in common, the family or household members must be currently residing or have in the past resided together in the same single dwelling unit.

b. _____ previously threatened, harassed, stalked, or physically abused the petitioner.

c. _____ attempted to harm the petitioner or family members or individuals closely associated with the petitioner.

d. _____ threatened to conceal, kidnap, or harm the petitioner's child or children.

e. _____ intentionally injured or killed a family pet.

f. _____ used, or has threatened to use, against the petitioner any weapons such as guns or knives.

g. _____ physically restrained the petitioner from leaving the home or calling law enforcement.

h. _____ a criminal history involving violence or the threat of violence (if known).

i. _____ another order of protection issued against him or her previously or from another jurisdiction (if known).

j. _____ destroyed personal property, including, but not limited to, telephones or other communication equipment, clothing, or other items belonging to the petitioner.

k. _____ engaged in a pattern of abusive, threatening, intimidating, or controlling behavior composed of a series of acts over a period of time, however short.

l. _____ engaged in any other behavior or conduct that leads the petitioner to have reasonable cause to believe he or she is in imminent danger of becoming a victim of domestic violence.

SECTION IV. TEMPORARY EXCLUSIVE USE AND POSSESSION OF HOME (Complete this section **only** if you want the Court to grant you temporary exclusive use and possession of the home that you share with the Respondent.)

1. Petitioner claims the following about the home that Petitioner and Respondent share or that Petitioner left because of domestic violence:

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

a. _____ Petitioner needs the exclusive use and possession of the home that the parties share at *{street address}* _____,

{city, state, zip code} _____.

b. _____ Petitioner cannot get another safe place to live because: _____

c. _____ If kept out of the home, Respondent has the money to get other housing or may live without money at *{street address}* _____,

{city, state, zip code} _____.

2. The home is:

*{Choose **one** only}*

a. _____ owned or rented by Petitioner and Respondent jointly.

b. _____ solely owned or rented by Petitioner.

c. _____ solely owned or rented by Respondent.

SECTION V. TEMPORARY PARENTING PLAN WITH TEMPORARY TIME-SHARING SCHEDULE FOR MINOR CHILDREN

*(Complete this section **only** if you are asking the court to provide a temporary parenting plan, including a temporary time-sharing schedule with regard to, the minor child or children of the parties which might involve prohibiting or limiting time-sharing or requiring that it be supervised by a third party. You must be the natural parent, adoptive parent, or guardian by court order of the minor child or children. If you are asking the court to provide a temporary parenting plan, including a temporary time-sharing schedule with regard to, the minor child or children of the parties which might involve prohibiting or limiting time-sharing or requiring that it be supervised by a third party, you must also complete and file a **Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) Affidavit**, Florida Supreme Court Approved Family Law Form 12.902(d)).*

Note: If the paternity of the minor children listed below has not been established through either marriage or court order, the Court may deny a request to provide a temporary parenting plan, including a temporary time-sharing schedule with regard to, the minor child or children, and/or a request for child support.

1. Petitioner is the natural parent, adoptive parent, or guardian by court order of the minor children whose name(s) and age(s) are listed below.

Name

Birth date

_____	_____
_____	_____
_____	_____
_____	_____

2. The minor children for whom Petitioner is asking the court to provide a temporary parenting plan, including a temporary time-sharing schedule with regard to:

{Choose one only}

- a. _____ saw the domestic violence described in this petition happen.
- b. _____ were at the place where the domestic violence happened but did not see it.
- c. _____ were not there when the domestic violence happened this time but have seen previous acts of domestic violence by Respondent.
- d. _____ have not witnessed domestic violence by Respondent.

3. Name **any other** minor children who were there when the domestic violence happened. Include children's name, age, and parents' names. _____

4. **Temporary Parenting Plan and Temporary Time-Sharing Schedule**

{Indicate all that apply}

- a. _____ Petitioner requests that the Court provide a temporary parenting plan, including a temporary time-sharing schedule, with regard to the minor child or children of the parties, as follows: _____

_____.
- b. _____ Petitioner requests that the Court order supervised exchange of the minor children or exchange through a responsible person designated by the Court. The following person is suggested as a responsible person for purposes of such exchange. *{Explain}*: _____
_____.
- c. _____ Petitioner requests that the Court limit time-sharing by Respondent with the minor children. *{Explain}*: _____
_____.
- d. _____ Petitioner requests that the Court **prohibit** time-sharing by Respondent with the minor children because Petitioner genuinely fears that Respondent imminently will abuse, remove, or hide the minor children from Petitioner. *{Explain}*: _____

_____.
- e. _____ Petitioner requests that the Court allow only supervised time-sharing by Respondent with the minor children. *{Explain}*: _____

Supervision should be provided by a Family Visitation Center, or other *(specify)*: _____
_____.

SECTION VI. EXCLUSIVE CARE, POSSESSION, OR CONTROL OF FAMILY PET(S) *(Complete this section only if you are seeking exclusive care, possession, or control of an animal owned, possessed, harbored, kept, or held by you (the Petitioner), the Respondent, or a minor child residing in either your residence or household or Respondent's residence or household. The court may order the Respondent to have no contact with the animal and may prohibit the Respondent from taking, transferring, encumbering, concealing, harming, or otherwise disposing of the animal. You may not request to have exclusive care, possession, or control of an animal owned primarily for a bona fide agricultural purpose, as defined in section 193.461, Florida Statutes, or a service animal, as defined in section 413.08, Florida Statutes, if Respondent is the service animal's handler.) {Indicate **all** that apply}.*

1. _____ Petitioner requests to have exclusive care, possession, and control of the following animal(s) which are owned, possessed, harbored, kept, or held by Petitioner, Respondent, or a minor child residing in Petitioner's or Respondent's residence or household: _____
_____.
2. _____ Petitioner requests that Respondent have no contact with the following animal(s) and be prohibited from taking, transferring, encumbering, concealing, harming, or otherwise disposing of them:
_____.

SECTION VII. TEMPORARY SUPPORT *(Complete this section **only** if you are seeking financial support from the Respondent. You must also complete and file a **Family Law Financial Affidavit**, Florida Family Law Rules of Procedure Form 12.902(b) or (c), and **Notice of Social Security Number**, Florida Supreme Court Approved Family Law Form 12.902(j), if you are seeking child support. A **Child Support Guidelines Worksheet**, Florida Family Law Rules of Procedure Form 12.902(e), must be filed with the court at or prior to a hearing to establish or modify child support.)*

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

1. _____ Petitioner claims a need for the money he or she is asking the Court to make Respondent pay, and that Respondent has the ability to pay that money.
2. _____ Petitioner requests that the Court order Respondent to pay the following temporary alimony to Petitioner. (Petitioner must be married to Respondent to ask for temporary alimony.) Temporary Alimony Requested \$ _____ every: _____ week _____ other week _____ month.
3. _____ Petitioner requests that the Court order Respondent to pay the following temporary child support to Petitioner. (The Respondent must be the natural parent, adoptive parent, or guardian by court order of the minor children for the court to order the Respondent to pay child support.) Temporary child support is requested in the amount of \$ _____ every: _____ week _____ other week _____ month.

SECTION VIII. INJUNCTION (This section summarizes what you are asking the Court to include in the injunction. This section must be completed.)

1. Petitioner asks the Court to enter a TEMPORARY INJUNCTION for protection against domestic violence that will be in place from now until the scheduled hearing in this matter.

