

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

_____,
Petitioner,

and

_____,
Respondent.

Case No. _____

Division: _____

**SETTLEMENT AGREEMENT ON PETITION TO DETERMINE PATERNITY
AND FOR RELATED RELIEF**

We, _____, Father, and
_____, Mother, 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 both have filed Family Law Financial Affidavit, Florida 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 ruled 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. The Father, _____, and the Mother, _____, 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:	Emancipation 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 (check one)

1. _____ The () Father () Mother 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 signed by judge), in the _____Circuit _____ County, _____, (State). Child Support shall continue to be paid as previously established.

OR

_____ The () Father () Mother shall pay child support on a monthly basis in the amount of:

The child support amount for three children per month is \$_____.

The child support amount for two children per month is \$_____.

The child support amount for one child per month is \$_____.

The first payment shall be due on _____, and continue each month. All payments shall be payable (check one only):

_____ Directly to the () Father () Mother

_____ To the State of Florida Disbursement Unit, Post Office Box 8500, Tallahassee, Florida 32314-8500

_____ Payments shall be made through Income Withholding Order

Said child support shall continue until the youngest child marries, becomes self-supporting, or reaches the age of majority, whichever occurs first, unless otherwise directed by the Court. An exception to the termination of the child support obligation shall occur for any child who upon reaching his or her eighteenth birthday has not completed high school, but who is making satisfactory progress toward high school completion prior to his or her nineteenth birthday. In such a situation, child support shall continue until the child completes high school prior to his or her nineteenth birthday.

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

_____.

2. **Child Support Arrearage.** There is a child support arrearage of \$ _____ for retroactive child support and/or \$ _____ for previously ordered unpaid child support for a total of \$ _____ in child support arrearage. This amount shall be repaid at the rate of \$ _____ every () week () bi-weekly () semi-monthly () month, beginning _____, until paid in full including statutory interest.

3. **Health Insurance.** (Choose one only)

a. _____ () Father () Mother will maintain health insurance for the parties' minor child(ren). The party providing coverage will provide insurance cards to the other party showing coverage within 30 days of the date of this order.

OR

_____ The child(ren) are covered by Medicaid or other state funded insurance. The () Father

() Mother 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:

_____ 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 one only)

a. _____ () Father () Mother will maintain health insurance for the parties' minor child(ren). The party providing coverage will provide insurance cards to the other party showing coverage within 30 days of the date of this order.

OR

_____ The child(ren) are covered by Medicaid or other state funded insurance. The () Father

() Mother 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:

- _____ 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.** () Father () Mother 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 Father
Printed Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Email address: _____

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 to me

_____ Produced Identification

Type of Identification Produced: _____

IF A NON-LAWYER 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 non-lawyer*) _____,

A non-lawyer, whose address is _____

helped _____ who is the (choose only one) () Petitioner or

() Respondent, fill out this form.

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 Mother

Printed Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email address: _____

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 to me

_____ Produced Identification

Type of Identification Produced: _____

IF A NON-LAWYER 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 non-lawyer*) _____,

A non-lawyer, whose address is _____

helped _____ who is the (choose only one) () Petitioner or

() Respondent, fill out this form.