

**IN THE CIRCUIT COURT OF THE SECOND JUDICIAL CIRCUIT
IN AND FOR JEFFERSON COUNTY, FLORIDA**

Case No. _____

Petitioner,

and

Respondent,

**PETITION TO ESTABLISH PARENTAL RESPONSIBILITY AND A PARENTING
PLAN/TIME-SHARING SCHEDULE**

Petitioner, (full/legal name) _____, being sworn, certify that the following information is true:

This is an action to determine parental responsibility and a parenting plan/time-sharing schedule under chapter 742, Florida Statutes.

SECTION I.

1. The Petitioner is the () mother () father of the following minor child(ren):

	Name	City/State of Birth	Birth Date	Sex
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____
(4)	_____	_____	_____	_____
(5)	_____	_____	_____	_____
(6)	_____	_____	_____	_____

2. Petitioner currently lives at (street address, city, state) _____

3. Respondent currently live at (street address, city, state) _____

4. () Petitioner () Respondent has been ordered to pay child support for the above name child(ren) in (county) _____, (state) _____, (case number) _____. A copy of the child support order is attached.
5. Both parties are over the age of 18, and neither is, nor has been within a 30-day period immediately prior to this date, a person in the military service of the United States as defined by the Amended Sailors' and Soldiers' Civil Relief Act of 1940.
6. Neither Petitioner nor Respondent is mentally incapacitated.

7. A completed Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) Affidavit, Florida Supreme Court Approved Family Law Form 12.902(d), is filed with this petition.

SECTION II. PARENTING PLAN ESTABLISHING PARENTAL RESPONSIBILITY AND TIME-SHARING

1. The minor child(ren) currently reside(s) with Mother Father Other: (explain)_____

2. Parental Responsibility. It is in the child(ren)'s best interests that parental responsibility be:

(only one)

- a. shared by both Father and Mother
- b. awarded solely to Father Mother. Shared parental responsibility would be detrimental to the child(ren) because:

3. Parenting Plan and Time-Sharing. It is in the best interests of the child(ren) that the family be ordered to comply with a Parenting Plan that includes does not include parental time-sharing with the child(ren) that:

(only one)

- a. _____ attached proposed Parenting Plan should be adopted by the court.
The parties have have not agreed to the Parenting Plan.

- b. _____ The court should establish a Parenting Plan with the following provision:

<input type="checkbox"/> No time-sharing for the	<input type="checkbox"/> Father <input type="checkbox"/> Mother
<input type="checkbox"/> Limited time-sharing with the	<input type="checkbox"/> Father <input type="checkbox"/> Mother
<input type="checkbox"/> Supervised time-sharing for the	<input type="checkbox"/> Father <input type="checkbox"/> Mother
<input type="checkbox"/> Supervised or third-party exchange of the child(ren)	<input type="checkbox"/> Father <input type="checkbox"/> Mother
<input type="checkbox"/> Time-sharing schedule as follows:	<input type="checkbox"/> Father <input type="checkbox"/> Mother

Explain why this schedule is in the best interests of the child(ren): _____

PETITIONER'S REQUEST

1. Petitioner requests a hearing on this petition and understands that he or she must attend the hearing.
2. Petitioner requests that the Court enter and order that: (choose all that apply)

- a. _____ adopts or establishes a Parenting Plan containing provisions for parental responsibility and time-sharing for the minor or dependent child(ren);
- b. _____ other relief as follows: _____

I understand that I am swearing or 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.

Dates: _____

Signature of Petitioner
Printed Name: _____
Address: _____
City, State, Zip: _____

Telephone Number: _____
Email: _____

STATE OF FLORIDA
COUNTY OF JEFFERSON

Sworn to or affirmed and signed before me on _____ by _____
who is personally know or has produced _____ as identification.

NOTARY PUBLIC – STATE OF FLORIDA

(NOTARY STAMP)