2. Petitioner asks the Court to enter, after a hearing has been held on this petition, a final judgment on injunction prohibiting Respondent from committing any acts of domestic violence against Petitioner **and**:
 - a. prohibiting Respondent from going to or within 500 feet of any place the Petitioner lives;
 - b. prohibiting Respondent from going to or within 500 feet of the Petitioner's place(s) of employment or school; the address of Petitioner's place(s) of employment or school is: _____
_____;
 - c. prohibiting Respondent from contacting Petitioner by mail, by telephone, through another person, or in any other manner;
 - d. prohibiting Respondent from knowingly and intentionally going to or within 100 feet of Petitioner's motor vehicle;
 - e. prohibiting Respondent from defacing or destroying Petitioner's personal property;

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

- f. _____prohibiting Respondent from going to or within 500 feet of the following place(s) Petitioner or Petitioner's minor children must go often {include address}:
_____;
- g. _____granting Petitioner temporary exclusive use and possession of the home Petitioner and Respondent share;
- h. _____granting Petitioner on a temporary basis 100% of the time sharing with the parties' minor children;
- i. _____establishing a temporary parenting plan including a temporary time-sharing schedule for the parties' minor children;
- j. _____granting Petitioner exclusive care, possession, or control of the animal(s) identified in paragraph 1 of Section VI which are owned, possessed, harbored, kept or held by Petitioner, Respondent, or a minor child residing in Petitioner or Respondent's residence or household;
- k. _____prohibiting Respondent from having any contact with the animal(s) identified in paragraph 2 of Section VI or from taking, transferring, encumbering, concealing, harming, or otherwise disposing of them;
- l. _____granting temporary alimony for Petitioner;
- m. _____granting temporary child support for the minor children;
- n. _____ordering Respondent to participate in treatment, intervention, and/or counseling services;

- o. _____referring Petitioner to a certified domestic violence center; and any other terms the Court deems necessary for the protection of Petitioner and/or Petitioner’s children, including injunctions or directives to law enforcement agencies, as provided in Section 741.30, Florida Statutes.

I UNDERSTAND THAT BY FILING THIS PETITION, I AM ASKING THE COURT TO HOLD A HEARING ON THIS PETITION, THAT BOTH THE RESPONDENT AND I WILL BE NOTIFIED OF THE HEARING, AND THAT I MUST APPEAR AT THE HEARING. I UNDERSTAND THAT IF EITHER RESPONDENT OR I FAIL TO APPEAR AT THE FINAL HEARING, WE WILL BE BOUND BY THE TERMS OF ANY INJUNCTION OR ORDER ISSUED AT THAT HEARING.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE. I UNDERSTAND THAT THE STATEMENTS MADE IN THIS PETITION ARE BEING MADE UNDER PENALTIES OF PERJURY, PUNISHABLE AS PROVIDED IN SECTION 92.525, FLORIDA STATUTES.

Dated: _____

Signature of Petitioner
Printed Name: _____
{Do not write your address if you are filing or have filed a Request for Confidential Filing of Address, Form 12.980(h).}
Address: _____
City, State, Zip: _____
Telephone Number: _____
Designated E-Mail Address(es): _____

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: {choose only **one**} () Petitioner () Respondent

This form was completed with the assistance of:

{name of individual} _____
{name of business or individual} _____
{address} _____
{city} _____, {state} _____, {telephone number} _____
{email address} _____

COVER SHEET FOR FAMILY COURT CASES

I. Case Style

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

Case No.: _____

Judge: _____

Petitioner,

and

Respondent.

II. Type of Action/Proceeding. Place a check beside the proceeding you are initiating. If you are filing more than one type of proceeding (such as a modification and an enforcement proceeding) against the same party at the same time, then you must complete a separate cover sheet for each action being filed. **If you are reopening a case, choose one of the three options below it.**

- (A) ___ Initial Action/Petition
- (B) ___ Reopening Case
 - 1. ___ Modification/Supplemental Petition
 - 2. ___ Motion for Civil Contempt/Enforcement
 - 3. ___ Other

III. Type of Case. If the case fits more than one type of case, select the most definitive.

- (A) ___ Simplified Dissolution of Marriage
- (B) ___ Dissolution of Marriage
- (C) ___ Domestic Violence
- (D) ___ Dating Violence
- (E) ___ Repeat Violence
- (F) ___ Sexual Violence
- (G) ___ Stalking
- (H) ___ Support IV-D (Department of Revenue, Child Support Enforcement)
- (I) ___ Support Non-IV-D (**not** Department of Revenue, Child Support Enforcement)
- (J) ___ UIFSA IV-D (Department of Revenue, Child Support Enforcement)
- (K) ___ UIFSA Non-IV-D (**not** Department of Revenue, Child Support Enforcement)
- (L) ___ Support for Dependent Adult Children – all matters related to support of a dependent adult child.
- (M) ___ Other Family Court
- (N) ___ Adoption Arising Out Of Chapter 63

- (O) ___ Name Change
- (P) ___ Paternity/Disestablishment of Paternity
- (Q) ___ Juvenile Delinquency
- (R) ___ Petition for Dependency
- (S) ___ Shelter Petition
- (T) ___ Termination of Parental Rights Arising Out Of Chapter 39
- (U) ___ Adoption Arising Out Of Chapter 39
- (V) ___ CINS/FINS
- (W) ___ Petition for Temporary or Concurrent Custody by Extended Family
- (X) ___ Emancipation of a Minor

IV. Rule of General Practice and Judicial Administration 2.545(d) requires that a Notice of Related Cases Form, Family Law Form 12.900(h), be filed with the initial pleading/petition by the filing attorney or self-represented litigant in order to notify the court of related cases. Is Form 12.900(h) being filed with this Cover Sheet for Family Court Cases and initial pleading/petition?

- ___ No, to the best of my knowledge, no related cases exist.
- ___ Yes, all related cases are listed on Family Law Form 12.900(h).

ATTORNEY OR PARTY SIGNATURE

I CERTIFY that the information I have provided in this cover sheet is accurate to the best of my knowledge and belief.

Signature _____ FL Bar No.: _____
 Attorney or party (Bar number, if attorney)

 (Type or print name) (E-mail Address(es))

 Date

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: *{choose only one}* ___ Petitioner ___ Respondent

This form was completed with the assistance of:

{name of individual} _____

{name of business} _____

{address} _____

{city} _____, *{state}* _____, *{zip code}* _____, *{telephone number}* _____.



Pasco Sheriff's Office PROTECTIVE INJUNCTION WORKSHEET

(Continued)



Is the respondent currently in jail? Yes No **If yes, which county?** _____

Respondent Home Address: _____
STREET CITY ZIP CODE

Employer: _____ **Phone Number:** _____

Employer Address: _____
STREET CITY ZIP CODE

Work Schedule/Hours: _____ **Occupation:** _____

OTHER POSSIBLE HANG OUTS

Address: _____
STREET CITY ZIP CODE

Address: _____
STREET CITY ZIP CODE

Phone Number: _____ **Alternate Number:** _____

VEHICLE INFORMATION

Year: _____ **Make:** _____ **Model:** _____ **Color:** _____

License Plate (if known): _____

Is the respondent known to carry a weapon? Yes No **If yes, What type:** _____

ADDITIONAL INFORMATION

Please provide any additional information that may assist law enforcement in locating the Respondent

COUNTY OF SERVICE

Hernando Hillsborough Pasco Pinellas Polk Other: _____

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

Case No.: _____
Division: _____

Petitioner,

and

Respondent.

UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA) AFFIDAVIT

I, {full legal name} _____, being sworn, certify that the following statements are true:

1. The number of minor child(ren) subject to this proceeding is _____. The name, place of birth, birth date, and sex of each child; the present address, periods of residence, and places where each child has lived **within the past five (5) years**; and the name, present address, and relationship to the child of each person with whom the child has lived during that time are:

THE FOLLOWING INFORMATION IS TRUE ABOUT CHILD # 1 :

Child's Full Legal Name: _____
Place of Birth: _____ Date of Birth: _____ Sex: _____

Child's Residence for the past 5 years:

Dates (From/To)	Address (including city and state) where child lived	Name and present address of person child lived with	Relationship to child
____/____/present*			
____/____			
____/____			
____/____			

___/___			
___/___			

*** If you are the petitioner in an injunction for protection against domestic violence case and you have filed a Request for Confidential Filing of Address, Florida Supreme Court Approved Family Law Form 12.980(h), you should write confidential in any space on this form that would require you to enter the address where you are currently living.**

THE FOLLOWING INFORMATION IS TRUE ABOUT CHILD # ___ :

Child's Full Legal Name: _____
 Place of Birth: _____ Date of Birth: _____ Sex: _____

Child's Residence for the past 5 years:

Dates (From/To)	Address (including city and state) where child lived	Name and present address of person child lived with	Relationship to child
___/present			
___/___			
___/___			
___/___			
___/___			
___/___			

THE FOLLOWING INFORMATION IS TRUE ABOUT CHILD # ___ :

Child's Full Legal Name: _____
 Place of Birth: _____ Date of Birth: _____ Sex: _____

Child's Residence for the past 5 years:

Dates (From/To)	Address (including city and state) where child lived	Name and present address of person child lived with	Relationship to child
___/present			

___/___			
___/___			
___/___			
___/___			
___/___			

2. Participation in custody or time-sharing proceeding(s):

[Choose only one]

_____ I HAVE NOT participated as a party, witness, or in any capacity in any other litigation or custody proceeding in this or any other state, jurisdiction, or country, concerning parental responsibility for, custody of, or time-sharing or visitation with a child subject to this proceeding.

_____ I HAVE participated as a party, witness, or in any capacity in any other litigation or custody proceeding in this or another state, jurisdiction, or country, concerning parental responsibility for, custody of, or time-sharing or visitation with a child subject to this proceeding.

Explain:

- a. Name of each child: _____
- b. Type of proceeding: _____
- c. Court and state: _____
- d. Date of court order or judgment (if any): _____

3. Information about custody or time-sharing proceeding(s):

[Choose only one]

_____ I HAVE NO INFORMATION of any parental responsibility, custody, time-sharing, or visitation proceeding pending in a court of this or any other state, jurisdiction, or country concerning a child subject to this proceeding.

_____ I HAVE THE FOLLOWING INFORMATION concerning a parental responsibility, custody, time-sharing, or visitation proceeding pending in a court of this or another state concerning a child subject to this proceeding, other than set out in item 2. *Explain:*

- a. Name of each child involved in said litigation: _____
- b. Type of proceeding: _____
- c. Court and state: _____
- d. Date of court order or judgment (if any): _____
- e. Case Number: _____

4. **Persons not a party to this proceeding:**

[Choose only one]

_____ I DO NOT KNOW OF ANY PERSON in this or any other state, jurisdiction, or country, who is not a party to this proceeding and who has physical custody or claims to have parental responsibility for, custody of, or time-sharing or visitation with respect to any child subject to this proceeding.

_____ I KNOW THAT THE FOLLOWING NAMED PERSON(S), not a party to this proceeding, has (have) physical custody or claim(s) to have parental responsibility for, custody of, or time-sharing or visitation with respect to any child subject to this proceeding:

a. Name and address of person: _____

_____ has physical custody
_____ claims parental responsibility or custody rights
_____ claims time-sharing or visitation

Name of each child: _____

Relationship to child, if any: _____

b. Name and address of person: _____

_____ has physical custody
_____ claims parental responsibility or custody rights
_____ claims time-sharing or visitation

Name of each child: _____

Relationship to child, if any: _____

c. Name and address of person: _____

_____ has physical custody
_____ claims parental responsibility or custody rights
_____ claims time-sharing or visitation

Name of each child: _____

Relationship to child, if any: _____

5. **Knowledge of prior child support proceedings:**

[Choose only one]

_____ The child(ren) described in this affidavit are NOT subject to existing child support order(s) in this or any other state, jurisdiction, or country..

_____ The child(ren) described in this affidavit are subject to the following existing child support order(s):

a. Name of each child: _____

b. Type of proceeding: _____

c. Court and address: _____

d. Date of court order/judgment (if any): _____

e. Amount of child support ordered to be paid and by whom: _____

6. I acknowledge that I have a continuing duty to advise this Court of any parental responsibility, custody, time-sharing or visitation , child support, or guardianship proceeding (including dissolution of marriage, separate maintenance, child neglect, or dependency) concerning the child(ren) in this state or any other state about which information is obtained during this proceeding.
7. A completed Notice of **Confidential Information within Court Filing**, Florida Rules of Judicial Administration Appendix to Rule 2.420 Form, is filed with this Affidavit.

I certify that a copy of this document was () e-served () mailed () faxed and mailed () hand delivered to the person(s) listed below on {date} _____.

Other party or his/her attorney:

Name: _____
Address: _____
City, State, Zip: _____
Fax Number: _____
Designated E-mail Address(es): _____

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

Dated: _____

Signature of Party
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

IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT
OF THE STATE OF FLORIDA IN AND FOR PINELLAS/PASCO COUNTY
CIRCUIT CIVIL NO: _____

IN RE:

_____,
Petitioner

and

_____,
Respondent.

PETITIONER'S WAIVER OR NON-WAIVER OF RETURN HEARING

I, _____, the Petitioner herein, have filed a Petition for Protection Against Domestic Violence Dating Violence Repeat Violence Stalking/Cyberstalking,or Sexual Violence. I understand that, after reviewing the Petition, the court may:

- a.) Issue a temporary injunction and set the case for hearing with notice to the Respondent, or
- b.) Not issue a temporary injunction and set the case for hearing with notice to the Respondent, or
- c.) Deny the temporary injunction and not set the case for hearing

Petitioner: Please initial either Paragraph A or B below:

_____ A. If the court does not issue a temporary injunction for protection, I request that a hearing be set and understand that notice of the hearing and copy of the Petition for Injunction will be provided to the Respondent.

OR

_____ B. If the court does not issue a temporary injunction for protection, I do **NOT** want a return hearing to be scheduled. I do **NOT** want the Respondent to be served with a notice of hearing or a copy of the Petition for Injunction without a temporary injunction for protection in place. I waive my right under F.S§741.30(5)(b) to have this case set for hearing. I further understand that nothing herein affects my right to amend my petition. I have signed this waiver freely and voluntarily.

Signature of Petitioner

Date

Printed Name: _____

Mailing Address. All parties shall notify the Clerk of the Court of any change in his or her mailing address within 10 days of the change. All Petitioners may submit and update confidential addresses at the Pasco Clerk of Court or contact the Florida Attorney General's Office Address Confidentiality Program.

**INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW
FORM 12.980(h)
REQUEST FOR CONFIDENTIAL FILING OF ADDRESS
(06/18)**

When should this form be used?

If you fear that disclosing your address would put you in danger because you are the victim of sexual battery, aggravated child abuse, stalking, aggravated stalking, harassment, aggravated battery, or domestic violence, you should complete this form and **file** it with the **clerk of the circuit court**.

This form should be typed or printed in black ink. After completing this form, you should **file** the original with the clerk of the circuit court in the county where your petition was filed and keep a copy for your records.

IMPORTANT INFORMATION REGARDING E-FILING

The Florida Rules of Judicial Administration now require that all petitions, pleadings, and documents be filed electronically except in certain circumstances. **Self-represented litigants may file petitions or other pleadings or documents electronically; however, they are not required to do so.** If you choose to file your pleadings or other documents electronically, you must do so in accordance with Florida Rule of Judicial Administration 2.525, and you must follow the procedures of the judicial circuit in which you file. **The rules and procedures should be carefully read and followed.**

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

Case No.: _____
Division: _____

Petitioner,

and

Respondent.

REQUEST FOR CONFIDENTIAL FILING OF ADDRESS

I, *{full legal name}* _____, request that the Court maintain and hold as confidential, the following address:

Address _____		
City _____	State _____	Zip _____
Telephone (area code and number) _____		

This request is being made for the purpose of keeping the location of my residence unknown for safety reasons pursuant to section 119.071(2)(j)1, section 741.30(3)(b)(a), section 784.046(4)(b)1, and section 784.0485(3)(b)1, Florida Statutes, or other statutory provision providing for the separate confidential filing for safety reasons.

