
*****IMPORTANT NOTICE*****

ALL FORMS IN THIS PACKET ARE REQUIRED.
YOU MUST PRINT ALL FORMS.

Please bring **all** forms with you for review and filing, even if you do not think they will be needed.

If you are missing any of the forms, you will be required to obtain these forms prior to final review by the Family Court Case Manager.

If you need to reprint just one form, please select from the bookmarks on the left which identify each form. Forms can be printed individually by right clicking on the bookmark and selecting print. The single form you have selected will print.

LAKE COUNTY CLERK OF CIRCUIT COURT

**550 WEST MAIN STREET
P. O. BOX 7800
TAVARES, FLORIDA 32778-7800
(352) 742-4100**

JOINT STIPULATION TO MODIFY CHILD SUPPORT

**NOTICE TO PARTIES WHO ARE NOT REPRESENTED BY AN ATTORNEY WHO IS A
MEMBER IN GOOD STANDING OF THE FLORIDA BAR**

This package is designed to help persons seeking to represent themselves in court without the assistance of an attorney. It is meant to serve as a guide only.

We do not guarantee that either the instructions or the forms will achieve the result desired by the parties or ensure that any individual judge will follow the procedures exactly or accept each and every form drafted. Any person using these instructions and forms does so at his/her own risk.

Please note that Florida law prevents our staff from providing legal advice.

AFTER all forms are filled out and **NOTARIZED** you must have them reviewed by **Family Court Case Management**, which is located on the 4th Floor of the Lake County Judicial Center. You **DO NOT** need to schedule an appointment to have your paperwork reviewed.

I. REVIEW OF DOCUMENTS WITH FAMILY COURT CASE MANAGEMENT

Additional items to bring for review with Family Court Case Management

- Two (2) stamped envelopes
 - a. One addressed to the Petitioner
 - b. One addressed to the Respondent

What this package contains

- Joint Stipulation to Modify Child Support
- Notice of Related Cases

How this package may be used

- This form is to be used when BOTH parties are in agreement to change child support. Parties can NOT change any support that is owed to DOR Child Support Enforcement.

I understand that I am swearing or affirming under oath to the truthfulness of the above stated claims and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

THIS IS A SWORN AFFIDAVIT AND MUST BE SIGNED BEFORE A NOTARY

Signature of Petitioner
Address _____

Phone _____

Signature of Respondent
Address _____

Phone _____

STATE OF FLORIDA
COUNTY OF LAKE

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

_____ Personally Known
_____ Produced Identification
_____ Driver License No. _____

NOTARY PUBLIC/ DEPUTY CLERK

Print, type, or stamp commissioned
Name of notary or deputy clerk

STATE OF FLORIDA
COUNTY OF LAKE

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

_____ Personally Known
_____ Produced Identification
_____ Driver License No. _____

NOTARY PUBLIC/ DEPUTY CLERK

Print, type, or stamp commissioned
Name of notary or deputy clerk

INSTRUCTIONS FOR FILING NOTICE OF RELATED CASES

When should this form be used?

The petitioner in a family case must file a notice of related cases with the initial pleading and serve it on the other parties in the related cases, the presiding judges, and the chief judge or family law administrative judge. The notice of related cases is required even if the case is uncontested.

Family cases include:

- dissolution of marriage,
- annulment,
- support unconnected with dissolution of marriage,
- paternity,
- child support,
- UIFSA,
- custodial care of and access to children,
- adoption,
- name change,
- declaratory judgment actions related to premarital, marital, or post-marital agreements,
- civil domestic violence, repeat violence, dating violence, and sexual violence injunctions,
- juvenile dependency,
- termination of parental rights,
- juvenile delinquency,
- emancipation of a minor,
- CINS/FINS,
- truancy, and
- modification and enforcement of orders entered in these cases.

