

**For Completion by Counsel/Party: (Check if the below items have been complied with and filed with Court)  
If involving alimony, parental responsibility, timesharing, and/or child support, certification that the following has been complied with or satisfied:**

- Certificate of Compliance with Mandatory Disclosure (unless the parties have agreed not to exchange these documents)
- Financial Affidavits filed by both parties (A.O. 5.212-2/17)
- Notice of Social Security Number filed by both parties
- Uniform Child Custody Jurisdiction and Enforcement Act filed by either party
- Child Support Guidelines Worksheet (reflecting the income and timesharing information per proposed Final Judgment) (A.O. 5.212-2/17)
- Parenting Plan signed by both parties and filed with the Court
- Certificate of Completion of Parent Education Class by both parents and filed with the Court (A.O. 5.212-2/17)
- Birth Certificate for the minor child (in paternity cases) (A.O. 5.307-7/15)
- Date of Birth Form for UFC (A.O. 5.109-1/17)

IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT  
IN AND FOR PALM BEACH COUNTY, FLORIDA

IN RE: THE MARRIAGE OF

CASE NO.:

\_\_\_\_\_  
Petitioner,

FAMILY DIVISION

and

**TESTIMONY AT FINAL HEARING**

\_\_\_\_\_  
Respondent.  
\_\_\_\_\_ /

**PETITIONER**

**RESPONDENT**

Name:  
Date of Birth  
Social Security No:  
Driver's License No.:  
Date of Issue of D/L:  
Car Tag No.:

Name:  
Date of Birth:  
Social Security No:  
Driver's License No.:  
Date of Issue of D/L:  
Car Tag No.:

**RESIDENCE**

Address:  
City, State, Zip:  
Home Telephone No.:  
How Long a Resident of FL:  
Since what Date:

**RESIDENCE**

Address:  
City, State, Zip:  
Home Telephone No.:  
How Long a Resident of FL:  
Since what Date:

**EMPLOYMENT**

Name:.  
Address:  
City, State, Zip:  
Telephone No.:

**EMPLOYMENT**

Name:  
Address:  
City, State, Zip:  
Telephone No.:

**NAME OF MINOR CHILD(REN)**

**DATE OF BIRTH**  
N/A

**PRESENT LOCATION**

**MARRIAGE INFORMATION**

Date of Marriage:  
Date of Separation:  
Is marriage irretrievably broken?:  
**Is Wife's former name to be resorted?** \_\_\_\_\_ No \_\_\_\_\_ Yes (write out name; no initials): \_\_\_\_\_

Place of Marriage:  
Separation Agreement:  
(Why):

**EVIDENCE OF RESIDENCY**

Name of Residency Witness (if applicable): \_\_\_\_\_

**PRESENT AT FINAL HEARING**

**Petitioner:**  
**Respondent:**

**Attorney:**  
**Attorney:**

**PLEADINGS**

SERVICE OF PROCESS

UNIFORM CHILD CUSTODY JURISDICTION ACT (UCCJEA) AFFIDAVIT

ANSWER

DEFAULT

FINAL JUDGMENT SUBMITTED TO COURT

INCOME DEDUCTION ORDER SUBMITTED TO COURT

**DOCKET ENTRY NUMBER**

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**APPROVED BY:**

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**Circuit Court Judge**

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**Date**