Dated: _____
Signature _____

CLERK'S CERTIFICATE AS TO REQUEST FOR CONFIDENTIAL FILING OF ADDRESS

I, _____, as Clerk of the Circuit Court, do hereby certify that I received and filed the above and will keep the above address confidential, subsequent to further order of the Court relative to such confidentiality.

CLERK OF THE CIRCUIT COURT

(SEAL)

By: _____
{Deputy Clerk}

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

Case No.: _____

Division: _____

_____,
Petitioner,

and

_____,
Respondent.

FAMILY LAW FINANCIAL AFFIDAVIT (SHORT FORM)

(Under \$50,000 Individual Gross Annual Income)

I, {full legal name} _____, being sworn, certify that the following information is true:

My Occupation: _____ Employed by: _____

Business Address: _____

Pay rate: \$ _____ () every week () every other week () twice a month () monthly
() other: _____

___ Check here if unemployed and explain on a separate sheet your efforts to find employment.

SECTION I. PRESENT MONTHLY GROSS INCOME:

All amounts must be MONTHLY. See the instructions with this form to figure out money amounts for anything that is NOT paid monthly. Attach more paper, if needed. Items included under "other" should be listed separately with separate dollar amounts.

1. \$ _____ Monthly gross salary or wages
2. _____ Monthly bonuses, commissions, allowances, overtime, tips, and similar payments
3. _____ Monthly business income from sources such as self-employment, partnerships, close corporations, and/or independent contracts (gross receipts minus ordinary and necessary expenses required to produce income) (Attach sheet itemizing such income and expenses.)
4. _____ Monthly disability benefits/SSI
5. _____ Monthly Workers' Compensation
6. _____ Monthly Unemployment Compensation
7. _____ Monthly pension, retirement, or annuity payments
8. _____ Monthly Social Security benefits
9. _____ Monthly alimony actually received (Add 9a and 9b)
 - 9a. From this case: \$ _____
 - 9b. From other case(s): \$ _____

10. _____ Monthly interest and dividends
11. _____ Monthly rental income (gross receipts minus ordinary and necessary expenses required to produce income) (Attach sheet itemizing such income and expense items.)
12. _____ Monthly income from royalties, trusts, or estates
13. _____ Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses
14. _____ Monthly gains derived from dealing in property (not including nonrecurring gains)
15. _____ Any other income of a recurring nature (list source) _____
16. _____
17. \$ _____ **TOTAL PRESENT MONTHLY GROSS INCOME** (Add lines 1–16)

PRESENT MONTHLY DEDUCTIONS:

18. \$ _____ Monthly federal, state, and local income tax (corrected for filing status and allowable dependents and income tax liabilities)
 - a. Filing Status _____
 - b. Number of dependents claimed _____
19. _____ Monthly FICA or self-employment taxes
20. _____ Monthly Medicare payments
21. _____ Monthly mandatory union dues
22. _____ Monthly mandatory retirement payments
23. _____ Monthly health insurance payments (including dental insurance), excluding portion paid for any minor children of this relationship
24. _____ Monthly court-ordered child support actually paid for children from another relationship
25. _____ Monthly court-ordered alimony actually paid (Add 25a and 25b)
 - 25a. from this case: \$ _____
 - 25b. from other case(s): \$ _____
26. \$ _____ **TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30, FLORIDA STATUTES**
(Add lines 18 through 25)
27. \$ _____ **PRESENT NET MONTHLY INCOME** (Subtract line 26 from line 17)

SECTION II. AVERAGE MONTHLY EXPENSES

Proposed/Estimated Expenses. If this is a dissolution of marriage case **and** your expenses as listed below do not reflect what you actually pay currently, you should write "estimate" next to each amount that is estimated.

A. HOUSEHOLD:

Mortgage or rent \$ _____
 Property taxes \$ _____
 Utilities \$ _____
 Telephone \$ _____
 Food \$ _____
 Meals outside home \$ _____
 Maintenance/Repairs \$ _____
 Other: _____ \$ _____

B. AUTOMOBILE

Gasoline \$ _____
 Repairs \$ _____
 Insurance \$ _____

C. CHILD(REN)'S EXPENSES

Day care \$ _____
 Lunch money \$ _____
 Clothing \$ _____
 Grooming \$ _____
 Gifts for holidays \$ _____
 Medical/Dental (uninsured) \$ _____
 Other: _____ \$ _____

D. INSURANCE

Medical/Dental (if not listed on lines 23 or 45) \$ _____
 Child(ren)'s medical/dental \$ _____
 Life \$ _____
 Other: _____ \$ _____

E. OTHER EXPENSES NOT LISTED ABOVE

Clothing \$ _____
 Medical/Dental (uninsured) \$ _____
 Grooming \$ _____
 Entertainment \$ _____
 Gifts \$ _____
 Religious organizations \$ _____
 Miscellaneous \$ _____
 Other: _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

F. PAYMENTS TO CREDITORS

CREDITOR:	MONTHLY PAYMENT
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

28. \$ _____ **TOTAL MONTHLY EXPENSES** (add **ALL** monthly amounts in A through F above)

SUMMARY

29. \$ _____ **TOTAL PRESENT MONTHLY NET INCOME** (from line 27 of SECTION I. INCOME)

30. \$ _____ **TOTAL MONTHLY EXPENSES** (from line 28 above)

31. \$ _____ **SURPLUS** (If line 29 is more than line 30, subtract line 30 from line 29. This is the amount of your surplus. Enter that amount here.)

32. (\$ _____) **(DEFICIT)** (If line 30 is more than line 29, subtract line 29 from line 30. This is the amount of your deficit. Enter that amount here.)

SECTION III. ASSETS AND LIABILITIES

Use the nonmarital column only if this is a petition for dissolution of marriage and you believe an item is “nonmarital,” meaning it belongs to only one of you and should not be divided. You should indicate to whom you believe the item(s) or debt belongs. (Typically, you will only use this column if property/debt was owned/owed by one spouse before the marriage. See the “General Information for Self-Represented Litigants” found at the beginning of these forms and section 61.075(1), Florida Statutes, for definitions of “marital” and “nonmarital” assets and liabilities.)

A. ASSETS:

DESCRIPTION OF ITEM(S). List a description of each separate item owned by you (and/or your spouse, if this is a petition for dissolution of marriage). LIST ONLY LAST 4 DIGITS OF ACCOUNT NUMBERS. Check the line next to any asset(s) which you are requesting the judge award to you.	Current Fair Market Value	Nonmarital (check correct column)	
		Petitioner	Respondent
Cash (on hand)	\$		
Cash (in banks or credit unions)			
Stocks, Bonds, Notes			
Real estate: (Home)			
(Other)			
Automobiles			
Other personal property			
Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)			
Other			
_____ Check here if additional pages are attached.			
Total Assets (add next column)	\$		

B. LIABILITIES:

DESCRIPTION OF ITEM(S). List a description of each separate debt owed by you (and/or your spouse, if this is a petition for dissolution of marriage). LIST ONLY LAST 4 DIGITS OF ACCOUNT NUMBERS. Check the line next to any debt(s) for which you believe you should be responsible.	Current Amount Owed	Nonmarital (check correct column)	
		Petitioner	Respondent
<input type="checkbox"/> Mortgages on real estate: First mortgage on home	\$		
<input type="checkbox"/> Second mortgage on home			
<input type="checkbox"/> Other mortgages			
<input type="checkbox"/> Auto loans			
<input type="checkbox"/> Charge/credit card accounts			
<input type="checkbox"/> Other			
<input type="checkbox"/> Check here if additional pages are attached.			
Total Debts (add next column)	\$		

C. CONTINGENT ASSETS AND LIABILITIES:

INSTRUCTIONS: If you have any **POSSIBLE assets** (income potential, accrued vacation or sick leave, bonus, inheritance, etc.) or **POSSIBLE liabilities** (possible lawsuits, future unpaid taxes, contingent tax liabilities, debts assumed by another), you must list them here.

