

INFORMATION ABOUT THE FINAL JUDGMENT

When was your Final Judgment entered by the Court? _____
Where was your Final Judgment entered (state & county) _____
How long have you lived in Florida? _____

What are you/opposing party seeking to modify within your Final Judgment?
(Check all that Apply)**

Timesharing _____ Child Support _____ Alimony _____

****PLEASE NOTE THAT FLORIDA LAW DOES NOT ALLOW THE MODIFICATION OF PROPERTY SETTLEMENT AGREEMENTS (EQUITABLE DISTRIBUTION).**

MINOR CHILDREN

<u>Name</u>	<u>Date of Birth</u>	<u>Age</u>	<u>Place of Birth</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Please list below the addresses at which the child(ren) have resided for the past five years, including the dates of residence at each address and the names of the people with whom the children resided:

<u>Date</u>	<u>Address</u>	<u>With Whom</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Since the Final Judgment, has any child listed above been involved in custody proceedings involving Juvenile Dependency Court or other court intervention? _____ If Yes, When? _____
If Yes, Please Explain _____

Do any of the child(ren) have any mental, emotional, physical or other health problems? _____
If so, please explain: _____

CHILD SUPPORT MODIFICATION

(If applicable)

What is the monthly amount of Child Support that has been Ordered? _____

Is the Child Support current? _____ Yes _____ No

What is the current amount owed? _____

Who covers the child(ren)'s health insurance? _____ What is the total cost per Month? _____

What would be the individual monthly cost for your personal Health Insurance as a Single Person with no dependents? _____ and Opposing Party with no Dependents? _____

What would be the additional monthly cost for Health Insurance to you or opposing Party to add just the child(ren) to the personal health insurance plan listed immediately above (total cost for Family Coverage)? _____

Are the child(ren) in day care? _____ If so, how much per month? \$ _____

ATTORNEY NOTES

1. PRICE QUOTED CONTESTED:
2. COST DEPOSIT FOR CONTESTED:
3. PRICE QUOTED UNCONTESTED:
4. FILING FEES UNCONTESTED: