

ESTABLISH PATERNITY

AND/OR

ESTABLISH TIMESHARING & OTHER RELIEF

UNCONTESTED:

Court filing fee: \$401.00

Our fee starts at \$450.00

OR

CONTESTED:

Court filing fee: \$411.00

Server's Fee/News Ad: \$ _____

Our fee starts at \$350.00

\$ _____ Misc fees: IDO, QDRO, QCD, addl' affidavits, DNA, Temp Relief, etc.-SEE FEE SCHEDULE
Notes:

ABOVE THIS LINE FOR OFFICE USE ONLY

Each parent must take a helping children cope/family stabilization Course from a Court approved provider and CANNOT be taken online without permission from your Judge

DO THE CHILDREN RESIDE IN THE COUNTY YOU ARE FILING IN?

___ YES or ___ NO (if NO, bring 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

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

Dates at address -	physical address	-	parent(s) living there
____/____ - ____/____ - _____	_____	-	_____
____/____ - ____/____ - _____	_____	-	_____
____/____ - ____/____ - _____	_____	-	_____
____/____ - ____/____ - _____	_____	-	_____
____/____ - ____/____ - _____	_____	-	_____
____/____ - ____/____ - _____	_____	-	_____

6. Parental Responsibility (select one):

____ **SHARED**

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

____ **SOLE** - If **Sole**; please state why on a SEPARATE SHEET (legibly handwritten in Black Ink or typewritten) why you believe that it is detrimental for the other parent to have shared parental responsibility. (Judge will read this as stated by you)

7. Child support:

If agreed, \$_____ per _____ starting: _____

Payable: (circle one) direct through the disbursement unit by IDO (fee)

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)

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 can sign the child(ren) up for extra-curricular activities? (**circle one**)

Either parent

Both Parents must agree

Only Mother

Only Father

11. Who should pay for:

Extra-curricular expenses? Mother _____% Father _____% **OR** whoever registers the child for same

Extra-curricular travel expenses? Mother _____% Father _____% **OR** whoever registers the child for same

Extra-curricular uniform expenses? Mother _____% Father _____% **OR** whoever registers the child for same

12. 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 child(ren) 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: _____

13. Who can select childcare providers? (Circle One)

Either parent Both Parents must agree Only Mother Only Father

14. 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

15. COMMUNICATION

a. Between Parents

All communications regarding the child(ren) shall be between the parents. The parents shall not use the child(ren) as messengers to convey information, ask questions, or set up schedule changes.

The parents shall communicate with each other: {Indicate all that apply}

- in person
- by telephone
- by letter
- by e-mail
- Other: {Specify} _____.

b. Between Parent and Child(ren)

When the child(ren) is/are with one parent the child(ren) may communicate with the other parent by: {Indicate all that apply}

- telephone
- e-mail
- other: (explain) _____

{Choose only one}

- i. Anytime
- ii. Other: _____

19. Other child(ren) 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 document 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: _____