***Affordable Documents, Inc.***

Post Office Box 96 ~ Mascotte, Florida 34753

Phone: 352-429-7875 ~ Fax: 352-429-0466

Email: affparalegal@aol.com

Thank you for your call regarding your paternity/custody matter. Enclosed you will find the questionnaire regarding same. Please fill out and return in the enclosed self-addressed envelope with payment and your paperwork will be processed immediately. If you have any questions, please call. Thanks again for your interest in Affordable Documents, Inc.

Sincerely,

Vicki Smith

Document Preparer/Paralegal

***Affordable Documents, Inc.***

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**STATEMENT**

Preparation of Paternity/Custody Determination……………$300.00\*

\*This does not include filing fees, etc.

Thank you for your patronage.

**Affordable Documents, Inc.**

## Service Disclosure and Liability Agreement

1. I, the customer, understand and agree that Affordable Documents, Inc. hereinafter referred to as A.D.I. are not licensed attorney’s and do not practice law in the State of Florida.

2. I understand that A.D.I. may not, will not, and cannot provide me with: legal advice, representation in a court of law, a description of what my rights or remedies are, or tell me how to testify in court.

3. I hereby affirm and declare that I have not received from A.D.I. or any person in it’s employ any legal advice whatsoever; any verbal or written answers as to how to complete the Determination of Paternity Questionnaire, nor as to my rights, obligations or remedies available as a matter of law, nor as to any other matter concerning my Determination of Paternity action.

4. I hereby affirm and declare that A.D.I. has not engaged in any fraudulent, unfair, or deceptive conduct, nor has A.D.I. prepared my Determination of Paternity negligently or fraudulently, and has prepared the same according to my specific instructions, strictly with the information I provided A.D.I. within this Determination of Paternity Questionnaire.

5. I understand and agree that any word processing or typing service errors made by A.D.I. will be corrected by A.D.I. at no charge. However, if the errors or omissions are due to no fault of A.D.I. will be charged an additional fee for any corrections requested. My acceptance of the completed documents prepared by A.D.I. indicates my approval of the contents therein.

6. I understand and agree that any balance due from work performed by A.D.I. is to be paid in full within 60 days from the date stated below. Furthermore, no documents will be released until said balance is paid in full. At the end of the 60 days and if the balance due and owing is not paid in full, A.D.I. may remove my file from pending status without further notice and I will be subject to recharge in the amount originally agreed upon for services rendered, unless other arrangements are made with A.D.I. by me. I further understand and agree that all deposits paid in order to open my file are non-refundable.

7. I understand and agree that A.D.I. will not be held responsible for any completed documents that are lost or stolen.

8. I understand and agree that A.D.I. assumes no liability resulting from my use of any misleading, deceptive, ambiguous, and/or fraudulent information received from me, which is subsequently incorporated into any document I have instructed A.D.I. to prepare for my filing within a court of law.

9. I, the customer hereby direct A.D.I. to process my petition for Determination of Paternity and all other required documents necessary to complete this action from the data received from the following numbered questions. This is a service that A.D.I. offers to the public at-large, and I hereby acknowledge and affirm that I have read the foregoing statements 1 through 9 in full, and that I understand and agree with same, as evidenced by my signature below.

*Customer's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**QUESTIONNAIRE FOR PATERNITY DETERMINATION**

Mother’s name:

Mother’s address:

Mother’s date of birth: Mother’s social security number:

Father’s name:

Father’s address:

Father’s date of birth: Father’s social security number:

Who is initiating the proceedings (petitioner) : \_\_\_\_\_Mother \_\_\_\_\_\_Father

Information regarding the child(ren):

**Name Place of Birth Birth date Sex**

(1)

(2)

(3)

The following information is true for Child #1

**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 for Child #2

**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 for Child #3

**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 have more than three children, please list the same information for each additional child on a separate piece of paper.

Are both parties (mother and father) over the age of 18?