Contingent Assets Check the line next to any contingent asset(s) which you are requesting the judge award to you.	Possible Value	Nonmarital (check correct column)	
		Petitioner	Respondent
<input type="checkbox"/>	\$		
<input type="checkbox"/>			
Total Contingent Assets	\$		

Contingent Liabilities Check the line next to any contingent debt(s) for which you believe you should be responsible.	Possible Amount Owed	Nonmarital (check correct column)	
		Petitioner	Respondent
<input type="checkbox"/>	\$		
<input type="checkbox"/>			
Total Contingent Liabilities	\$		

SECTION IV. CHILD SUPPORT GUIDELINES WORKSHEET

(Florida Family Law Rules of Procedure Form 12.902(e), Child Support Guidelines Worksheet, MUST be filed with the court at or prior to a hearing to establish or modify child support. This requirement cannot be waived by the parties.)

[Check **one** only]

_____ **A Child Support Guidelines Worksheet IS or WILL BE filed in this case.** This case involves the establishment or modification of child support.

_____ **A Child Support Guidelines Worksheet IS NOT being filed in this case.** The establishment or modification of child support is not an issue in this case.

I certify that a copy of this document was [check all used]: () e-mailed () mailed () faxed () hand delivered to the person(s) listed below on {date} _____.

Other party or his/her attorney:

Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____
E-mail Address(es): _____

Under penalties of perjury, I declare that I have read this document and the facts stated in it are true.

Dated: _____

Signature of Party
Printed Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____
E-mail Address(es): _____

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: {choose only **one**} () Petitioner () Respondent

This form was completed with the assistance of:

{name of individual} _____

{name of business} _____

{address} _____

{city} _____, {state} _____, {zip code} _____, {telephone number} _____.

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

Case No.: _____
Division: _____

Petitioner,

and

Respondent.

FAMILY LAW FINANCIAL AFFIDAVIT (LONG FORM)

(\$50,000 or more Individual Gross Annual Income)

I, {full legal name} _____, being sworn, certify that the following information is true:

SECTION I. INCOME

1. My age is: _____
2. My occupation is: _____
3. I am currently

[Check **all** that apply]

a. Unemployed

Describe why you are unemployed, your efforts to find employment, how soon you expect to be employed, the pay you expect to receive, and your highest gross earned income in the past five years: _____

b. Employed by: _____

Address: _____

City, State, Zip code: _____ Telephone Number: _____

Pay rate: \$ _____ () every week () every other week () twice a month
() monthly () other: _____

If you are expecting to become unemployed or change jobs soon, explain why, describe the change you expect, and explain why and how it will affect your income:

____ Check here if you currently have more than one job. List the information above for the second job(s) on a separate sheet and attach it to this affidavit.

c. ____ Retired. Date of retirement: _____

Employer from whom retired: _____

Address: _____

City, State, Zip code: _____ Telephone Number: _____

If you have an anticipated retirement date, please provide the date: _____

____ Check here if you are in or planning to enter the DROP program or any other deferred compensation plan or anticipated retirement plan.

LAST YEAR'S GROSS INCOME:	Your Income	Other Party's Income (if known)
YEAR _____	\$ _____	\$ _____

PRESENT MONTHLY GROSS INCOME:

All amounts must be MONTHLY. See the instructions with this form to figure out money amounts for anything that is NOT paid monthly. Attach more paper, if needed. Items included under "other" should be listed separately with separate dollar amounts.

1. \$ _____ Gross salary or wages
2. _____ Bonuses, commissions, allowances, overtime, tips, and similar payments
3. _____ Business income from sources such as self-employment, partnerships, close corporations, and/or independent contracts (Gross receipts minus ordinary and necessary expenses required to produce income.) **(Attach sheet itemizing such income and expenses.)**
4. _____ Disability benefits/SSI for you
5. _____ Workers' compensation
6. _____ Reemployment assistance
7. _____ Pension, retirement, or annuity payments
8. _____ Social Security benefits
9. _____ Alimony actually received (Add 9a and 9b)
 - 9a. From this case: _____
 - 9b. From other case(s): _____
10. _____ Interest and dividends
11. _____ Rental income (gross receipts minus ordinary and necessary expenses required to produce income) **(Attach sheet itemizing such income and expenses for each property.)**
12. _____ Income from royalties, trusts, or estates
13. _____ Reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses **(Attach sheet itemizing such income and expenses.)**
14. _____ Gains derived from dealing in property (not including nonrecurring gains)
_____ Any other income of a recurring nature (identify source):
15. _____
16. _____
17. \$ _____ **TOTAL PRESENT MONTHLY GROSS INCOME** (Add lines 1 through 16).

PRESENT MONTHLY DEDUCTIONS:

All amounts must be MONTHLY. See the instructions with this form to figure out money amounts for anything that is NOT paid monthly.

18. \$_____ Federal, state, and local income tax (corrected for filing status and allowable dependents and income tax liabilities)
- 18a. Filing Status _____
- 18b. Number of dependents claimed _____
19. _____ FICA or self-employment taxes
20. _____ Medicare payments
21. _____ Mandatory union dues
22. _____ Mandatory retirement payments
23. _____ Health insurance payments for you only (including medical, dental, and vision), excluding portion paid for any third party or minor children of this relationship
24. _____ Court-ordered child support actually paid for children from another relationship
25. _____ Court-ordered alimony actually paid (Add 25a and 25b)
- 25a. From this case: _____
- 25b. From other case(s): _____
26. \$_____ **TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30, FLORIDA STATUTES**
(Add lines 18 through 25).
27. \$_____ **PRESENT NET MONTHLY INCOME**
(Subtract line 26 from line 17).

SECTION II. AVERAGE MONTHLY EXPENSES

Expenses. If your expenses as listed below do not reflect what you actually pay currently, you should write "estimate" next to each amount that is estimated.

PRIMARY HOUSEHOLD:

List the number of additional households for which you incur expenses:

(If more than one household, please identify the household for which the listed expenses are incurred and attach a separate sheet listing expenses for each additional household.)

1. \$_____ Mortgage or rent payments
2. _____ Property taxes (if not included in mortgage)
3. _____ Insurance on residence (if not included in mortgage)
4. _____ Condominium maintenance fees and homeowner's association fees
5. _____ Electricity
6. _____ Water, garbage, and sewer
7. _____ Telephone
8. _____ Fuel oil or natural gas
9. _____ Repairs and maintenance
10. _____ Lawn care
11. _____ Pool maintenance
12. _____ Pest control
13. _____ Misc. household
14. _____ Food and home supplies
15. _____ Meals outside home
16. _____ Cable t.v./internet

- 17. _____ Subscription streaming services
- 18. _____ Alarm service contract
- 19. _____ Service contracts on appliances
- 20. _____ Housekeeping service
- 21. _____ Communication technology/remote working subscriptions

Other:

- 22. _____
- 23. _____
- 24. _____
- 25. _____
- 26. _____

27. \$ _____ **SUBTOTAL** (add lines 1 through 26).

AUTOMOBILES:

List the number of automobiles for which you incur expenses: _____.

- 28. \$ _____ Gasoline and oil
- 29. _____ Electric car charging (outside of the home)
- 30. _____ Repairs
- 31. _____ Auto tags
- 32. _____ Insurance
- 33. _____ Payments (lease or financing)
- 34. _____ Rental
- 35. _____ Alternative transportation (bus, rail, carpool, taxi, ridesharing, etc.)
- 36. _____ Tolls and parking
- 37. _____ Automobile subscriptions and roadside services
- 38. _____ Other: _____

39. \$ _____ **SUBTOTAL** (add lines 28 through 35)

MONTHLY EXPENSES FOR MINOR OR DEPENDENT CHILDREN COMMON TO BOTH PARTIES:

List the number of minor or dependent children as defined in Section 743.07 (2), Florida Statutes common to both parties: _____.

