***Affordable Documents, Inc.***

Post Office Box 96 ~ Mascotte, Florida 34753

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

Email: affparalegal@aol.com

Website: www.affordabledocumentsinc.com

Thank you for your call regarding your divorce matter. Enclosed you will find the questionnaire regarding same. Please fill out and return with payment to the address stated above 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

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**STATEMENT**

 Preparation of Dissolution of Marriage:

 with children/property.......................................$350.00\*

\* This does not include any 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 attorneys 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 Divorce Questionnaire, nor as to my rights, obligations or remedies available as a matter of law, nor as to any other matter concerning my Dissolution of Marriage 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 Dissolution of Marriage negligently or fraudulently, and has prepared the same according to my specific instructions, strictly with the information I provided A.D.I. within this Divorce 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.P.S., 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 dissolution of marriage 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**(If a question does not pertain to your situation, please put NONE, N/A or cross thru it,**

**do not leave a space blank)**

**GENERAL INFORMATION**

 Person requesting the Divorce *(first, middle initial, last)*

1. **Petitioner's** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 (*include city, state, zip)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 SSN# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 County you live in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Employer's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 (*include city, state, zip)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Do you earn more than $50,000.00 per year gross income? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. **Respondent's** name: (Spouse) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 (*include city, state, zip)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 SSN# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 County he/she lives in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Employer's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 (*include city, state, zip)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Do you earn more than $50,000.00 per year gross income? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Date you were married: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Where you were married: City, County & State :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Date you become separated *(on or about)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Is the wife pregnant? \_\_\_\_\_ If yes, is the husband the biological father?\_\_\_\_\_ What is the due date of

 the unborn child?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. How many children were born or adopted of this Marriage or that both parties have in common?

 **\_\_\_\_\_ (If the answer to this is NONE, proceed to page #5)**

Child's Full Name: Social Security #: Age: Date of Birth: Place of Birth:

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

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

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

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

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

7. If the husband is not the father of any of these children, please explain and give the information regarding the father of the child.

8. Where have the minor children resided in the last five years? Please provide at least a **5 year** residence history. Include all address(es) and the name(s) of the person or persons that the minor children lived with during that 5 year period.

Names(s) of the custodial parents: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RESIDENCE ADDRESS**  **DATES** *(month, year)*

 From To

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

Please describe any prior action (if any) that you, your child(ren), and your spouse have participated in as a party, witness, or in any other capacity in any other court decision, order, or proceeding including dissolution of marriage, separate maintenance, child neglect, dependency, guardianship, or injunctions for protection against domestic violence concerning the custody or visitation of the minor child(ren) in this or any other state. If none put N/S in space below. Case Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, State: \_\_\_\_\_\_\_\_\_\_

9. Is there a person, not a party to this divorce, who has physical custody of the minor children? \_\_\_\_\_\_\_\_, (yes/no) if yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the State of Florida the terms to describe the custody of minor children are; Shared Parental Responsibility and Sole Parental Responsibility, SHARED means that **BOTH** parents have full parental rights and responsibilities for their children and **BOTH** parents make all the major decisions affecting the welfare of their children. SOLE means that the responsibility of the minor children is given to **ONE** parent by the court, with or without visitation rights by the other parent.

**PARENTAL RESPONSIBILITY** **AND DECISION MAKING**

The child(ren) currently reside with [ ] Mother [ ] Father [ ] Other (please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**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.)

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

**SCHEDULING**

**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

**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.

**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**TIME-SHARING SCHEDULE**

**Weekday and Weekend Schedule**

The following schedule shall apply beginning on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with the [ ] Mother

 [ ] Father and continue as follows:

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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**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)

**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

 **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.

**Winter Break**

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**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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**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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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

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

**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.**

**[ ] If not set forth above,** the parties shall have time-sharing in accordance with the schedule which is attached and incorporated herein.

**TRANSPORTATION AND EXCHANGE OF CHILD(REN)**

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**EDUCATION**

**School designation.** For purposes of school boundary determination and

registration, the [ ] Mother’s [ ] Father’s address shall be designated.

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

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

**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.**

**COMMUNICATION**

**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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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

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

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**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**OTHER PROVISIONS**

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

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**(If you do not wish for the following statement to be included in your paperwork, please mark**

**through it.)**

4. Neither parent shall take the child(ren) from the custody of the other parent or any child care provider or other person entrusted by the other parent with the care of the child(ren) without the agreement of the other party during the other party's time of parental responsibility or visitation.

**CHILD SUPPORT**

1. ( ) Mother ( ) Father will pay child support, under Florida's child support guidelines, section 61.30, Florida Statutes, to the primary residential or sole parent named above.