A related case may be a separate criminal case, civil case, domestic violence case, juvenile dependency case, juvenile delinquency case, or domestic relations case that:

- A) involves any of the same parties, children, or issues and it is pending at the time the party files a family case; or
- B) affects the court s jurisdiction to proceed; or

- C) has an order in the related case may conflict with an order on the same issues in the new case; or
- D) may cause an order in the new case to be entered that may conflict with an order in the earlier case.

For example, a criminal domestic violence case may involve the same parties and even after it is closed, conditions of probation may prohibit contact between the parties; a pending dependency case must be decided by the dependency judge and even after it is closed, the dependency judge may have exclusive jurisdiction over child custody and visitation. These are just two common examples. There are many more.

You must make a reasonable effort to determine if any related cases exist from your own records and from public records available in the clerk's offices or over the internet.

This form should be typed or printed in black ink. After completing this form, you should **file** the original with the **clerk of the circuit court** in the county where your case is filed and keep a copy for your records. A copy of this form must be mailed or hand delivered to any other party in your case and on the presiding judges, and the chief judge or family law administrative judge.

What should I do next?

Each party, whether the petitioner or the respondent has a **continuing duty** to inform the court of any proceedings in this or any other state that could affect the current proceeding.

Where can I look for more information?

Before proceeding you should read the "General Information for Self-Represented Litigants" found at the beginning of the Family Law Forms in the Florida Rules of Court, Family Law Rules. You may also refer to Rule of Judicial Administration 2.085(d).

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT
IN AND FOR LAKE COUNTY, FLORIDA

IN RE:

CASE NO. _____
FAMILY DIVISION

_____,
Petitioner,

and

_____,
Respondent.
_____ /

NOTICE OF RELATED CASES

Pursuant to Fla. R. Jud. Admin. 2.085(d), the Petitioner submits the following Notice of Related Cases:

1. A related case may be an open or closed civil, criminal, or family case which includes all case types defined in Fla. R. Jud. Admin. 2.085(d). A case is “related” to this family law case if it involves any of the same parties, children, or issues and it is pending at the time the party files a family case; or if it affects the court’s jurisdiction to proceed; or if an order in the related case may conflict with an order on the same issues in the new case; or if an order in the new case may conflict with an order in the earlier litigation.

- There are no related cases.**
- The following are the related cases (add additional pages if necessary):**

County/Court Where Related Case Pending	Case Number	Relationship of Case to Instant Case

cont'

County/Court Where Related Case Pending	Case Number	Relationship of Case to Instant Case

2. I do not request coordination of litigation in any of the cases listed above.

I request coordination of litigation in the following cases:

Petitioner states as follows regarding whether assignment to one judge or another method of coordination will conserve judicial resources and promote an efficient determination of the actions: _____

3. The Petitioner acknowledges a continuing duty to inform the court of any proceedings in this or any other state that could affect the current proceeding.

DATED this ____ day of _____, 20__.

Petitioner/Attorney for Petitioner

Address: _____

Telephone: _____

CERTIFICATE OF SERVICE

I **HEREBY CERTIFY** that a copy of the foregoing Notice of Related Cases has been delivered on this _____ day of _____, 200____ by _____ U.S. Mail, _____ Hand Delivery, or _____ Process Service to _____ (name of opposing party) and to the following:

_____ Honorable Mark J. Hill
550 West Main Street
P.O. Box 7800
Tavares, Florida 32778

_____ Honorable G. Richard Singeltary
550 West Main Street
P.O. Box 7800
Tavares, Florida 32778

_____ Honorable Mark A. Nacke
550 West Main Street
P.O. Box 7800
Tavares, Florida 32778

_____ Honorable William G. Law, Jr.
550 West Main Street
P.O. Box 7800
Tavares, Florida 32778

_____ General Magistrate Heidi Davis
550 West Main Street
P.O. Box 7800
Tavares, Florida 32778

_____ Honorable T. Michael Johnson
550 West Main Street
P.O. Box 7800
Tavares, Florida 32778

_____ Honorable Michael Takac
550 West Main Street
P.O. Box 7800
Tavares, Florida 32778

_____ Honorable Don F. Briggs
550 West Main Street
P.O. Box 7800
Tavares, Florida 32778

_____ Honorable Lawrence J. Semento
550 West Main Street
P.O. Box 7800
Tavares, Florida 32778

_____ Party Related to Cases

Must check one of the following:

