

IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT
IN AND FOR _____ COUNTY, FLORIDA

_____,
Petitioner,

vs.

REF NO: _____
UCN: _____
DIVISION: _____

_____,
Respondent.

_____ /

**SUPPLEMENTAL PETITION TO ESTABLISH PARENTING PLAN (WITH
TIME-SHARING SCHEDULE) IN A CASE TO WHICH THE FLORIDA
DEPARTMENT OF REVENUE (DOR) IS A PARTY**

I, [*enter full legal name*] _____, the
[*only one*] () Mother () Father, hereby file this Supplemental Petition in this case and certify that the
following statements are true:

1. This is a Supplemental Petition which requests that the Court determine parental responsibility and enter a Parenting Plan with a time-sharing schedule for the following minor child(ren):

Name	Birth Date	Sex
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. A Final Judgment was entered in this case in the Sixth Judicial Circuit, in Pinellas or Pasco County, Florida on _____ (enter date). The case was originated by the Florida Department of Revenue (DOR).
3. The issues of parental responsibility and time-sharing were not previously decided during the earlier proceedings when the Final Judgment referenced above was entered. **[ATTACH A COPY OF THE FINAL JUDGMENT REFERENCED IN THIS PARAGRAPH TO THIS SUPPLEMENTAL PETITION].**
4. A Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) Affidavit [Florida Supreme Court Approved Family Law Form 12.902(d)] must be filed with this Supplemental Petition. **[FILE A UCCJEA REFERENCED IN THIS PARAGRAPH ALONG WITH THIS SUPPLEMENTAL PETITION].**

5. It is in the minor child(ren)'s best interests that parental responsibility be [*only one*]:
() shared by both Mother and Father; or
() awarded solely to [*only one*] () Mother () Father. Shared parental responsibility would be harmful to the minor child(ren) because [*explain below*]:

6. A proposed Parenting Plan which is attached to this Supplemental Petition serves the best interests of the minor child(ren) and [*only one*]:
() has been signed by both parents because both parents agree to the Parenting Plan which is attached; or
() has only been signed by the parent who is filing this Supplemental Petition because both parents have not agreed to this proposed Parenting Plan.

7. The proposed Parenting Plan, which is attached to this Supplemental Petition, contains a time-sharing schedule that it is in the best interests of the minor child(ren) and [*only one*]:
() is not a safety-focused plan; or
() is a safety-focused plan.

[ATTACH THE PROPOSED PARENTING PLAN TO THIS SUPPLEMENTAL PETITION].

8. If child support was previously ordered, I request that the child support obligation be adjusted in accordance with the time-sharing schedule/Parenting Plan entered by the Court. **[FILE A FINANCIAL AFFIDAVIT, A CHILD SUPPORT GUIDELINES WORKSHEET, AND A CERTIFICATE OF MANDATORY DISCLOSURE ALONG WITH THIS SUPPLEMENTAL PETITION].**

WHEREFORE, the parent who is filing this Supplemental Petition respectfully requests that the Court [*all that apply*]:

- () Enter a Parenting Plan which establishes both parental responsibility and a time-sharing schedule that will serve the best interests of the minor child(ren);
() Adjust child support, if previously ordered, based on the time-sharing schedule/Parenting Plan entered by the Court;
() Other: _____

By filing this Supplemental Petition and requesting relief from the Court, I agree to entry of such further orders, temporary or permanent, as are authorized by law and are shown to be in the best interests of the minor child(ren). **I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this Supplemental Petition and that the punishment for knowingly making a false statement includes fines and/or imprisonment.**

Dated: _____

Signature of Parent Filing Supplemental Petition

Printed name: _____

Address: _____

Phone number: _____

STATE OF FLORIDA)
COUNTY OF PINELLAS)

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, who personally appeared before me at the time of notarization, and is personally known to me, or who has produced _____ as identification and who did take an oath and state that each of the above statements is true.

My commission expires:

NOTARY PUBLIC - STATE OF FLORIDA

(Print, type, or stamp commissioned name of notary)

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, THE NONLAWYER WHO HELPED YOU MUST FILL IN THE BLANKS BELOW: *[fill in all blanks]*

I, *[name of nonlawyer]* _____, a nonlawyer, located at *[street]* _____ *[city]* _____ *[state]* _____, *[phone]* _____, helped *[name]* _____, who is the *only one* () Petitioner () Respondent, fill out this form.