

# INSTRUCTIONS FOR SETTLEMENT AGREEMENT FOR PARTIES WHO WERE NEVER MARRIED WITH DEPENDENT OR MINOR CHILD(REN)

## When should this form be used?

**DO NOT USE THIS FORM IF YOU HAVE FILED A PETITION FOR DISSOLUTION OF MARRIAGE.** If you have filed a Petition for Dissolution of Marriage and have reached an agreement as to all or some of the issues, you should use the **Marital Settlement Agreement for Dissolution of Marriage with Dependent or Minor Child(ren)**, Florida Supreme Court Approved Family Law Form, 12.902(f)(1).

This form should be used when a **Petition to Determine Paternity and for Related Relief**, Florida Supreme Court Approved Family Law Form 12.983(a); a **Supplemental Petition to Modify Parenting Plan/Time-Sharing Schedule and Other Relief**, Florida Supreme Court Approved Family Law Form 12.905(a); **Supplemental Petition for Temporary Modification of Parenting Issues for Child(ren) of Parent Activated, Deployed, or Temporarily Assigned to Military Service**, Florida Supreme Court Approved Family Law Form 12.905(d); **Petition to Establish Parenting Plan with Time-Sharing Schedule with Minor Child(ren) of Parents Who Were Never Married**, Fifth Judicial Circuit Locally Approved Form; or any other action involving children has been filed and the parties have reached an agreement on some or all of the issues at hand.

This form should be typed or printed in black ink. **Both** parties must sign the agreement and have their signatures witnessed by a notary public or deputy clerk. After completing this form, you should 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. You should then refer to the instructions for your petition, answer, or answer and counterpetition concerning the procedures for setting a hearing or trial (final hearing).

## 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 chapter 61, Florida Statutes, and the instructions for the petition and/or answer that were filed in this case.

## Special notes...

With this form you must also file a **Child Support Guidelines Worksheet**, Florida Family Law Rules of Procedure Form 12.902(e), if not already filed.

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 \_\_\_\_\_ FIFTH \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ MARION \_\_\_\_\_ COUNTY, FLORIDA

Case No.: \_\_\_\_\_  
Division: \_\_\_\_\_

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

and

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

**SETTLEMENT AGREEMENT FOR PARTIES WHO WERE NEVER MARRIED  
WITH DEPENDENT OR MINOR CHILD(REN)**

We, {*Petitioner's full legal name*} \_\_\_\_\_  
and {*Respondent's full legal name*} \_\_\_\_\_  
being sworn, certify that the following statements are true:

1. We have made this agreement to settle the issues involving our minor or dependent child(ren).
2. We have both filed a Family Law Financial Affidavit, Florida Family Law Rules of Procedure Form 12.902(b) or (c). Because we have voluntarily made full and fair disclosure to each other of all our assets and debts, we waive any further disclosure under rule 12.285, Florida Family Law Rules of Procedure.
3. Each of us agrees to execute and exchange any papers that might be needed to complete this agreement, including but not limited to, insurance cards, birth certificates and social security information regarding the minor or dependent child(ren).

**SECTION I. PATERNITY**

**1. Paternity.**

The Petitioner \_\_\_\_\_ and the Respondent \_\_\_\_\_  
are the biological, or legal parents of the minor or dependent child(ren), listed below:

**The parties' dependent or minor child(ren) is (are):**

**Name**

**Birth date**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

The parties shall have time-sharing and parental responsibility in accordance with the Parenting Plan attached as Exhibit \_\_\_\_.

### SECTION III. CHILD SUPPORT

1. The ( ) Petitioner( ) Respondent is currently ordered to pay child support in the amount of \$\_\_\_\_\_per\_\_\_\_\_as ordered in the case of \_\_\_\_\_

[Case Name],  
{Case Number}, entered on \_\_\_\_\_  
{date} in the Fifth Circuit, Marion County,  
Florida {State}. Child support shall continue to be paid as  
previously established.

**OR**

( ) Petitioner( ) Respondent (Hereinafter known as the Obligor) shall pay child support on a monthly basis, payable beginning \_\_\_\_\_and continuing each month as set forth in the schedule

below: Child Support Schedule -

Please list children by name from oldest to youngest	Insert in this column the day, month, and year the child support obligation terminates for each designated child (see instructions)*	Insert in this column the amount of child support for all minor children remaining (including designated child).
<b>Child 1</b> Typically the <b>oldest</b> :	<i>From the effective date of this Order until the following date:</i>	<i>child support for Child 1 and all other younger child(ren) should be paid in the following monthly amount:</i>
<b>Child 2</b>	<i>After the date set forth in the row above until the following date:</i>	<i>child support for Child 2 and all other younger child(ren) should be paid in the following monthly amount:</i>



<b>Child 3</b>	After the date set forth in the row above until the following date:	child support for Child 3 and all other younger child(ren) should be paid in the following monthly amount:
<b>Child 4</b>		
	forth in the row above until the following date:	all other younger child(ren) should be paid in the following monthly amount:
<b>Child 5</b>	After the date set forth in the row above until the following date:	child support for Child 5 and all other younger child(ren) should be paid in the following monthly amount:

\* The Obligor shall pay child support until all the minor or dependent child(ren): reach the age of 18; become emancipated, marry, join the armed services, die, or become self-supporting; or until further order of the Court or agreement of the parties. The child support obligation shall continue beyond the age of 18 and until high school graduation for any child who is dependent in fact, between the ages of 18 and 19, and is still in high school, performing in good faith with a reasonable expectation of graduation before the age of 19. **The date in this column should be the date of emancipation of the child. If the parties agree or know that child support should continue beyond the date of emancipation, the alternative date of termination should be used with an explanation of why it is being used.**

Child support shall be payable ( ) at least once a month and in accordance with the parent(s)'s employer(s)'s payroll cycle, or ( ) other{explain}\_\_\_\_\_.