- 40. \$ _____ Childcare
- 41. _____ School tuition
- 42. _____ School supplies, books, and fees
- 43. _____ Extracurricular activities
- 44. _____ School uniforms
- 45. _____ Lunch money
- 46. _____ Private lessons or tutoring
- 47. _____ Allowances
- 48. _____ Clothing
- 49. _____ Entertainment (movies, parties, video games etc.)
- 50. _____ Health insurance (including dental and vision)
- 51. _____ Medical, dental, prescriptions (nonreimbursed only)
- 52. _____ Psychiatric/psychological/counselor
- 53. _____ Orthodontic
- 54. _____ Grooming
- 55. _____ Nonprescription medications, supplements, and vitamins

- 56. _____ Cosmetics, toiletries, and sundries
- 57. _____ Gifts from child(ren) to others (other children, relatives, teachers, etc.)
- 58. _____ Camp or summer activities
- 59. _____ Clubs (Boy/Girl Scouts, etc.)
- 60. _____ Cost required to exercise time-sharing (supervised visitation, travel and lodging expenses, etc.)
- 61. _____ Religious training
- 62. _____ Remote learning
- 63. _____ Subscription service (if not listed on line 17 above)
- 64. _____ Other
- 65. \$ _____ **SUBTOTAL** (add lines 40 through 64)

MONTHLY EXPENSES FOR MINOR OR DEPENDENT CHILD(REN) FROM ANOTHER RELATIONSHIP

List the number of minor or dependent children as defined in Florida Statutes Section 743.07 (2) from another relationship: _____.

(other than court-ordered child support)

- 66. \$ _____
- 67. _____
- 68. _____
- 69. _____
- 70. \$ _____ **SUBTOTAL** (add lines 66 through 69)

MONTHLY INSURANCE:

- 71. \$ _____ Health insurance (if not listed on lines 23 of deductions or 50 of expenses)
- 72. _____ Life insurance
- 73. _____ Dental insurance (if not listed on lines 23 of deductions or 50 of expenses)
- 74. _____ Vision insurance (if not listed on lines 23 of deductions or 50 of expenses)
- 75. _____ Long term care insurance
- 76. _____ Disability insurance
- Other:
- 77. _____
- 78. _____
- 79. \$ _____ **SUBTOTAL** (add lines 71 through 78)

OTHER MONTHLY EXPENSES NOT LISTED ABOVE:

- 80. \$ _____ Dry cleaning and laundry
- 81. _____ Clothing
- 82. _____ Medical, dental, and prescription (unreimbursed only)
- 83. _____ Psychiatric, psychological, or counselor (unreimbursed only)
- 84. _____ Non-prescription medications, cosmetics, toiletries, and sundries
- 85. _____ Grooming
- 86. _____ Gifts
- 87. _____ Pet care
- 88. _____ Club dues and membership
- 89. _____ Sports and hobbies
- 90. _____ Entertainment

- 91. _____ Periodicals/books/other subscription service
- 92. _____ Charitable donations
- 93. _____ Gambling and lottery
- 94. _____ Tobacco, alcohol, and vaping
- 95. _____ Attorney fees and court costs
 - 95a. _____ Related to this case
 - 95b. _____ Other
- 96. _____ Professional training fees (unreimbursed only)
- 97. _____ Vacations
- 98. _____ Religious organizations
- 99. _____ Bank charges/credit card fees
- 100. _____ Education expenses (unreimbursed only)
- 101. _____ Other: (include any regular and recurring expenses not otherwise mentioned in the items listed above) _____
- 102. _____
- 103. _____
- 104. _____
- 105. \$ _____ **SUBTOTAL** (add lines 80 through 104)

MONTHLY PAYMENTS TO CREDITORS:

List only when payments are currently made by you on outstanding balances and not listed elsewhere on this affidavit. For student loans listed below, list **each** student loan together with its date of origination. List only last 4 digits of account numbers.

MONTHLY PAYMENT AND NAME OF CREDITOR(S):

- 106. \$ _____
- 107. _____
- 108. _____
- 109. _____
- 110. _____
- 111. _____
- 112. _____
- 113. _____
- 114. _____
- 115. _____
- 116. _____
- 117. _____
- 118. _____
- 119. \$ _____ **SUBTOTAL** (add lines 106 through 118)
- 120. \$ _____ **TOTAL MONTHLY EXPENSES:**
(add lines 27, 39, 65, 70, 79, 105, and 119 of Section II, Expenses)

SUMMARY

- 121. \$ _____ **TOTAL PRESENT MONTHLY NET INCOME** (from line 27 of SECTION I. INCOME)
- 122. \$ _____ **TOTAL MONTHLY EXPENSES** (from line 120 above)
- 123. \$ _____ **SURPLUS** (If line 121 is more than line 122, subtract line 122 from line 121. This is the amount of your surplus. Enter that amount here.)
- 124. (\$ _____) **(DEFICIT)** (If line 122 is more than line 121, subtract line 121 from line 122. This is the amount of your deficit. Enter that amount here.)

SECTION III. ASSETS AND LIABILITIES

A. ASSETS

If you have an equitable distribution schedule or balance sheet that includes the information below, you may attach the document instead of filling out Section III.

INSTRUCTIONS:

STEP 1: Describe the Asset. In column A, list a description of each separate item owned by you (or your spouse, if this is an original action for dissolution). Include items held in a revocable trust. List only the last 4 digits of account numbers. Blank spaces are provided if you need to list more than one of a certain type of asset. If you need to list more assets than blank spaces provided, please attach a separate sheet listing additional assets.

STEP 2: Select Assets. (Initial Dissolution Matter ONLY) If this is an original action for dissolution, check the box to the left of the description in column A next to any asset that you are requesting the judge award to you. **Disregard this step in all other domestic relations matters and proceed to step 4.**

STEP 3: State the Value of Marital Assets and Non-Marital Assets (Initial Dissolution Matter ONLY) If this is an original action for dissolution, in column B, place the current fair market value of all marital assets. If you believe that the asset described in column A is your non-marital asset, write what you believe its fair market value to be in column C under "Petitioner" if you are the Petitioner, or under "Respondent" if you are the Respondent. If the asset has a marital and non-marital component, write what you believe the fair market value of the marital portion is in column B and what you believe the fair market value of the non-marital portion is in the appropriate column in column C. The total of column B and column C must equal the asset value on the appropriate valuation date. Disregard this step in all other domestic relation matters and proceed to step 4.

STEP 4: State the Value of Non-marital Assets. (OTHER THAN Initial Dissolution Matters ONLY) If this is a matter OTHER THAN an original dissolution, write what you believe the fair market value to be in column C under Petitioner if you are the Petitioner, or under Respondent if you are the Respondent. **DO NOT USE COLUMN B in any domestic relations matter that is NOT an original dissolution; use only column C.** See the "General Information for Self-Represented Litigants" found at the beginning of these forms and section 61.075(1), Florida Statutes, for definitions of "marital" and "nonmarital" assets and liabilities.

