

Division A

**CHECKLIST FOR UNCONTESTED DISSOLUTIONS, PATERNITY CASES AND MODIFICATIONS**

CASE NAME: \_\_\_\_\_ CASE NO.: \_\_\_\_\_ -DR- \_\_\_\_\_ Division: A

NOTICE OF RELATED CASES FILED: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable

NOITICE OF TODAY'S 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:**

\_\_\_\_\_ Wife's \_\_\_\_\_ Petitioner

\_\_\_\_\_ Husband's \_\_\_\_\_ 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 and Filed \_\_\_\_\_ Yes \_\_\_\_\_ No **Attached:** \_\_\_\_\_ Yes \_\_\_\_\_ No

**PARENTING CLASS CERTIFICATE OF COMPLETION FILED:**

\_\_\_\_\_ Wife's \_\_\_\_\_ Petitioner's

\_\_\_\_\_ Husband's \_\_\_\_\_ Respondent's

**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.**