If the child support amount above deviates from the guidelines by 5% or more, explain the reason(s) here:

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- 2. Retroactive Child Support or Arrearages.** There is currently retroactive child support in the amount of \$\_\_\_\_\_. There is an arrearage in the amount of \$\_\_\_\_\_ for previously ordered unpaid child support. The total of \$\_\_\_\_\_ in retroactive and unpaid child support arrearage shall be repaid at the rate of \$\_\_\_\_\_ every ( ) week ( ) other week ( ) month, beginning {date}\_\_\_\_\_, until paid in full including statutory interest.
- 3. Health Insurance.**  
(Choose only one)

- a. ☐ ( ) Petitioner ( ) Respondent will maintain health insurance for the parties' minor child(ren). The party providing coverage will provide insurance cards to the other party showing coverage.

OR

☐ The child(ren) is (are) covered by Medicaid or other state funded insurance.

The ( ) Petitioner ( ) Respondent shall maintain the insurance as long as the child(ren) is (are) eligible.

OR

☐ ( ) Health insurance is either not reasonable in cost or accessible to the child(ren) at this time.

- b. Any reasonable and necessary uninsured/unreimbursed medical costs for the minor child(ren) shall be assessed as follows: (Choose **one** only)

☐ Shared equally by both parents. or

☐ Prorated according to the child support guideline percentages. or

☐ Other {explain}: \_\_\_\_\_

As to these uninsured/unreimbursed medical expenses, the party who incurs the expense shall submit a request for reimbursement to the other party within 30 days, and the other party, within 30 days of receipt, shall submit the applicable reimbursement for that expense, according to the schedule of reimbursement set out in this paragraph.

**4. Dental Insurance.**

(Choose only one)

- a. ☐ ( ) Petitioner ( ) Respondent will maintain dental insurance for the parties' minor child(ren). The party providing coverage will provide insurance cards to the other party showing coverage.

OR

☐ The child(ren) is (are) covered by Medicaid or other state funded insurance. The ( ) Petitioner ( ) Respondent shall maintain the insurance as long as the child(ren) is (are) eligible.

OR

☐ ( ) Dental insurance is either not reasonable in cost or accessible to the child(ren) at this time.

- b. Any reasonable and necessary uninsured/unreimbursed dental costs for the minor child(ren) shall be assessed as follows: (Choose **one** only)

☐ Shared equally by both parents. or

☐ Prorated according to the child support guideline percentages. or

☐ Other {explain}: \_\_\_\_\_

As to these uninsured/unreimbursed medical expenses, the party who incurs the expense shall submit a request for reimbursement to the other party within 30 days, and the other party, within 30 days of receipt, shall submit the applicable reimbursement for that expense, according to the schedule of reimbursement set out in this paragraph.

5. **Life Insurance.** ( ) Petitioner ( ) Respondent shall be required to maintain life insurance coverage for the benefit of the parties' minor child(ren) in the amount of \$ \_\_\_\_\_ until the youngest child turns 18, becomes emancipated, marries, joins the armed services, dies or otherwise becomes self-supporting.

6. **IRS Income Tax Deduction(s).** The assignment of any tax deductions for the child(ren) shall be as follows: *{explain}* \_\_\_\_\_

\_\_\_\_\_  
The other parent will convey any applicable IRS form regarding the income tax deduction.

7. Other provisions relating to child support (e.g., uninsured medical/dental expenses, health or dental insurance, life insurance to secure child support, orthodontic payments, college fund, etc.): \_\_\_\_\_

**SECTION IV. OTHER**

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

**SECTION V.** We have not agreed on the following issues:

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

**I certify that I have been open and honest in entering into this settlement agreement. I am satisfied with this agreement and intend to be bound by it.**

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Petitioner

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Designated e-mail address: \_\_\_\_\_

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

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

\_\_\_\_\_  
NOTARY PUBLIC or DEPUTY CLERK

\_\_\_\_ Personally known

\_\_\_\_ Produced identification

Type of identification produced \_\_\_\_\_

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

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:**

[fill in **all** blanks] This form was prepared for the: Petitioner

This form was completed with the assistance of:

{name of individual} \_\_\_\_\_

{name of business} \_\_\_\_\_

{address} \_\_\_\_\_

{city} \_\_\_\_\_, {state} \_\_\_\_\_, {zip code} \_\_\_\_\_, {telephone number} \_\_\_\_\_.

**I certify that I have been open and honest in entering into this settlement agreement. I am satisfied with this agreement and intend to be bound by it.**

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Respondent

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Designated E-Mail Address \_\_\_\_\_

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

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

\_\_\_\_\_  
NOTARY PUBLIC or DEPUTY CLERK

\_\_\_\_ Personally known

\_\_\_\_ Produced identification

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

Type of identification produced \_\_\_\_\_

Settlement Agreement for Parties Who Were Never Married with Dependent or Minor Child(ren) (0/18)

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:**

[fill in all blanks] This form was prepared for the Respondent.

This form was completed with the assistance of:

{name of individual} \_\_\_\_\_

{name of business} \_\_\_\_\_

{address} \_\_\_\_\_

{city} \_\_\_\_\_, {state} \_\_\_\_\_, {zip code} \_\_\_\_\_, {telephone number} \_\_\_\_\_.