

**IN THE CIRCUIT COURT OF THE FIRST JUDICIAL CIRCUIT,
IN AND FOR ESCAMBIA COUNTY, FLORIDA**

IN RE:

_____, Petitioner,

Case No. _____

Division: _____

and

_____, Respondent.

WAIVER OF FINAL HEARING ON SUPPLEMENTAL PETITION FOR MODIFICATION

We, the undersigned, under oath and under penalty of perjury, swear or affirm as follows:

1. Our names are _____ and _____. We are the parties in this action to modify () alimony () custody or visitation () child support.
2. We have carefully re-read the Supplemental Petition to Modify the Final Judgment.. Everything said in it is true and accurate to the best of our knowledge and belief.
3. The respondent in this case has filed an Answer agreeing to all of the terms of the Petition to Modify () alimony () custody or visitation () child support **OR** () A Stipulated Agreement detailing the terms of the modification was filed with the Supplemental Petition.
4. If Modifying Alimony: Each party has filed a Financial Affidavit with the Petition to Modify Alimony.
5. If Modifying Child Support: Both parties understand that child support will be based upon child support guidelines, pursuant to section 61.30 Florida Statutes. Financial Affidavits from each party and a completed Child Support Guidelines Worksheet have been filed with this case.
6. If Modifying Custody/Visitation: A Uniform Child Custody Jurisdiction (UCCJA) Affidavit has been filed with the Supplemental Petition to Modify Custody or Visitation.
7. The parties respectfully request that the Court waive the requirement that we personally appear or testify before the Court on this matter. **We understand that the effect of the waiver is that the Final Judgment will be entered without further evidence or testimony.**
8. The parties respectfully request that a copy of the Final Judgment be mailed to each of them at the addresses listed below.

I have read completely the Waiver and fully understand the document. I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this request and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: _____

Signature of Petitioner

Printed Name: _____

Address: _____

STATE OF FLORIDA
COUNTY OF ESCAMBIA

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 _____

I have read completely the Waiver and fully understand the document. I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this request and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: _____

Signature of Respondent

Printed Name: _____

Address: _____

STATE OF FLORIDA
COUNTY OF ESCAMBIA

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 _____