

IN THE CIRCUIT COURT OF THE NINTH JUDICIAL CIRCUIT
IN AND FOR OSCEOLA COUNTY FLORIDA

Petitioner,
and

Case No.: -DR-

Respondent,

FINAL HEARING SWORN TESTIMONY

UNDER PENALTY OF PERJURY, the undersigned swears or affirms to tell the truth, the whole truth, and nothing but the truth, so help me.

1. I am the _____ Petitioner(s);
2. I or we have read the **petition for dissolution** and it is true and correct.
3. **One of the Parties** has been a **Florida Resident** for _____ months / years;
4. **Below** is a copy of a Florida Driver's License or Identification Card or Voter's Registration as **proof of a Party's Florida residency; date of issuance being 6 months prior to filing the petition for dissolution of marriage which was filed on _____, _____.**
OR ___ A Verified Affidavit of Residency has been filed on _____.
5. **My or Our marriage is Irretrievably broken**, I no longer love my spouse, I do not want to be married any longer, and no delay or counseling will save my marriage;
6. Neither party is **pregnant**;
7. While married I or my spouse gave **birth** to _____ children. I or my spouse adopted or did a stepparent **adoption** during this marriage: ___ yes ___ no
8. **Children**, if any, are: _____ under 18 and or _____ over 18 years of age, and
_____ one or more has as mental or physical disability;
_____ no child is mentally or physically disabled;
9. **Name Change: I want my former named restored and I swear that this is not for any illegal purpose.**
_____ Yes _____ No
My full and complete former name that I wish restored is: _____
Wife's date of birth _____ / _____ / _____.

DATED this _____, 20 _____.

PETITIONER'S SIGNATURE
Date of Birth: _____
Address: _____

!!! I. D. *must be issued more than 6 months prior to petition filing date!!!*
(PHOTOCOPY PET.'s IDENTIFICATION HERE)

Driver's License # _____
 Issuance Date: _____ / _____ / _____

STATE OF FLORIDA
COUNTY OF _____

Sworn to or affirmed and signed before me this _____ day of _____, 20____, by
_____.

NOTARY PUBLIC, STATE OF FLORIDA

[Print, type, or stamp commissioned name of notary.]

____ Personally known
____ Produced identification
Type of identification produced _____

STATE OF FLORIDA
COUNTY OF _____

Sworn to or affirmed and signed before me this _____ day of _____, 20____, by
_____.

NOTARY PUBLIC, STATE OF FLORIDA

[Print, type, or stamp commissioned name of notary.]

____ Personally known
____ Produced identification
Type of identification produced _____