INSTRUCTIONS FOR THIRTEENTH JUDICIAL CIRCUIT FORM PETITION TO ESTABLISH PARENTAL RESPONSIBILITY AND A PARENTING PLAN/TIME-SHARING SCHEDULE

When should this form be used?

This form should be used by a birth parent to ask the court to establish a parental responsibility and a parenting plan/time-sharing, if child support has already been ordered in another case and the parties are not married.

This form should be typed or printed in black ink. After completing this form, you should sign the form before a **notary public or deputy clerk.** You should **file** the original with the **clerk of the circuit court** in the county where you live and keep a copy for your records.

Where can I look for more information?

Before proceeding, you should read "General Information for Pro Se Litigants" found at the beginning of the Florida Family Law forms. The words that are in **"bold underline"** in these instructions are defined there. For further information, see chapter 742, Florida Statutes.

With this petition, you must file the following and provide a copy to the other party:

- Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) Affidavit, Florida Supreme Court Approved Family Law Form 12.902(d).
- Notice of Social Security Number, Florida Supreme Court Approved Family Law Form 12.902(j). (to be filed by both parties)
- **Parenting Plan**, Florida Supreme Court Approved Family Law Form, 12.995(a), or **Supervised/Safety Focused Parenting Plan**, Florida Supreme Court Approved Family Law Form 12.995(b). If the parents have reached an agreement, a signed and notarized Parenting Plan should be attached. If the parents have not reached an agreement, a proposed Parenting Plan **may** be filed.

Parental Responsibility... The judge will decide the parenting arrangements based on the child(ren)'s best interests. Regardless of whether there is an agreement between the parties, the court reserves jurisdiction to modify issues relating to minor or dependent child(ren).

The judge may request a **parenting evaluation** or appoint a **guardian ad litem** in your case. This means that a neutral person will review your situation and report to the judge concerning parenting issues. The purpose of such intervention is to be sure that the best interests of the child(ren) are being served. For more information, you may consult sections 61.401–61.405, Florida Statutes.

Listed below are some terms with which you should become familiar before completing your petition. If you do not fully understand any of the terms below or their implications, you should speak with an attorney before going any further.

- <u>Shared Parental Responsibility</u>
- Sole Parental Responsibility
- <u>Supervised Time-Sharing</u>
- <u>No contact</u>

- Parenting Plan
- Parenting Plan Recommendation
- <u>Time-Sharing Schedule</u>

IN THE CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT IN AND FOR HILLSBOROUGH COUNTY, FLORIDA

Petitioner,

Case No.

and

Division:

Respondent.

PETITION TO ESTABLISH PARENTAL RESPONSIBILITY AND A PARENTING PLAN/TIME-SHARING SCHEDULE

Petitioner, *[full legal name]*, being sworn, certify that the following information is true:

This is an action to determine parental responsibility and a parenting plan/time-sharing schedule under chapter 742, Florida Statutes.

SECTION I.

1. The Petitioner is the () mother () father of the following minor child(ren):

Name	City/State of Birth	Birth Date	Sex
(1)			
(2)			
(3)			_
(4)			
(5)			
(-)			
2. Petitioner currently liv	es at: {street address, city, state}_		

3. Respondent currently lives at: *{street address, city, state}_____*

4. () Petitioner ()	Respondent has been ordered to pay child support for the above named
child(ren) in {county}	, {state},
{case number}	A copy of the child support order is attached.

5. Both parties are over the age of 18, and neither is, nor has been within a 30-day period immediately prior to this date, a person in the military service of the United States as defined by the Amended Sailors' and Soldiers' Civil Relief Act of 1940.

6. Neither Petitioner nor Respondent is mentally incapacitated.

7. A completed Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) Affidavit, Florida Supreme Court Approved Family Law Form 12.902(d), is filed with this petition.

PARENTING PLAN ESTABLISHING PARENTAL RESPONSIBILITY SECTION II. AND TIME-SHARING

- 1. The minor child(ren) currently reside(s) with [] Mother []Father [] Other: *{explain}*
- 2. Parental Responsibility. It is in the child(ren)'s best interests that parental responsibility be: [one only]
 - a. ____shared by both Father and Mother.
 - b. ___awarded solely to [] Father [] Mother. Shared parental responsibility would be detrimental to the child(ren) because:

3. **Parenting Plan and Time-Sharing**. It is in the best interests of the child(ren) that the family be ordered to comply with a Parenting Plan that [] includes [] does **not** include parental time-sharing with the child(ren). The Petitioner states that it is in the best interests of the child(ren) that:

[one only]

- a. ____The attached proposed Parenting Plan should be adopted by the court.
- The parties [] have [] have **not** agreed to the Parenting Plan.
- b. ____The court should establish a Parenting Plan with the following provisions:

- []No time-sharing for the[] Father[] Mother[]Limited time-sharing with the[] Father[] Mother[]Supervised time-sharing for the[] Father[] Mother.
- []Supervised or third-party exchange of the child(ren).
- []Time-sharing schedule as follows:

Explain why this schedule is in the best interests of the child(ren):

PETITIONER'S REQUEST

- 1. Petitioner requests a hearing on this petition and understands that he or she must attend the hearing.
- 2. Petitioner requests that the Court enter an order that: [**all** that apply]
 - a. adopts or establishes a Parenting Plan containing provisions for parental responsibility and time-sharing for the minor or dependent child(ren);
 - b. ____other relief as follows: _____

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this petition and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: _____

Signature of Petitioner
Printed Name: ______
Address: ______
City, State, Zip ______
Telephone Number ______
Fax Number ______

STATE OF FLORIDA COUNTY OF HILLSBOROUGH

Sworn to (or affirmed) and subscribed before me, by means of \Box physical presence or \Box online notarization, this _____ day of _____, ___(year), by _____

NOTARY PUBLIC or DEPUTY CLERK

[Print, type, or stamp commissioned name of

notary or deputy clerk.]

____ Personally known

_____ Produced identification / Type of identification produced: ______

.

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN

THE BLANKS BELOW: [fill in **all** blanks]

I, {full legal name and trade name of nonlawyer}_____

______, a nonlawyer, located at {*street*}______, {*state*}_____, {*phone*}

, (, , , , , , , , , , , , , , ,	who is the notitioner fill out
helped {name}	, who is the petitioner, fill out
this form.	