Has either party now, or has been within a 30-day period immediately prior to this date, a person

in the military service of the United States as defined by the Amended Sailors’ and Soldiers’

Civil Relief Act of 1940? If yes, please give details.

Is either party mentally incapacitated? If so, please state name.

# PATERNITY FACTS

[  **one** only]

a. Paternity has previously been established as a matter of law (has the father signed the

paperwork at the hospital recognizing he is the father of the child)

b. The parties engaged in sexual intercourse with each other in the month(s) of *{list month(s) and year(s)}* ,

at *{city and state}* .

As a result of the sexual intercourse, mother conceived and gave birth to the minor child(ren) named in paragraph 1. The mother (    ) was (    ) was not married at the time of the conception and/or birth of the minor child(ren) named in paragraph 1. If the mother was married, the name and address of her husband at the time of conception and/or birth is:

.

**CHILD CUSTODY, PARENTAL RESPONSIBILITY, AND VISITATION**

1. The minor child(ren) currently reside(s) with (    ) Mother (    ) Father (    ) Other: *{explain}*

.

2. **Parental Responsibility.(Decision making)** It is in the child(ren)’s best interests that parental responsibility be:

[  **one** only]

        a. shared by both Father and Mother.

        b. awarded solely to (    ) Father (    ) Mother. Shared parental responsibility would be detrimental to the child(ren) because:

.

3. **Primary Residential Parent (Custody).** It is in the best interests of the child(ren) that the primary residential parent be (    ) Father (    ) Mother (    ) undesignated (    ) rotating because

.

4. **Visitation or Time Sharing.** Petitioner requests that the Court order

[  **all** that apply]

        a. no visitation.

        b. limited visitation.

        c. supervised visitation.

        d. supervised or third-party exchange of child(ren).

        e. visitation or time sharing as determined by the Court.

        f. a visitation or time sharing schedule as follows:

Explain the requested visitation or time sharing schedule:

Explain why this schedule is in the best interests of the child(ren):

Has the above visitation or time sharing schedule been agreed to by the parties? (    ) yes (    ) no

5. The minor child(ren) should

[  **only** one]

        a. retain his/her (their) present name(s).

        b. receive a change of name as follows:

present name(s) be changed to

(1)

(2)

(3)

**CHILD SUPPORT**

[  **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. Such support should be ordered retroactive to

[  **one** only]

        a. the date when the parents did not reside together in the same household with the child, not to exceed a period of 24 months before the date of filing of this petition.

        b. the date of the filing of this petition.

        c. other: *{date}* . *{Explain}*

        2. Petitioner requests that the Court award a child support amount that is more than or less than Florida’s child support guidelines. Petitioner understands that a **Motion to Deviate from Child** **Support Guidelines** **must** be completed before the Court will consider this request.

        3. Petitioner requests that medical/dental insurance coverage for the minor child(ren) be provided by:

[  **one** only]

        a. Father.

        b. Mother.

        4. Petitioner requests that uninsured medical/dental expenses for the child(ren) be paid by:

[  **one** only]

        a. Father.

        b. Mother.

        c. Father and Mother each pay one-half.

        d. Father and Mother each pay according to the percentages in the **Child Support Guidelines Worksheet**, \_Florida Family Law Rules of Procedure Form 12.902(e).

        e. Other *{explain}*:

.

        5. Petitioner requests that life insurance to secure child support be provided by:

[  **one** only]

        a. Father.

        b. Mother.

        c. Both.

        6. (    ) Petitioner (    ) Respondent (    ) Both has (have) incurred medical expenses in the amount of $ on behalf of the minor child(ren), including hospital and other expenses incidental to the birth of the minor child(ren). There should be an appropriate allocation or apportionment of these expenses.

        7. (    ) Petitioner (    ) Respondent (    ) Both has (have) received past public assistance for this (these) minor child(ren).