_____ Honorable Daniel B. Merritt, Sr.
Chief Judge of Circuit
Hernando County Courthouse
20 North Main Street
Brooksville, FL 34601

_____ Honorable S. Sue Robbins
Administrative Family Law Judge
Marion County Judicial Center
110 NW First Avenue
Ocala, Florida 34475

furnished by _____ U.S. Mail or _____ Hand delivery.

Signature of Party
Printed Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT,
IN AND FOR LAKE COUNTY, FLORIDA

CASE NO. _____

_____,
Petitioner

v.

_____,
Respondent.

INCOME DEDUCTION ORDER

This order is issued under the authority and provision of the laws of the State of Florida requiring it to be made in addition to and together with any order of child support or alimony.

It is, therefore,

ORDERED AND ADJUDGED:

That the employer, former employer or any other person or agency providing or administering income to the Obligor in this cause shall deduct from all income due and payable to said Obligor, the sum of _____ per _____, as required by the Court to meet the Obligor's child support obligation.

The amount of any arrearage owed, if any, is \$_____. The payor shall withhold an additional 20% of the periodic amount specified above until full payment is made of arrearage.

In addition to the amounts indicated above, the employer shall further withhold the Clerk's service fee of 4% of the payment, not to exceed \$5.25, except that no fee shall be less than \$1.00. All payments made pursuant to this Order shall be made payable to the State of Florida State Disbursement Unit, and shall be mailed to The State of Florida Disbursement Unit, P.O. Box 8500, Tallahassee, FL 32314-8500. The case number must be indicated on each payment. No credit for payment will be given to the obligor for any payment not made payable to The State of Florida Disbursement Unit. No credit for payment will be given to the obligor for any payment given directly to the obligee or custodial parent.

The amount deducted shall not be in excess of the amounts allowed under s.303(b) of the Consumer Credit Protection Act, 15 U.S.C. s 1673 (b) as amended.

This order shall become effective:

- _____ A. Immediately
- _____ B. Or upon a delinquency in an amount equal to one (1) month's support.

This Income Deduction Order shall be effective so long as the order of support upon which it is based is effective or until further order of the Court.

DONE AND ORDERED in Tavares, Lake County, Florida, this _____ day of _____, 200____.

Circuit Judge

Copies to:
Petitioner
Respondent

**IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT,
IN AND FOR LAKE COUNTY, FLORIDA**

CASE NO. _____

Petitioner

vs.

Respondent

MEMORANDUM TO THE CLERK

The following information is provided pursuant to Chapter 61.13, Florida Statutes.

PAYOR: _____ Date of Birth _____
Social Security # _____ Phone _____
Address _____
Place of Employment _____ Phone _____
Address _____
Other Sources of Income _____

Attorney for Payor _____

PAYMENT FOR: Child Support _____ Alimony _____ **PAYMENT AMOUNT:** _____
PAYABLE: Monthly _____ Weekly _____ Semi-Monthly _____ Bi-Weekly _____

FIRST PAYMENT DUE: (month/day/year) _____

PAYEE: _____ Date of Birth _____
Social Security # _____ Phone _____
Address _____
Attorney for Payee _____
Remarks or Instructions _____

MINOR CHILDREN:

Name: _____	Date of Birth _____	SS# _____
Name: _____	Date of Birth _____	SS# _____
Name: _____	Date of Birth _____	SS# _____
Name: _____	Date of Birth _____	SS# _____
Name: _____	Date of Birth _____	SS# _____

Attorney or Petitioner