Division B – Judge James H. Daniel, Circuit Court

CHECKLIST FOR UNCONTESTED DISSOLUTIONS, PATERNITY CASES AND MODIFICATIONS

CASE NAME: _____ **CASE NO**.: _____ -DR- _____ Division: **B**

Case type: _____; **Notice of Related Cases Filed**: _____ Yes, _____ No, _____ N/A

If yes, case number(s) _____

TODAY'S NOTICE OF HEARING SERVED AND FILED: _____ Yes _____ No

WAIVER OF APPEARANCE AT FINAL HEARING FILED: _____ Husband, _____ Wife, _____ Pet, _____ Resp

RESIDENCY EVIDENCE:

_____ FL Driver's License / FL Photo ID; **Date issued:** _____ (please provide)

(License must be issued at least 6 months prior to filing of the action.)

_____ Affidavit of Residency signed by Witness and Notarized

_____ FL Voter Registration Card issued on _____

_____ Testimony of party regarding residency

DO THE PARTIES HAVE MINOR CHILDREN? _____ Yes, _____ No, if yes, please mark:

UNIFORM CHILD CUSTODY JURISDICTION ACT AFFIDAVIT FILED BY:

_____ Husband, _____ Wife, _____ Petitioner, _____ Respondent

GUIDELINE CHILD SUPPORT WORKSHEET FILED: _____ Yes, _____ No; **Attached**: _____ Yes, _____ No

Does Child Support Guideline Worksheet Match Guideline Calculation (preferably DPA): _____ Yes, _____ No

Child Support Demographic Info Sheet: Completed & Filed: _____ Yes, _____ No; **Attached**: _____ Yes, _____ No

PARENTING CLASS CERTIFICATE OF COMPLETION FILED:

_____Husband, _____ Wife, _____ Petitioner, _____ Respondent

FINANCIAL AFFIDAVITS FILED: _____Husband's, _____ Wife's, _____ Petitioner's, _____ Respondent's

ALIMONY worksheet showing gross, deductions, net for each party (preferably DPA) _____ Yes, _____ No

Marital Settlement Agreement signed by both parties: _____ Yes, _____ No

Consent Final Judgment or other Consent Order signed by both parties: _____ Yes, _____ No

Are there any of the following issues in any way involved in this action? Please circle yes or no for each item below.

Dependency: **YES / NO** Child Sexual Abuse: **YES / NO** Domestic Violence: **YES / NO**

Mental Health: **YES / NO** Substance Abuse: **YES / NO**

Involvement by D.C.F. with either parent: **YES / NO;** If yes, circle which parent: **MOTHER / FATHER**

I, the undersigned attorney, do hereby certify that I have personally reviewed the above court file and that the above relevant pleadings and documents are contained in the court file or will be presented to the Court with this form.

Date:_____ _____ _____

Attorney Print Attorney Name

Appearances _____ **Husband,** _____ **Wife,** _____ **Petitioner,** _____ **Respondent**

Attorneys for: _____ **Husband,** _____ **Wife,** _____**Petitioner,** _____ **Respondent**

This completed form will be filed by the Court at the entry of the consent judgment.