## PARENTING PLAN INFORMATION

(this must be completed to the best of your ability, if something doesn’t apply to your situation, please put N/A)

1. **PARENTS**

**Mother**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Father**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **CHILDREN**: This parenting plan is for the following child(ren) born to, or adopted by the parties: (*add additional lines as needed*)

Name Date of Birth Sex

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **JURISDICTION**

The United States is the country of habitual residence of the child(ren).

The State of Florida is the child(ren)’s home state for the purposes of the Uniform Child Custody Jurisdiction and Enforcement Act.

This Parenting Plan is a child custody determination for the purposes of the Uniform Child Custody Jurisdiction and Enforcement Act, the International Child Abduction Remedies Act, 42 U.S.C. Sections 11601 et seq., the Parental Kidnapping Prevention Act, and the Convention on the Civil Aspects of International Child Abduction enacted at the Hague on October 25, 1980, and for all other state and federal laws.

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. **PARENTAL RESPONSIBILITY** **AND DECISION MAKING**

* 1. **Parental Responsibility (Choose only one)**

[ ] **Shared** Parental Responsibility.

It is in the best interests of the child(ren) that the parents confer and **jointly** make all major decisions affecting the welfare of the child(ren). Major decisions include, but are not limited to, decisions about the child(ren)’s education, healthcare, and other responsibilities unique to this family.

**OR**

[ ] **Shared** Parental Responsibility with Decision Making Authority

It is in the best interests of the child(ren) that the parents confer and attempt to agree on the major decisions involving the child(ren). If the parents are unable to agree, the authority for making major decisions regarding the child(ren) shall be as follows:

Education/Academic decisions [ ] Mother [ ] Father

Non-emergency health care [ ] Mother [ ] Father

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Mother [ ] Father

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Mother [ ] Father

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Mother [ ] Father

**OR**

[ ] **Sole** Parental Responsibility:

It is in the best interests of the child(ren) that the [ ] Mother [ ] Father shall have sole authority to make major decisions for the child(ren.)

* 1. **Day-to-Day Decisions**

Each parent shall make decisions regarding day-to-day care and control of each child while the child is with that parent. Regardless of the allocation of decision making in the parenting plan, either parent may make emergency decisions affecting the health or safety of the child(ren) when the child is residing with that parent. A parent who makes an emergency decision shall share the decision with the other parent as soon as reasonably possible.

* 1. **Extra-curricular Activities ( Choose all that apply)**

[ ] Either parent may register the child(ren) and allow them to participate in the activity of the child(ren)’s choice.

[ ] The parents must mutually agree to all extra-curricular activities.

[ ] The parent with the minor child(ren) shall transport the minor child(ren) to and/or from all mutually agreed upon extra-curricular activities, providing all necessary uniforms and equipment within the parent’s possession.

[ ] The costs of the extra-curricular activities shall be paid by:

Mother \_\_\_\_\_\_% Father \_\_\_\_\_\_\_\_\_\_ %

[ ] The uniforms and equipment required for the extra-curricular activities shall be paid by:

Mother \_\_\_\_\_\_\_ % Father \_\_\_\_\_\_\_\_\_\_\_\_%

[ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

1. **INFORMATION SHARING**. Unless otherwise indicated or ordered by the Court:

Both parents shall have access to medical and school records pertaining to the child(ren) and shall be permitted to independently consult with any and all professionals involved with the child(ren). The parents shall cooperate with each other in sharing information related to the health, education, and welfare of the child(ren) and they shall sign any necessary documentation ensuring that both parents have access to said records.

Each parent shall be responsible for obtaining records and reports directly from the school and health care providers.

Both parents have equal rights to inspect and receive governmental agency and law enforcement records concerning the child(ren).

Both parents shall have equal and independent authority to confer with the child(ren)’s

school, day care, health care providers, and other programs with regard to the child(ren)’s educational, emotional, and social progress.

Both parents shall be listed as “emergency contacts” for the child(ren).

Each parent has a continuing responsibility to provide a residential, mailing, or contact address and contact telephone number to the other parent. Each parent shall notify the other parent in writing within 24 hours of any changes. Each parent shall notify the court in writing within seven (7) days of any changes.

