

ESTABLISH PATERNITY AND/OR ESTABLISH TIMESHARING & OTHER RELIEF

Our Total Fee from below \$ _____
Our minimum 1/2 non-refundable deposit due: \$ _____
Balance Owed to Pick-up: \$ _____

Each parent must take a helping children cope/family stabilization Course: varies by provider

UNCONTESTED:
Court filing fee: \$401.00
Our fee starts at \$325.00

OR

CONTESTED:
Court filing fee: \$411.00
Server's Fee/News Ad: \$ _____
Our fee starts at \$250.00

There are additional fees for: IDO, QDRO, QCD, addl' affidavits, DNA, Temp Relief, etc. -SEE FEE SCHEDULE Notes:

ABOVE THIS LINE FOR OFFICE USE ONLY

**DO THE CHILDREN RESIDE IN THE COUNTY YOU ARE FILING IN?
IF NOT, BRING THIS TO OUR ATTENTION RIGHT AWAY!**

1. Your Name: _____

Full address: _____
Address City State zip

Best Contact Phone #: _____

2. Name of Other Parent: _____

Full address: _____
Address City State zip

Best Contact Phone #: _____

3. Is the OTHER parent in the military? ____YES OR ____NO

4. Kids names, dates of birth and sex

_____, dob _____, sex: Female OR Male

_____, dob _____, sex: Female OR Male

_____, dob _____, sex: Female OR Male

_____, dob _____, sex: Female OR Male

5. For last **FIVE** years, list the kids' residences:

Dates at address - physical address - parent(s) living there

_____/_____- present - _____-

_____/_____-_____/_____- _____-

_____/_____-_____/_____- _____-

_____/_____-_____/_____- _____-

6. Parental Responsibility (select one):

____ **SHARED**

____ **SHARED w/authority making decisions – Which parent should make final decisions?** _____

____ **SOLE - If Sole; state why:** _____

(Use additional space on back if needed to fully explain reason for sole parental Responsibility.)

7. Child support: If contested Judge will decide based on State of Florida Child Support Guidelines
If child support already being paid then we need to know the case #, amount and frequency (please provide a copy of the child support court order)
If agreed, \$_____ per _____ Payable: direct, through the disbursement unit or by IDO (fee)

8. Who should provide insurance for the child? (circle one) Mother Father Other: _____
Who should pay co-payments, medical and/or dental expenses for child not covered by insurance:
Mother _____% Father _____%

9. Who should claim the child(ren) for IRS tax purposes:
Mother:
Father:

10. Who should pay:
Extra-curricular expenses paid: Mother _____% Father _____% **OR** whoever registers the child for same
Extra-curricular travel paid: Mother _____% Father _____% **OR** whoever registers the child for same
Extra-curricular uniforms paid: Mother _____% Father _____% **OR** whoever registers the child for same

11. Explain the time-sharing schedule you would like the Court to consider with the child(ren) & each parent:

a. Regular weekdays and weekends
Mother:

Father:

b. School spring vacation
Mother:

Father:

c. Thanksgiving weekend
Mother:

Father:

d. School Christmas vacation
Mother:

Father:

e. Other major holidays
Mother:

Father:

f. Children's birthdays

Mother:

Father:

g. School summer vacation

Mother:

Father:

h. Other days/times:

Mother:

Father:

i. Who should provide the transportation for the children for regularly scheduled times of exchange of the child(ren) for timesharing to be provided by:

j. May either party travel with child(ren) during their timesharing and if yes, how much notice to be given to the other parent?

within the United States: Yes or No how much notice to be given to other parent: _____

Out-of-country travel: Yes or No how much notice to be given to the other parent: _____

12. Whose address should be used for School designation purposes? (circle one) Mother or Father

Whose address should be used for the legal designation purposes, regardless of the timesharing arrangements of the child one address may at times need to be designated and this does not affect the timesharing arrangements of the parties once approved by the Judge. (circle one) Mother or Father

13. Other children issues, if any:
(use back of form if more room is needed)

RELEASE OF LIABILITY

I have been informed by the Staff of Express L C L Services, Inc. d/b/a Express NonLawyer that:

- (1) They ARE NOT ATTORNEYS, & they CANNOT GIVE LEGAL ADVICE.
- (2) They are only assisting me in the proper preparation of these documents so that I can represent myself in this matter without an attorney.

They have further informed me that legal representation by an attorney would advise me of all legal rights that I may have arising out of this action.

The legal documents prepared by Express L C L Services, Inc. d/b/a Express NonLawyer, have been prepared in accordance with the information provided by me in my desire to represent myself in this transaction.

I declare:

- (1) That the information provided by me is true and complete to the best of my knowledge and belief;
- (2) That I agree to review all documents prepared and my signature is acknowledgment of my approval of all documents;
- (3) That I hereby release Express L C L Services, Inc. d/b/a Express NonLawyer, from any liability arising out of the services performed for me by them as the result of my failure to provide the information requested or to thoroughly review all documents. I further declare that I am signing this documents without undue influence, threat or pressure from any person or entity involved in the outcome of this transaction.
- (4) I understand that any and all payments made to Express L C L Services, Inc. d/b/a Express NonLawyer, for the preparation of any documents are non-refundable and that I have been informed that I must pick up my documents within 90 days of completion or the documents may be destroyed and/or I may incur additional fees for the updating or recreating of the documents as determined applicable by the Staff of Express L C L Services, Inc. d/b/a Express NonLawyer.

Dated: _____ Signature: _____