2. **Health Insurance.** ( ) Mother ( ) Father will maintain health insurance coverage for the parties' minor child(ren). The party providing coverage will provide insurance cards to the other party showing coverage. **OR** ( ) Health insurance is not reasonably available at this time. Any uninsured/unreimbursed medical costs for the minor child(ren) shall be assessed as follows:

 \_\_\_\_\_ a. Shared equally by both parents.

 \_\_\_\_\_ b. Prorated according to the child support guideline percentages.

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

3. **Dental Insurance.** ( ) Mother ( ) Father will maintain dental insurance coverage for the parties' minor child(ren). The party providing coverage will provide insurance cards to the other party showing coverage. **OR** ( ) Dental Insurance is not reasonably available at this time. Any uninsured/unreimbursed dental costs for the minor child(ren) shall be assessed as follows:

 \_\_\_\_\_ a. Shared equally by both parents.

 \_\_\_\_\_ b. Prorated according to the child support guideline percentages.

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

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

4. **Life Insurance.** ( ) Mother ( ) Father shall be required to maintain life insurance coverage for the benefit of the parties' minor child(ren) in the amount of $\_\_\_\_\_\_\_\_\_ until the youngest child turns 18, becomes emancipated, married, dies, or otherwise becomes self supporting.

5. **IRS Income Tax Deduction(s)**. The parent granted primary residential responsibility or sole parental responsibility of the parties minor child(ren) shall have the benefit of any tax deductions for the child(ren) or as follows:

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

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6. Other provisions relating to child support (e.g., uninsured medical/dental expenses, insurance coverage, life insurance to secure child support, orthodontic payments, college, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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7. Who will provide for the college education for the child(ren)? (if applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REAL ESTATE**

What is the mailing address of the Real Property (family home) of the Marriage? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How is Real Property to be divided or distributed? ( Examples: Quit Claimed, Sold, Etc.)

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

***Please enclose a copy of your deed.***

**SPOUSAL SUPPORT (ALIMONY).** If you have not agreed on this matter, write "n/a" on the lines provided.) [check **one** only]

\_\_\_\_\_ 1. **Each of us forever gives up any right to spousal support (alimony) that we may have.**

 \_\_\_\_\_ 2. ( ) HUSBAND ( ) WIFE agrees to pay spousal support (alimony) in the amount of $\_\_\_\_\_ every ( ) week ( ) other week ( ) month, beginning [date] \_\_\_\_\_\_\_\_\_\_\_\_ and continuing until [date or event] \_\_\_\_\_\_\_\_\_\_\_\_. Explain type of alimony (temporary, permanent, rehabilitative and/or lump sum) and any other specifics: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [check **if** applies] ( ) Life insurance in the amount of $\_\_\_\_\_\_\_\_ to secure the above

 support, will be provided by the obligor.

Please select each letter that best describes how you feel you are entitled to and should receive alimony

from your spouse. Do this only if you checked #2 above.

*(Mark each applicable factor with an “X”)*

\_\_\_\_\_ a. Standard of living established during the marriage.

\_\_\_\_\_ b. Duration of the marriage.

\_\_\_\_\_ c. Age and physical and emotional condition of each party.

\_\_\_\_\_ d. Financial resources of each party and the non-marital and marital assets and liabilities

 distributed to each party.

\_\_\_\_\_ e. When applicable, the time necessary for either party to get sufficient education or

 training to find suitable employment.

\_\_\_\_\_ f. The contribution of either spouse to the marriage, including but not limited to, services

 rendered in homemaking, child care, education, or career building.

\_\_\_\_\_ g. All sources of income available to either party.

**PROCESS SERVICE**

1. Will your Spouse sign an Answer agreeing with this Divorce? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Does your Spouse wish to attend the Final Hearing? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Is your Spouse missing? \_\_\_\_\_\_\_\_\_\_ If yes, Please list the last known address for your Spouse, include street address, city and state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

4. If you do not think your spouse will agree with your request for a Divorce, you will have to officially serve your spouse divorce papers by Sheriff or by Process Server. Does your spouse need to be officially served? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If *out of state* *or out of your county of residence* service is required, provide the county where the sheriff is located and the sheriff’s mailing address.

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

Where is the best place to serve your spouse, what are the best times, and best days to serve the papers:

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

5. Is your Spouse in the Military Service? \_\_\_\_\_\_\_If yes, please give information regarding his status, station, etc.

 Are you in the Military Service?

**RESIDENCY**

1. If your driver license was issued within the last six months, please provide the name and address of a person who can verify that you have been a resident of Florida for at least six months:

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

Address: *(include city, state, zip)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**MAIDEN NAME RESTORATION**

What is your/your spouse’s maiden name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are the wife, do you want your maiden name restored? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other information you wish to add:

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

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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.

[**v** **one** only]

**\_\_\_** I can read English.

\_\_\_ I cannot read English, but this disclosure was read to me [fill in **both** blanks] by

 *{name}*  in *{language}*  , which I understand.

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

 Signature of Party

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

 /S/ *VICKI SMITH*