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. **SCHEDULING**
   1. **School Calendar**

If necessary, on or before \_\_\_\_\_\_\_\_\_\_\_\_\_\_ of each year, both parents should obtain a copy of the school calendar for the next school year. The parents shall discuss the calendars and the time-sharing schedule so that any differences or questions can be resolved.

The parents shall follow the school calendar of: (Choose all that apply)

[ ] the oldest child

[ ] the youngest child

[ ] the school calendar for \_\_\_\_\_\_\_\_\_\_\_\_\_\_ County

[ ] the school calendar for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School

* 1. **Academic Break Definition**

When defining academic break periods, the period shall begin at the end of the last scheduled day of classes before the holiday or break and shall start on the first day of regularly scheduled classes after the holiday or break.

* 1. **Schedule Changes (**Choose all that apply)

[ ] A parent making a request for a schedule change will make the request as soon as possible, but in any event, except in cases of emergency, no less than \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ before the change is to occur.

[ ] A parent requesting a change of schedule shall be responsible for any additional child care, or transportation costs caused by the change.

[ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. **TIME-SHARING SCHEDULE**
2. **Weekday and Weekend Schedule**

The following schedule shall apply beginning on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with the

[ ] Mother [ ] Father and continue as follows:

* + 1. The child(ren) shall spend time with the **Mother** on the following dates and times:

WEEKENDS: [ ] Every [ ] Every Other [ ] Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

From\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WEEKDAYS: Specify days \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER: (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* + 1. The child(ren) shall spend time with the **Father** on the following dates and times:

WEEKENDS: [ ] Every [ ] Every Other [ ] Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

From\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WEEKDAYS: Specify days \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER: (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* + 1. **Check box if there is a different time sharing schedule for any child. Complete a separate Attachment for each child for whom there is a different time sharing schedule.**

[ ] There is a different time-sharing schedule for the following child(ren) in Attachment \_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(Name of Child) (Name of Child)

1. **Holiday Schedule** (Choose only one)

[ ] No holiday time sharing shall apply. The regular time-sharing schedule set forth above shall apply.

[ ] Holiday time-sharing shall be as the parties agree.

[ ] Holiday time-sharing shall be in accordance with the following schedule. The Holiday schedule will take priority over the regular weekday, weekend, and summer schedules. Fill in the blanks with Mother or Father to indicate where the child(ren) will be for the holidays. Provide the beginning and ending times. If a holiday is not specified as even, odd, or every year with one parent, then the child(ren) will remain with the parent in accordance with the regular schedule

(Please state “Mother” or “Father” in the space applicable. If not applicable, put N/A. Ex. If the

mother gets the children every year for Mother’s day, you would put Mother under Every Year

for Mother’s Day)

**Holidays Even Years Odd Years Every Year Begin/End Time**

Mother’s Day \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s day \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

President’s Day \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Martin Luther King Day \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Easter \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Passover \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Memorial Day Weekend \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4th of July \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Labor Day Weekend \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Columbus Day Weekend \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Halloween \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thanksgiving \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Veteran’s Day \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hanukkah \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yom Kippur \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rosh Hashanah \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child(ren)’s Birthdays \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This holiday schedule may affect the regular Time-Sharing Schedule. Parents may wish to specify one or more of the following options:

[ ] When the parents are using an alternating weekend plan and the holiday schedule would result in one parent having the child(ren) for three weekends in a row, the parents will exchange the following weekend, so that each has two weekends in a row before the regular alternating weekend pattern resumes.

[ ] If a parent has the child(ren) on a weekend immediately before or after an unspecified holiday or non-school day, they shall have the child(ren) for the holiday or non-school day.

1. **Winter Break**
2. Entire Winter Break (Choose only one)

[ ] The [ ] Mother [ ] Father shall have the child(ren) from the day and time school is dismissed until December \_\_\_\_\_ at \_\_\_ a.m./p. m in [ ]odd-numbered years [ ] even-numbered years [ ] every year. The other parent will have the children for the second portion of the Winter Break. The parties shall alternative the arrangement each year.

[ ] The [ ] Mother [ ] Father shall have the child(ren) for the entire Winter Break during

[ ] odd-numbered years [ ] even-numbered years [ ] every year.

[ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Specific Winter Holidays**

If not addressed above, the specific Winter Holidays such as Christmas, New Year’s Eve, Hanukkah, Kwanzaa, etc. and shall be shared as follows:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Spring Break** (Choose only one)

[ ] The parents shall follow the regular schedule.

[ ] The parents shall alternate the entire Spring Break with the Mother having the

child(ren) during the [ ]odd-numbered years [ ]even numbered years.

[ ] The [ ] Father [ ] Mother shall have the child(ren) for the entire Spring Break every year.

[ ] The Spring Break will be evenly divided. The first half of the spring Break will go to the parent whose regularly scheduled weekend falls on the first half and the second half going to the parent whose weekend falls during the second half.

[ ] Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. **Summer Break** (Choose only one)

[ ] The parents shall follow the regular schedule through the summer.

[ ] The [ ] Mother [ ] Father shall have the entire Summer Break from \_\_\_\_\_\_\_\_\_\_ after school is out until \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ before school starts.

[ ] The parents shall equally divide the Summer Break. During [ ] odd-numbered years

[ ] even numbered years, the [ ] Mother [ ] Father shall have the children from \_\_\_\_\_\_\_\_ after school is out until \_\_\_\_\_\_\_\_. The other parent shall have the child(ren) for the second one-half of the summer break. The parents shall alternate the first and second one-halves each year unless otherwise agreed. During the extended periods of time-sharing, the other parent shall have the child(ren) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

[ ] Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Number of Overnights:**

Based upon the time-sharing schedule, the Mother has a total of \_\_\_\_\_ overnights per year and the Father has a total of \_\_\_\_\_ overnights per year. **Note: The two numbers must equal 365.**

1. **[ ] If not set forth above,** the parties shall have time-sharing in accordance with the schedule which is attached and incorporated herein.
2. **TRANSPORTATION AND EXCHANGE OF CHILD(REN)**
3. **Transportation** (Choose only one)

[ ] The [ ] Mother [ ] Father shall provide all transportation.

[ ] The parent beginning their time-sharing shall provide transportation for the child(ren).

[ ] The parent ending their time-sharing shall provide transportation for the child(ren).

[ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. **Exchange** (Choose only one)

Both parents shall have the child(ren) ready on time with sufficient clothing packed and ready at the agreed upon time of exchange. If a parent is more than \_\_\_\_\_\_ minutes late without contacting the other parent to make other arrangements, the parent with the child(ren) may proceed with other plans and activities.

[ ] Exchanges shall be at Mother’s and Father’s homes unless both parents agree to a different meeting place.

[ ] Exchanges shall occur at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ unless both parties agree in advance to a different meeting place.

[ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. **Transportation Costs** (Choose only one)

[ ] Transportation costs are included in the Child Support Worksheets and/or the Order for Child Support and should not be included here.

[ ] The Mother shall pay \_\_\_\_\_\_% and the Father shall pay \_\_\_\_\_\_ % of the transportation costs.

[ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. **Foreign and Out-Of-State Travel** (Choose only one)

[ ] Either parent may travel with the child(ren) during his/her time-sharing. The parent traveling with the child(ren) shall give the other parent at least \_\_\_\_ days written notice before traveling out of state unless there is an emergency, and shall provide the other parent with a detailed itinerary, including locations and telephone numbers where the child(ren) and parent can be reached at least \_\_\_\_ days before traveling.

[ ] Either parent may travel out of the country with the child(ren) during his/her time-sharing. At least \_\_\_ days prior to traveling, the parent shall provide a detailed itinerary, including locations, and telephone numbers where the child(ren) and parent may be reached during the trip. Each parent agrees to provide whatever documentation is necessary for the other parent to take the child(ren) out of the country.

