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| IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT  IN AND FOR PALM BEACH COUNTY, FLORIDA | |
| IN RE: THE MARRIAGE OF  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Petitioner,  and    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,  Respondent.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ | CASE NO.:  FAMILY DIVISION  **TESTIMONY AT FINAL HEARING** |
| **PETITIONER**  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:  **EMPLOYMENT**  Name:**.**  Address:  City, State, Zip:  Telephone No.: | **RESPONDENT**  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:  **EMPLOYMENT**  Name:  Address:  City, State, Zip:  Telephone No.: |

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| **NAME OF MINOR CHILD(REN)** | **DATE OF BIRTH** | **PRESENT LOCATION** |
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| **MARRIAGE INFORMATION**  Date of Marriage:  Date of Separation:  Is marriage irretrievably broken?: | Place of Marriage:  Separation Agreement:  (Why): |

**Is Wife’s former name to be resorted?**  No Yes (write out name; no initials):

**EVIDENCE OF RESIDENCY**

Name of Residency Witness (if applicable):

**PRESENT AT FINAL HEARING**

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| **Petitioner:** | **Attorney:** |
| **Respondent:** | **Attorney:** |

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| **PLEADINGS** | **DOCKET ENTRY NUMBER** | | |
| SERVICE OF PROCESS |  |  |  |
| UNIFORM CHILD CUSTODY JURISDICTION ACT (UCCJEA) AFFIDAVIT |  |  |  |
| ANSWER |  |  |  |
| DEFAULT |  |  |  |
| FINAL JUDGMENT SUBMITTED TO COURT |  |  |  |
| INCOME DEDUCTION ORDER SUBMITTED TO COURT |  |  |  |

**APPROVED BY:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date**

**Circuit Court Judge**