A ASSETS: DESCRIPTION OF ITEM(S) LIST ONLY LAST FOUR DIGITS OF ACCOUNT NUMBERS. Check the box on the left in column A next to any asset(s) which you are requesting be awarded to you.		B Marital Assets – Current Fair Market Value	C Nonmarital Assets – Current Fair Market Value	
			Petitioner	Respondent
Requesting to be Awarded	Title Owner			
	Cash (on hand)	\$		
	Cash (in banks and credit unions, including checking, savings and money market accounts, certificates of deposit, and in safe deposit boxes)			

	Cash (in digital wallets, including but not limited to Venmo, Apple Wallet, and PayPal)				
	Virtual currency and cryptocurrency (attach a schedule that shows number of units held of virtual currency or cryptocurrency and unit value at time of preparation of this form)				
	Non-Fungible Tokens (NFT) and the like				
	Stocks/Bonds, investment/brokerage accounts				
	Notes (money owed to you in writing)				
	Money owed to you (not evidenced by a note)				
	Real estate: (Home)				
	Real estate (Other)				

	Business interests (also indicate % of ownership interest next to each entity listed)				
	Automobiles				
	Boats				
	Other vehicles				
	Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)				
	Furniture & furnishings in home				
	Furniture & furnishings elsewhere				
	Collectibles and commodities (including but not limited to cards, precious metals, coins, stamps, and art)				
	Jewelry				
	Life insurance (cash surrender value)				

STEP 3: State the Value of Marital Debts and Non-Marital Debts (Initial Dissolution Matter ONLY). If this is an original action for dissolution, in **column B**, write what you believe the current amount owed for each marital debts listed.

If you believe that the debt described in column A is a non-marital debt, write what you believe the current amount owed is in column C under Petitioner if you believe the Petitioner should be responsible for the debt, or under Respondent if you believe the Respondent should be responsible for the debt.

If the debt has a marital and non-marital component, write what you believe the current amount owed of the marital portion is in column B and what you believe the current amount owed of the non-marital portion in the appropriate column in column C. The total of column B and column C must equal the total debt value on the appropriate valuation date. **Disregard this step in all other domestic relations matters and proceed to step 4.**

STEP 4: State Value of Non-Marital Debts (OTHER THAN Initial Dissolution Matters ONLY). If this is a matter OTHER THAN an original dissolution, write what you believe the current amount owed to be in column C under Petitioner, if you are the Petitioner or under Respondent, if you are the Respondent. **DO NOT USE COLUMN B in any domestic relations matter that is NOT an original dissolution; use only column C.** See the “General Information for Self-Represented Litigants” found at the beginning of these forms and section 61.075(1), Florida Statutes, for definitions of “marital” and “nonmarital” assets and liabilities.

A LIABILITIES: DESCRIPTION OF ITEM(S) LIST ONLY LAST FOUR DIGITS OF ACCOUNT NUMBERS. Check the box on the left of column A next to any debt(s) for which you believe you should be responsible.				B Marital Liabilities – Current Amount Owed	C Nonmarital Liabilities – Current Amount Owed	
					Petitioner	Respondent
Requesting to be Responsible for		Debtor/ Obligor/ Title Holder	Creditor			
	Mortgages on real estate			\$		
	Charge/credit card accounts					

C. NET WORTH (excluding contingent assets and liabilities)

\$ _____ **Total Assets** (enter total of Column B in Asset Table; Section A)

\$ _____ **Total Liabilities** (enter total of Column B in Liabilities Table; Section B)

\$ _____ **TOTAL NET WORTH (Total Assets minus Total Liabilities)**

(excluding contingent assets and liabilities)

D. CONTINGENT ASSETS AND LIABILITIES

INSTRUCTIONS:

If you have any **POSSIBLE assets** (possible lawsuits, income potential, accrued vacation or sick leave, bonus, inheritance, etc.) or **POSSIBLE liabilities** (possible lawsuits, future unpaid taxes, contingent tax liabilities, debts assumed by another), you must list them here.

A Contingent Assets Check the box in column A next to any contingent asset(s) which you are requesting the court assign to you.		B Marital Contingent Assets – Possible Value	C Nonmarital Contingent Assets – Possible Value		
			Petitioner	Respondent	
Requesting to be Awarded		Title Owner	\$		
	Stock Options				
	Other				
Total Possible Value of Marital Contingent Assets (add column B)			\$		
Total Possible Value of Nonmarital Contingent Assets (add column C)			\$		

A Contingent Liabilities Check the box in column A next to any contingent debt(s) for which you believe you should be responsible.				B Marital Contingent Liabilities – Possible Amount Owed	C Nonmarital Contingent Liabilities – Possible Amount Owed	
					Petitioner	Respondent
Requesting to be Responsible For		Debtor/ Obligor / Title Holder	Creditor	\$	\$	\$
	Attorney Fees					
Total Possible Amount Owed on Contingent Liabilities				\$	\$	\$

E. CHILD SUPPORT GUIDELINES WORKSHEET. Florida Family Law Rules of Procedure Form 12.902(e), Child Support Guidelines Worksheet, MUST be filed with the court at or prior to a hearing to establish or modify child support. This requirement cannot be waived by the parties. [Check **one** only]

___ **A Child Support Guidelines Worksheet IS or WILL BE filed in this case.** This case involves the establishment or modification of child support.

___ **A Child Support Guidelines Worksheet IS NOT being filed in this case.** The establishment or modification of child support is not an issue in this case.

I certify that a copy of this financial affidavit was [check all used]: () e-mailed, () mailed, () hand delivered to the person(s) listed below on {date} _____.

Other party or his/her attorney:

Name: _____

Address: _____

City, State, Zip: _____

E-mail Address(es): _____

Under penalties of perjury, I declare that I have read this document and the facts stated in it are true.

Dated: _____

Signature of Party
Printed Name: _____
Address: _____
City, State, Zip: _____
E-mail Address(es): _____

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: *{choose only one}* () Petitioner () Respondent

This form was completed with the assistance of:

{name of individual} _____,

{name of business} _____,

{address} _____,

{city} _____, *{state}* _____, *{telephone number}* _____.

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

Case No.: _____
Division: _____

Petitioner,

and

Respondent.

NOTICE OF SOCIAL SECURITY NUMBER

I, {full legal name} _____, certify that my social security number is _____, as required by the applicable section of the Florida Statutes. My date of birth is _____.

*[Choose **one** only]*

- _____ 1. This notice is being filed in a dissolution of marriage case in which the parties have **no** minor or dependent child(ren) in common.
- _____ 2. This notice is being filed in a paternity or child support case, or in a dissolution of marriage in which the parties have minor or dependent children in common. The minor or dependent child(ren)'s name(s), date(s) of birth, and social security number(s) is/are:

Name	Birth date	Social Security Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

{Attach additional pages if necessary.}

Disclosure of social security numbers shall be limited to the purpose of administration of the Title IV-D program for child support enforcement.

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

Dated: _____

Signature of Party
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 _____.

Date: _____

NOTARY PUBLIC or DEPUTY CLERK

[Print, type, or stamp commissioned name of notary or 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: *{choose only one}* _____ Petitioner ___ Respondent
This form was completed with the assistance of:
{name of individual} _____,
{name of business} _____,
{address} _____,
{city} _____, *{state}* _____, *{zip code}* _____, *{telephone number}* _____

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

Case No.: _____
Division: _____

Petitioner,
and

Respondent.

NOTICE OF RELATED CASES

1. Petitioner submits this Notice of Related Cases as required by Florida Rule of General Practice and Judicial Administration 2.545(d). A related case may be an open or closed civil, criminal, guardianship, domestic violence, juvenile delinquency, juvenile dependency, or domestic relations case. A case is "related" to this family law case if it involves any of the same parties, children, or issues and it is pending at the time the party files a family case; if it affects the court's jurisdiction to proceed; if an order in the related case may conflict with an order on the same issues in the new case; or if an order in the new case may conflict with an order in the earlier litigation.

[check **one** only]

There are no related cases.

