

## **Instructions for Using Joint Supplemental Petition to Modify Judgment Dissolving Marriage**

This form is intended to be used jointly by parties to a dissolution (divorce) case to modify some provision of their final judgment of dissolution (divorce order). This form addresses child support, insurance, parental responsibility, and/or alimony.

Depending upon what parts of your final order you are requesting to modify, you must also file with the court, some, or all, of the following supporting documents and provide a copy to the other party:

- **Uniform Child Custody Jurisdiction Act (UCCJA) Affidavit**, Florida Supreme Court Approved Family Law Form 12.902(d). This form should be used in any case involving custody of or visitation with any minor child(ren). This affidavit is required even if the custody and visitation of the minor child(ren) are not in dispute.
- **Notice of Social Security Number**, Florida Supreme Court Approved Family Law Form 12.902(j). (This must be filed by both parties)
- **Financial Affidavit**, Florida Family Law Rules of Procedure Form 12.902 (b) or (c). (This must be filed by both parties)
- **Certificate of Compliance with Mandatory Disclosure**, Florida Family Law Rules of Procedure Form 12.932. (This must be filed unless you and the other party have agreed not to exchange these documents; See Sixth Judicial Circuit Local Form--Waiver of Mandatory Disclosure)
- **Child Support Guidelines Worksheet**, Florida Family Law Rules of Procedure Form 12.902(e). (If you do not know the other party's income, you may file this worksheet after his or her financial affidavit has been filed.)

After the joint supplemental petition has been filed, one party will need to call to request a hearing on the supplemental petition before a family law judge or general master. A hearing may not be granted until you have properly followed procedures by filing all necessary supporting documents. New supporting documents are necessary even if the order you are modifying was quite recent. If you have any questions concerning your legal rights in this type of proceeding you are **strongly** urged to seek advice from an attorney.

IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT, IN  
AND FOR \_\_\_\_\_ COUNTY, FLORIDA  
FAMILY LAW DIVISION CASE NO. \_\_\_\_\_

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

and

\_\_\_\_\_,  
Respondent.

**JOINT SUPPLEMENTAL PETITION TO MODIFY JUDGMENT**  
**DISSOLVING MARRIAGE**

The request of the parties shows:

1. We, the parties to this cause, were divorced on \_\_\_\_\_, \_\_\_\_\_. A **copy of the Final Judgment of Dissolution of Marriage is attached.**
2. We have agreed, and hereby stipulate, to a change in the terms of the Judgment as indicated below, and request this Court to issue an Order of Judgment so modifying our judgment:
  - Child support shall be increased, decreased to the sum of \$\_\_\_\_\_ per \_\_\_\_\_, to be paid by way of an Income Deduction Order, Order Directing Payment Through Central Depository, until \_\_\_\_\_, or until further Order of this Court.
  - The parties request that the Court award a child support amount that is more than or less than Florida's child support guidelines. Both parties understand that a Motion to Deviate from Child Support Guidelines, Florida Supreme Court Approved Family Law Form 12.943, **must** be completed and filed by one of the parties before the Court will consider this request.
  - Medical/dental insurance coverage for the minor child(ren) will be provided by Former Husband, Former Wife. Uninsured medical/dental expenses for the child(ren) will be paid by:
    - [ one only]
    - Former Husband.
    - Former Wife.
    - Former Wife and Former Husband each pay one-half.
    - Former Wife and Former Husband each pay according to the percentages in the Child Support Guidelines Worksheet, Florida Family Law Rules of Procedure Form 12.902(e).
    - Other {explain}: \_\_\_\_\_

Life insurance to secure child support will be provided by Former Husband, Former Wife, Both.

Arrears will be addressed and resolved as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Primary parental responsibility/custody of the minor child(ren) shall be changed to the Former Husband,  Former Wife, until \_\_\_\_\_, or until further Order of this Court. Monthly childcare costs of \$ \_\_\_\_\_ will be paid by the non-custodial parent.

The non-custodial parent's visitation with the minor child(ren) shall be changed to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Alimony shall be increased, decreased to the sum of \$ \_\_\_\_\_ per \_\_\_\_\_, to be paid by way of an Income Deduction Order, Order Directing Payment Through Central Depository, until \_\_\_\_\_, or until the death or remarriage of the recipient of said alimony, or until further Order of this Court.

Other agreed provisions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. We further agree that these modifications are to become effective upon entry of the order.
4. The modifications requested are in the best interest of the parties and/or our minor child(ren).
5. All other provisions of the Final Judgment not in conflict with the changes indicated above shall remain in full force and effect.

**We understand that we are swearing and 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

Sworn to or affirmed and signed before me on \_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC—STATE OF FLORIDA

\_\_\_\_\_  
[Print, type, or stamp commissioned name of notary.]

\_\_\_\_\_ Personally known  
\_\_\_\_\_ Produced identification, Type of identification produced \_\_\_\_\_

**We understand that we are swearing and 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 Respondent  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF

Sworn to or affirmed and signed before me on \_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC—STATE OF FLORIDA

\_\_\_\_\_  
[Print, type, or stamp commissioned name of notary.]

\_\_\_\_\_ Personally known  
\_\_\_\_\_ Produced identification, Type of identification produced \_\_\_\_\_

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM THEY 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  
[v one only] \_\_\_\_\_ petitioner or \_\_\_\_\_ respondent, fill out this form.