**IN THE CIRCUIT COURT OF THE NINTH JUDICIAL CIRCUIT**

**IN AND FOR ORANGE COUNTY, FLORIDA**

**Case No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IN RE: Div:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,**

**Petitioner,**

**and**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,**

**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 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, Full Mediation Agreement, or other Agreement which resolves every part of this case to my satisfaction.

1. **WAIVER**: The Petitioner and Respondent 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 the Court executing a Final Judgment outside of their presence.
2. **WAITING PERIOD**: The waiting period of twenty (20) days (Sect. 61.19, F.S.) from the date of filing the Petition for Dissolution of Marriage has expired.

4. **FINAL HEARING SWORN TESTIMONY**:

1. We are the Petitioner and Respondent.

1. We have read the *Petition for Dissolution* and it is true and correct.

1. Petitioner/Respondent (circle one) has been a Florida resident since \_\_\_\_\_\_\_\_\_\_\_\_ .
2. Petitioner/Respondent’s (circle one) 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\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_.
3. 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.
4. Choose all that apply:

\_\_\_\_\_\_\_\_Neither I, nor my spouse, to the best of my knowledge, am/is pregnant at this time; or

\_\_\_\_\_\_\_ That the \_\_\_\_ Petitioner \_\_\_\_Respondent is pregnant and the other party is not the parent of the unborn child. Baby is due on: (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; or

\_\_\_\_\_\_\_That there were \_\_\_\_\_ child(ren) born to the \_\_\_Petitioner \_\_\_\_Respondent during the marriage but is/are not the biological child(ren) of the \_\_\_\_Petitioner \_\_\_\_Respondent. Affidavits submitted to the Court. The biological \_\_\_Father(s) \_\_\_Mother(s) who is/are the biological parent(s) of the of the minor child(ren)

is/are:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. There were \_\_\_\_\_\_\_\_\_ child(ren) born and \_\_\_\_\_\_\_ are under 18 and \_\_\_\_\_\_\_ over 18 years of age; and (choose one)

\_\_\_\_\_ one or more child has as mental or physical disability or;

\_\_\_\_\_ no child is mentally or physically disabled;

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

Name to be restored: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth \_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_

1. 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).

***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 un-coerced desire of the undersigned.

DATED: \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_ DATED: \_\_\_\_\_\_\_\_\_\_\_\_\_ , 20\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PETITIONER’S SIGNATURE RESPONDENT’S SIGNATURE**

**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: