

**76347 Veterans Way Yulee, FL 32097  
(904) 548-4908**

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**CHECKLIST FOR:  
SIMPLIFIED DISSOLUTION OF MARRIAGE**

Use this form if you and the other party do not have any children and have agreed on all issues. Both parties are required to physically attend the hearing that will be scheduled.

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**INSTRUCTIONS:**

1. Go to [www.flcourts.org](http://www.flcourts.org) - (select) – Self Help, Family Law Forms for the forms.
  2. **Fully complete** the forms below.
  3. File your **original documents** with the **Civil Department Clerk of Courts 1<sup>st</sup> floor**. \*Filing fee required\*
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**ALL FORMS MUST BE COMPLETED TO START YOUR CASE**

- Form 12.901(a)
  - Petition for Simplified Dissolution of MarriageYou **must** include the following forms if **marked** in your Petition.
  - Form 12.902(f)(3)
    - Marital Settlement Agreement for Simplified Dissolution of Marriage  
(Required if submitting a Marital Settlement Agreement)
      - Form 12.902(b) or (c)
        - Family Law Financial Affidavit (Short or Long)
- Form 12.900(h) (Must be Filed)
  - Notice of Related Cases
- Form 12.915
  - Designation Of Current Address and E-mail Address
- Proof of Florida Residency (Required for both Husband and Wife)
  - (Florida Driver's License/Identification, Voter Registration Card)
- Marriage Information Sheet (attached)
- Form 12.928 Civil Cover Sheet for Family Court Cases

4 # 10 Envelopes with 2 stamps each (No return address applied and 2 addressed to each party on the case) **Please Note: If you fail to provide envelopes with postage you will NOT receive the final order by U.S. Mail. However, you will receive an electronic service copy if an email has been provided.**

Dissolution of Marriage Information

Petitioner: \_\_\_\_\_

Petitioner's Attorney: \_\_\_\_\_

Petitioner's Attorney's Address: \_\_\_\_\_

Petitioner Name: \_\_\_\_\_

Petitioner Address: \_\_\_\_\_

Petitioner Phone #: \_\_\_\_\_

Petitioner Date of Birth: \_\_\_\_\_

Petitioner SSN: \_\_\_\_\_

Respondent Name: \_\_\_\_\_

Respondent Address: \_\_\_\_\_

Respondent Phone #: \_\_\_\_\_

Respondent Date of Birth: \_\_\_\_\_

Respondent SSN: \_\_\_\_\_

County of Marriage: \_\_\_\_\_

State of Marriage: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

Living Children- Total Number: \_\_\_\_\_

Children- Under 18 years of age: \_\_\_\_\_