

INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW FORM 12.902(d), UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA) AFFIDAVIT (03/09)

When should this form be used?

This form should be used in any case involving custody of, visitation with, or time-sharing with any minor child(ren). This **affidavit** is **required** even if the custody of, visitation, or time-sharing with the minor child(ren) are not in dispute.

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 then **file** the original with the **clerk of the circuit court** in the county where the petition was filed and keep a copy for your records.

What should I do next?

A copy of this form must be mailed or hand delivered to the other party in your case, if it is not served on him or her with your initial papers.

Where can I look for more information?

Before proceeding, you should read General Information for Self-Represented Litigants found at the beginning of these forms. The words that are in **bold underline** in these instructions are defined there. For further information, see sections 61.501-61.542, Florida Statutes.

Special notes...

If you are the petitioner in an injunction for protection against domestic violence case and you have filed **Petitioner's Request for Confidential Filing of Address**, Florida Supreme Court Approved Family Law Form 12.980(i), you should write confidential in any space on this form that would require you to write the address where you are currently living.

Remember, a person who is NOT an attorney is called a nonlawyer. If a nonlawyer helps you fill out these forms, that person must give you a copy of a **Disclosure from Nonlawyer**, Florida Family Law Rules of Procedure Form 12.900(a), before he or she helps you. A nonlawyer helping you fill out these forms also **must** put his or her name, address, and telephone number on the bottom of the last page of every form he or she helps you complete.

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

Case No.: _____
Division: _____

Petitioner,

and

Respondent.

**UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)
AFFIDAVIT**

I, {full legal name} _____, being sworn, certify that the following statements are true:

1. The number of minor child(ren) subject to this proceeding is _____. The name, place of birth, birth date, and sex of each child; the present address, periods of residence, and places where each child has lived **within the past five (5) years**; and the name, present address, and relationship to the child of each person with whom the child has lived during that time are:

THE FOLLOWING INFORMATION IS TRUE ABOUT CHILD # 1 :

Child's Full Legal Name: _____

Place of Birth: _____ Date of Birth: _____ Sex: _____

Child's Residence for the past 5 years:

Dates (From/To)	Address (including city and state) where child lived	Name and present address of person child lived with	Relationship to child
____/present*			
____/____			
____/____			
____/____			
____/____			

___/___			
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* If you are the petitioner in an injunction for protection against domestic violence case and you have filed Petitioner's Request for Confidential Filing of Address, Florida Supreme Court Approved Family Law Form 12.980(i), you should write confidential in any space on this form that would require you to enter the address where you are currently living.

THE FOLLOWING INFORMATION IS TRUE ABOUT CHILD # ___:

Child's Full Legal Name: _____
 Place of Birth: _____ Date of Birth: _____ Sex: _____

Child's Residence for the past 5 years:

Dates (From/To)	Address (including city and state) where child lived	Name and present address of person child lived with	Relationship to child
___/present			
___/___			
___/___			
___/___			
___/___			
___/___			

THE FOLLOWING INFORMATION IS TRUE ABOUT CHILD # ___:

Child's Full Legal Name: _____
 Place of Birth: _____ Date of Birth: _____ Sex: _____

Child's Residence for the past 5 years:

Dates (From/To)	Address (including city and state) where child lived	Name and present address of person child lived with	Relationship to child
___/present			
___/___			

___/___			
___/___			
___/___			
___/___			

2. Participation in custody or time-sharing proceeding(s):

[one only]

___ I HAVE NOT participated as a party, witness, or in any capacity in any other litigation or custody proceeding in this or any other state, concerning custody of or time-sharing with a child subject to this proceeding.

___ I HAVE participated as a party, witness, or in any capacity in any other litigation or custody proceeding in this or another state, concerning custody of or time-sharing with a child subject to this proceeding. Explain:

- a. Name of each child: _____
- b. Type of proceeding: _____
- c. Court and state: _____
- d. Date of court order or judgment (if any): _____

3. Information about custody or time-sharing proceeding(s):

[one only]

___ I HAVE NO INFORMATION of any custody or time-sharing proceeding pending in a court of this or any other state concerning a child subject to this proceeding.

___ I HAVE THE FOLLOWING INFORMATION concerning a custody or time-sharing proceeding pending in a court of this or another state concerning a child subject to this proceeding, other than set out in item 2. Explain:

- a. Name of each child: _____
- b. Type of proceeding: _____
- c. Court and state: _____
- d. Date of court order or judgment (if any): _____

4. Persons not a party to this proceeding:

[one only]

___ I DO NOT KNOW OF ANY PERSON not a party to this proceeding who has physical custody or claims to have custody, visitation or time-sharing with respect to any child subject to this proceeding.

___ I KNOW THAT THE FOLLOWING NAMED PERSON(S) not a party to this proceeding has (have) physical custody or claim(s) to have custody, visitation, or time-sharing with respect to any child subject to this proceeding:

- a. Name and address of person: _____

() has physical custody () claims custody rights () claims visitation or time-sharing

Name of each child: _____

b. Name and address of person: _____

() has physical custody () claims custody rights () claims visitation. or time-sharing

Name of each child: _____

c. Name and address of person: _____

() has physical custody () claims custody rights () claims visitation or time-sharing

Name of each child: _____

5. Knowledge of prior child support proceedings:

[one only]

___ The child(ren) described in this affidavit are NOT subject to existing child support order(s) in this or any state or territory.

___ The child(ren) described in this affidavit are subject to the following existing child support order(s):

a. Name of each child:

b. Type of proceeding:

c. Court and address:

d. Date of court order/judgment (if any):

e. Amount of child support paid and by whom: _____

6. I acknowledge that I have a continuing duty to advise this Court of any custody, visitation or time-sharing, child support, or guardianship proceeding (including dissolution of marriage, separate maintenance, child neglect, or dependency) concerning the child(ren) in this state or any other state about which information is obtained during this proceeding.

I certify that a copy of this document was [one only] () mailed () faxed and mailed () hand delivered to the person(s) listed below on {date} _____.

Other party or his/her attorney:

Name: _____

Address: _____

City, State, Zip: _____

Fax Number: _____

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

Dated: _____

Signature of Party
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 or DEPUTY CLERK

[Print, type, or stamp commissioned name of notary or 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} _____, {city} _____,
{state} _____, {phone} _____, helped {name} _____,
who is the [**one** only] ___ petitioner or ___ respondent, fill out this form.