

**For Completion by Counsel/Party: (Check if the below items have been complied with and filed with Court)
If involving alimony, parental responsibility, timesharing, and/or child support, certification that the following has been complied with or satisfied:**

- Certificate of Compliance with Mandatory Disclosure (unless the parties have agreed not to exchange these documents)
- Financial Affidavits filed by both parties (A.O. 5.212-2/17)
- Notice of Social Security Number filed by both parties
- Uniform Child Custody Jurisdiction and Enforcement Act filed by either party
- Child Support Guidelines Worksheet (reflecting the income and timesharing information per proposed Final Judgment) (A.O. 5.212-2/17)
- Parenting Plan signed by both parties and filed with the Court
- Certificate of Completion of Parent Education Class by both parents and filed with the Court (A.O. 5.212-2/17)
- Birth Certificate for the minor child (in paternity cases) (A.O. 5.307-7/15)
- Date of Birth Form for UFC (A.O. 5.109-1/17)

IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT
IN AND FOR PALM BEACH COUNTY, FLORIDA

IN RE: THE MARRIAGE OF

CASE NO.:

Petitioner,

FAMILY DIVISION

and

TESTIMONY AT FINAL HEARING

Respondent.
_____ /

PETITIONER

RESPONDENT

Name:
Date of Birth
Social Security No:
Driver's License No.:
Date of Issue of D/L:
Car Tag No.:

Name:
Date of Birth:
Social Security No:
Driver's License No.:
Date of Issue of D/L:
Car Tag No.:

RESIDENCE

Address:
City, State, Zip:
Home Telephone No.:
How Long a Resident of FL:
Since what Date:

RESIDENCE

Address:
City, State, Zip:
Home Telephone No.:
How Long a Resident of FL:
Since what Date:

EMPLOYMENT

Name:.
Address:
City, State, Zip:
Telephone No.:

EMPLOYMENT

Name:
Address:
City, State, Zip:
Telephone No.:

NAME OF MINOR CHILD(REN)

DATE OF BIRTH
N/A

PRESENT LOCATION

MARRIAGE INFORMATION

Date of Marriage:
Date of Separation:
Is marriage irretrievably broken?:
Is Wife's former name to be resorted? _____ No _____ Yes (write out name; no initials): _____

Place of Marriage:
Separation Agreement:
(Why):

EVIDENCE OF RESIDENCY

Name of Residency Witness (if applicable): _____

PRESENT AT FINAL HEARING

Petitioner:
Respondent:

Attorney:
Attorney:

PLEADINGS

SERVICE OF PROCESS

UNIFORM CHILD CUSTODY JURISDICTION ACT (UCCJEA) AFFIDAVIT

ANSWER

DEFAULT

FINAL JUDGMENT SUBMITTED TO COURT

INCOME DEDUCTION ORDER SUBMITTED TO COURT

DOCKET ENTRY NUMBER

APPROVED BY:

Circuit Court Judge

Date