

# Checklist for Uncontested Dissolutions, Paternity Cases and Modifications

## DIVISION F – The Honorable Steven B. Whittington

CASE INFORMATION		
Case Name:	Case No.:	Division: <b style="font-size: 1.5em;">F</b>
Notice of Related Cases filed?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Notice of today's hearing served and filed 10 days prior to hearing?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Waiver of Appearance at final hearing filed? <span style="float: right;"><input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent</span>		
RESIDENCY EVIDENCE (to be presented to court)		
<input type="checkbox"/> FL Driver License / FL Photo ID card issued more than 6 months prior to filing Petition or Counter-Petition <input type="checkbox"/> Photocopy of FL Driver License / FL Photo ID for filing (list date issued) <input type="checkbox"/> FL Driver License / FL Photo ID (list date issued) <input type="checkbox"/> Affidavit of Residency signed by witness and notarized <input type="checkbox"/> FL Voter Registration card (list date issued) <input type="checkbox"/> Testimony of party regarding residency		
MINOR CHILDREN? (if none, check no and skip section)		
Do the parties have minor children?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Uniform Child Custody Jurisdiction Act Affidavit filed by: <span style="float: right;"><input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent</span>		
Child Support Guideline Worksheet filed?		<input type="checkbox"/> Yes <input type="checkbox"/> No Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does Child Support Guideline Worksheet match guideline calculation?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Central Governmental Depository Information Form completed/filed?		<input type="checkbox"/> Yes <input type="checkbox"/> No
PARENTING CLASS Certificate of Completion filed? <span style="float: right;"><input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent</span>		
MANDATORY DISCLOSURE / OTHER		
FINANCIAL AFFIDAVITS filed? <span style="float: right;"><input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent</span>		
ALIMONY guideline worksheet showing gross, deductions, net for each party (prefer DPA)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of the following issues involved in this action in any way? <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Dependency <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Mental Health <input type="checkbox"/> Child Sexual Abuse <input type="checkbox"/> DCF involvement with either parent		
MARITAL SETTLEMENT AGREEMENT/PARENTING PLAN signed by both parties?		<input type="checkbox"/> Yes <input type="checkbox"/> No
CONSENT FINAL JUDGMENT/Order signed by both parties?		<input type="checkbox"/> Yes <input type="checkbox"/> No
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.		
Attorney Signature		Today's Date
Print Attorney Name		
Parties appearing at today's hearing (check box): <span style="float: right;"><input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent</span>		
Attorney(s) for parties appearing at today's hearing (check box): <span style="float: right;"><input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent</span>		

**PLEASE DOCKET THIS COMPLETED FORM**