[ ] If a parent wishes to travel out of the country with the child(ren), he/she shall provide the following security for the return of the child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

[ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. **EDUCATION**
2. **School designation.** For purposes of school boundary determination and registration, the

[ ] Mother’s [ ] Father’s address shall be designated.

1. (*If Applicable*) The following provisions are made regarding private or home schooling: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Other.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **DESIGNATION FOR OTHER LEGAL PURPOSES**

The child(ren) named in this Parenting Plan are scheduled to reside the majority of the time with the [ ] Mother [ ] Father. This majority designation is SOLELY for purposes of all other state and federal laws which require such a designation. **This designation does not affect either parent’s rights and responsibilities under this parenting plan.**

1. **COMMUNICATION**
2. **Between Parents**

All communications regarding the child(ren) shall be between the parents. The parents shall not use the child(ren) as messengers to convey information, ask questions, or set up schedule changes.

The parents shall communicate with each other by: (Choose all that apply)

[ ] in person

[ ] by telephone

[ ] by letter

[ ] by e-mail

[ ] Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. **Between Parent and Child(ren)**

Both parents shall keep contact information current. Telephone or other electronic communication between the child(ren) and the other parent shall not be monitored by or interrupted by the other parent. “Electronic communication” includes telephones, electronic mail or e-mail, webcams, video-conferencing equipment and software or other wired or wireless technologies or other means of communication to supplement face to face contact.

The child(ren) may have [ ] telephone [ ] e-mail [ ] other electronic communication in the form of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with the other parent: (Choose only one)

[ ] Anytime

[ ] Every day during the hours of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

[ ] On the following days\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

during the hours of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

[ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. **Costs of Electronic Communication** shall be addressed as follows:

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1. **CHILD CARE** (Choose only one)

{ } Each parent may select appropriate child care providers

[ ] All child care providers must be agreed upon by both parents.

[ ] Each parent must offer the other parent the opportunity to care for the child(ren) before using a child care provider for any period exceeding \_\_\_\_\_\_\_ hours.

[ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. **CHANGES OR MODIFICATIONS OF THE PARENTING PLAN**

This Parenting Plan may be modified or varied on a temporary basis when both parents agree in writing. When the parents do not agree, the Parenting Plan remains in effect until further order of the court.

Any substantial changes to the Parenting Plan must be sought through the filing of a supplemental petition for modification.

1. **RELOCATION**

Any relocation of the child(ren) is subject to and must be sought in compliance with section 61.13001, Florida Statutes.

1. **DISPUTES OR CONFLICT RESOLUTION**

Parents shall attempt to cooperatively resolve any disputes which may arise over the terms of the Parenting Plan. The parents may wish to use mediation or other dispute resolution methods and assistance, such as Parenting Coordinators and Parenting Counselors, before filing a court action.

1. **OTHER PROVISIONS**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# DISCLOSURE FROM NONLAWYER

*VICKI SMITH*, told me that she is a nonlawyer and may not give legal advice, cannot tell me what my rights or remedies are, cannot tell me how to testify in court, and cannot represent me in court.

Rule 10-2.1(b) of the Rules Regulating The Florida Bar defines a paralegal as a person who works under the supervision of a member of The Florida Bar and who performs specifically delegated substantive legal work for which a member of The Florida Bar is responsible. Only persons who meet the definition may call themselves paralegals. *VICKI SMITH*  informed me that she is not a paralegal and cannot call herself a paralegal.

*VICKI SMITH*, told me that she may only type the factual information provided by me in writing into the blanks on the form. *VICKI SMITH*, may not help me fill in the form and may not complete the form for me. If using a form approved by the Supreme Court of Florida, *VICKI SMITH*,may ask me factual questions to fill in the blanks on the form and may also tell me how to file the form.

[√ one only]

\_\_\_ I can read English.

\_\_\_ I cannot read English, but this disclosure was read to me by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in \_\_\_\_\_\_\_\_\_\_\_\_\_ (language).

Dated: \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Party

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_