The following are the related cases (add additional pages if necessary):

Related Case No. 1

Case Name(s): _____

Petitioner _____

Respondent _____

Case No.: _____ Division: _____

Type of Proceeding: [check **all** that apply]

Dissolution of Marriage

Paternity

Custody

Adoption

Child Support

Support for Dependent Adult Children

Modification/Enforcement/Contempt Proceedings

Juvenile Dependency

Juvenile Delinquency

Termination of Parental Rights

Criminal

Domestic/Sexual/Dating/Repeat

Mental Health

Violence or Stalking Injunctions

Other {specify} _____

State where case was decided or is pending: Florida Other: {specify} _____

Name of Court where case was decided or is pending (for example, Fifth Circuit Court, Marion County, Florida): _____

Related Case No. 3

Case Name(s): _____

Petitioner _____

Respondent _____

Case No.: _____ Division: _____

Type of Proceeding: [check **all** that apply]

- Dissolution of Marriage
- Custody
- Child Support
- Modification/Enforcement/Contempt Proceedings
- Juvenile Dependency
- Termination of Parental Rights
- Domestic/Sexual/Dating/Repeat
- Violence or Stalking Injunctions
- Paternity
- Adoption
- Support for Dependent Adult Children
- Juvenile Delinquency
- Criminal
- Mental Health
- Other {specify} _____

State where case was decided or is pending: _____ Florida _____ Other: {specify} _____

Name of Court where case was decided or is pending (for example, Fifth Circuit Court, Marion County, Florida): _____

Title of last Court Order/Judgment (if any): _____

Date of Court Order/Judgment (if any): _____

Relationship of cases check all that apply]:

- pending case involves same parties, children, or issues;
- may affect court's jurisdiction;
- order in related case may conflict with an order in this case;
- order in this case may conflict with previous order in related case.

Statement as to the relationship of the cases: _____

2. [check **one** only]

- I **do not** request coordination of litigation in any of the cases listed above.
- I **do** request coordination of the following cases: _____

3. [check **all** that apply]

- Assignment to one judge
- Coordination of existing cases will conserve judicial resources and promote an efficient determination of these case because: _____

4. The Petitioner acknowledges a continuing duty to inform the court of any cases in this or any other state that could affect the current proceeding.

Dated: _____

Petitioner's Signature
Printed Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____
E-mail Address(es): _____

CERTIFICATE OF SERVICE

I **CERTIFY** that I delivered a copy of this Notice of Related Cases to the _____ County Sheriff's Department or a certified process server for service on the Respondent, and [**check all used**] () e-mailed () mailed () hand delivered, a copy to {name} _____, who is the [**check all that apply**] () judge assigned to new case, () chief judge or family law administrative judge, () {name} _____ a party to the related case, () {name} _____, a party to the related case on {date} _____.

Signature of Petitioner/Attorney for Petitioner
Printed Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
E-mail Address(es): _____
Florida Bar Number: _____

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 {choose **only one**}: () Petitioner () Respondent.

This form was completed with the assistance of:

{name of individual} _____,
{name of business} _____,
{address} _____,
{city} _____ {state} _____, {telephone number} _____.

**IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT,
IN AND FOR PASCO/PINELLAS COUNTY, FLORIDA**

Petitioner,
and

Case No.: _____
Section: _____

Respondent.
_____ /

SUPPLEMENTAL INFORMATION REGARDING PARTIES

The information provided in this form will assist the court and the Clerk of the Circuit Court in identification of related cases pursuant to Florida Rule of Judicial Administration 2.545.

1. Petitioner's Information:

- a. Full Legal Name: _____
- b. Previous Names: _____
(Maiden names, previous married or legal names, aliases (AKA's))
- c. Date of Birth: _____ PID/SPN: _____
- d. Information on Children:
 - i. ___Petitioner does not have any minor children.
 - ii. ___Petitioner has a minor child(ren) **in common** with Respondent.
(If you have checked this line, please complete page 2.)
 - iii. ___Petitioner has a minor child(ren) **NOT in common** with Respondent.
(If you have checked this line, please complete page 3.)

2. Respondent's Information:

- a. Full Legal Name: _____
- b. Previous Names: _____
(Maiden names, previous married or legal names, aliases (AKA's))
- c. Date of Birth: _____ PID/SPN: _____
- d. Information on Children:
 - i. ___Respondent does not have any minor children.
 - ii. ___Respondent has a minor child(ren) **in common** with Petitioner.
(If you have checked this line, please complete page 2.)
 - iii. ___Respondent has a minor child(ren) **NOT in common** with Petitioner.
(If you have checked this line, please complete page 3.)

Case Number:

Section:

3. **Minor Child(ren) In Common:** The number of minor children **In Common** is _____.

Information about child #1: Date of Birth: _____ Sex: _____

Child's Full Legal Name: _____

Has the child's name ever been changed? ___ Yes ___ No

If yes, list the child's name before it was changed: _____

Information about child #2: Date of Birth: _____ Sex: _____

Child's Full Legal Name: _____

Has the child's name ever been changed? ___ Yes ___ No

If yes, list the child's name before it was changed: _____

Information about child #3: Date of Birth: _____ Sex: _____

Child's Full Legal Name: _____

Has the child's name ever been changed? ___ Yes ___ No

If yes, list the child's name before it was changed: _____

Information about child #4: Date of Birth: _____ Sex: _____

Child's Full Legal Name: _____

Has the child's name ever been changed? ___ Yes ___ No

If yes, list the child's name before it was changed: _____

Information about child #5: Date of Birth: _____ Sex: _____

Child's Full Legal Name: _____

Has the child's name ever been changed? ___ Yes ___ No

If yes, list the child's name before it was changed: _____

Information about child #6: Date of Birth: _____ Sex: _____

Child's Full Legal Name: _____

Has the child's name ever been changed? ___ Yes ___ No

If yes, list the child's name before it was changed: _____

If additional space is needed, please use another sheet of paper and attach it to this form.

Case Number:

Section:

4. **Minor Child(ren) NOT In Common:** The number of minor children **NOT In Common** is _____.

Information about child #1: Date of Birth: _____ Sex: _____

Child's Full Legal Name: _____

Has the child's name ever been changed? ___ Yes ___ No

If yes, list the child's name before it was changed: _____

This is the child of (*please check one*): _____ Petitioner _____ Respondent

Information about child #2: Date of Birth: _____ Sex: _____

Child's Full Legal Name: _____

Has the child's name ever been changed? ___ Yes ___ No

If yes, list the child's name before it was changed: _____

This is the child of (*please check one*): _____ Petitioner _____ Respondent

Information about child #3: Date of Birth: _____ Sex: _____

Child's Full Legal Name: _____

Has the child's name ever been changed? ___ Yes ___ No

If yes, list the child's name before it was changed: _____

This is the child of (*please check one*): _____ Petitioner _____ Respondent

Information about child #4: Date of Birth: _____ Sex: _____

Child's Full Legal Name: _____

Has the child's name ever been changed? ___ Yes ___ No

If yes, list the child's name before it was changed: _____

This is the child of (*please check one*): _____ Petitioner _____ Respondent

Information about child #5: Date of Birth: _____ Sex: _____

Child's Full Legal Name: _____

Has the child's name ever been changed? ___ Yes ___ No

If yes, list the child's name before it was changed: _____

This is the child of (*please check one*): _____ Petitioner _____ Respondent

Information about child #6: Date of Birth: _____ Sex: _____

Child's Full Legal Name: _____

Has the child's name ever been changed? ___ Yes ___ No

If yes, list the child's name before it was changed: _____

This is the child of (*please check one*): _____ Petitioner _____ Respondent

If additional space is needed, please use another sheet of paper and attach it to this form.

Case Number:

Section:

5. The undersigned party acknowledges a continuing duty to inform the court of any cases in this or any other state that could affect the current proceeding.

Dated: _____

Party's Signature

Printed Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Fax Number: _____

E-mail Address(es): _____

If a nonlawyer helped you fill out this form, he/she must fill in **ALL** the blanks below:

This form was prepared for the {choose only one}: () Petitioner () Respondent.

This form was completed with the assistance of:

{name of individual} _____

{name of business} _____

{address} _____

{city} _____ {state} _____, {telephone number} _____