

Required Check List for Entry of Final Judgment without Personal Appearance

- Fill in the Date of Filing of each item or indicate "N/A" if appropriate.
- You must email this COMPLETED checklist with all documents required herein

- _____ **Petition:** (Including U.C.C.J.A. allegations / or separate affidavit if Children)
- _____ Restoration of former name pled? Yes/No If so, must include with DOB in the Final Judgment.
- _____ Answer, Default entered, or Answer and Waiver by Respondent
- _____ Notice of Social Security Number per Fam. Law Form 12.901(j)
- _____ Settlement Agreement(s) as to all financial and property issues signed by both Parties
- _____ Parenting Course Certificates and Complete Parenting Plan if there are any minor children
- _____ Motion /Waiver of Hearing / Final Hearing Testimony signed by both Parties
- _____ Financial Affidavit for both Parties or exception: _____
- _____ Child Support Guidelines Worksheet per Rule 12.285(j)
- _____ Order on Motion to Deviate from Guidelines if CSG amount differ from F.J. and IDO/IWO
- _____ Date of filing the **Florida** driver's license issued on: _____ (at least 6 months prior to filing)
- _____ Income Deduction Order (All Support) / Income Withholding Order (if Child Support)
- _____ Order approving alternative payment method for child support if not through SDU

ATTACHMENTS: INITIAL BELOW CONFIRMING ATTACHED OR MARK N/A IF APPROPRIATE

_____ PDF of FJ to includes Parties' Names and Addresses, unless included in Agreement or PP

NOTE: **Final Judgment w/ Child Support: must contain recipient's name and address, Children's full names and DOBs, child support amounts with START date (not just date from agreement if payments made since) stepdown and termination dates, pay periods of payor, payment through SDU until IDO/IWO is entered, if amount is deviation a reference to Order granting same******

- _____ ALL Agreements attached to Final Judgment in ONE .PDF file.
- _____ SEPARATE Vital Statistics form
- _____ SEPARATE Final Disposition form - Form 1.998

RECORDING FEE: Recording fee must be paid directly to the Clerk of Court

NOTE: ATTORNEY SIGNING BELOW WILL BE REQUIRED TO FILE A NOTICE OF CERTIFICATE OF SERVICE OF FINAL JUDGMENT ON OPPOSING PARTY WITHIN 72 HOURS OF RECEIVING SIGNED FINAL JUDGMENT FROM THE COURT.

Dated: _____, 20_____

Attorney at Law

IN THE CIRCUIT COURT OF THE NINTH JUDICIAL CIRCUIT
IN AND FOR ORANGE COUNTY, FLORIDA

_____ ,

Petitioner,
and

Case No.: _____-DR-_____

_____ ,

Respondent

_____ /

**MOTION / WAIVER REQUESTING EX PARTE FINAL HEARING,
WITH FINAL HEARING SWORN TESTIMONY**

WHEREAS, this case has been settled by a written agreement(s); and

WHEREAS, the parties have been advised of their right to a final evidentiary hearing in person before the court, when such is possible, but have chosen this procedure;

THEREFORE, the parties and all counsel request that the Court enter a Final Judgment for Dissolution of Marriage without further notice to either party or delay, and based upon the following:

1. **SETTLEMENT:** This case has been resolved by a written:
_____ Settlement Agreement, or
_____ Default properly entered by the Clerk of Court with no
Children nor Marital Property or Liabilities;
2. **WAIVER:** Petitioner and Respondent, unless defaulted, have signed this document to waive their legal right to a final evidentiary hearing in person before the Court. They consent that this case will be concluded by an attorney at law submitting the necessary written documents to the court for its review and entry of a Final Judgment.
3. **COMPLETE CHECK LIST:** Along with this application, a complete and accurate Required Check List related to all necessary filings will be filed and provided to the Court.

4. **WAITING PERIOD:** The waiting period of 20 days (Sect. 61.19, F.S.) from the date of filing has expired.

5. **FINAL HEARING SWORN TESTIMONY:**

I am / we are the _____ Petitioner and _____ Respondent.

I / we have read the Petition for Dissolution and it is true and correct.

Petitioner has been a Florida resident since _____

Petitioner's Florida Driver's License or State Identification Card is proof of Petitioner's Florida residency and a copy is attached hereto ; date of issuance is 6 months prior to filing date of the Petition, which was filed on ___/___/___.

The 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.

Neither I, nor my spouse, to the best of my knowledge, am/is pregnant at this time and all children born during this marriage are included in the proposed Final Judgment.

There were _____ child(ren) born and _____ are under 18 and _____ over 18 years of age;

_____ one or more child has as mental or physical disability;

_____ no child is mentally or physically disabled;

Name Change: Do you want your former name restored? Yes / No

Name to be restored: _____ Date of birth ___ / ___ / _____

All marital property and debts and alimony rights, if any, have been fairly determined in the Agreement(s) filed, and all agreements were entered into knowingly, voluntarily and freely. All issues related to Children have been set out in the signed Parenting Plan, which I / we agree is in the best interests of the Child(ren).

_____Petitioner's / _____ Respondent's attorney at law, as an officer of the court, placed each party under oath, advised them that they were subject to the penalties of perjury, providing that this document contains only true and factual statements.

UNDER PENALTY OF PERJURY, the undersigned Petitioner and Respondent swear or affirm to tell the truth, the whole truth, and nothing but the truth. This document is true and correct, and expresses the uncoerced desire of the undersigned.

DATED: _____, 20__

DATED: _____, 20__

PETITIONER'S SIGNATURE

RESPONDENT'S SIGNATURE

Attorney for Petitioner

Attorney for Respondent

STATE OF FLORIDA
COUNTY OF _____

Sworn to or affirmed and subscribed before me by means of _____ physical presence or _____ online notarization, this _____ day of _____ 20__ by **PETITIONER**, _____ . Said party is _____ personally known to me or they produced identification of _____.

Notary Public — State of Florida
Name: _____
Commission Stamp:

STATE OF FLORIDA
COUNTY OF _____

Sworn to or affirmed and subscribed before me by means of _____ physical presence or _____ online notarization, this _____ day _____ of 20__ by **RESPONDENT**, _____ . Said party is _____ personally known to me or they produced identification of _____.

Notary Public — State of Florida
Name: _____
Commission Stamp: