

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

Case No.: _____

Division: _____

Petitioner,

and

Respondent

PETITION TO RELOCATE WITH CHILD(REN)

I, _____, being sworn, certify the following information to be true.

I. The parties to this action were granted a final judgment of () dissolution of marriage () paternity () other on {*date*} _____. A copy of the final judgment and any modification(s) are attached.

II. Petitioner requests the Court allow relocation with the following minor child(ren):

Name: _____	DOB: _____
Name: _____	DOB: _____
Name: _____	DOB: _____
Name: _____	DOB: _____

III. Petitioner requests permission to relocate with the child(ren) for a period of 60 or more consecutive days, to a location that is greater than 50 miles from the primary residence at the time of the last order on access or timesharing with the child(ren). Petitioner wishes to relocate to the following location:

Physical Address: _____

City: _____

State: _____

Mailing Address: _____

Telephone Number: _____

Date of Proposed Relocation/Move: _____

IV. The specific reason(s) for the proposed relocation of the child(ren) is/are as follows:

Documentation related to specified reasons is attached to this Petition.

V. Proposed visitation schedule, transportation, and payment of costs:

A. Proposed Access and Timesharing Schedule:

B. Proposed Method of Transportation:

C. Person Responsible for arranging transportation for visitation:

D. Person responsible for payment of transportation costs:

E. Method of Payment/Payment Plan for transportation costs:

A RESPONSE TO THE PETITION OBJECTING TO RELOCATION MUST BE MADE IN WRITING, FILED WITH THE COURT, AND SERVED ON THE PARENT OR OTHER PERSON SEEKING TO RELOCATE WITHIN 20 DAYS AFTER SERVICE OF THIS PETITION TO RELOCATE. IF YOU FAIL TO TIMELY OBJECT TO THE RELOCATION, THE RELOCATION WILL BE ALLOWED, UNLESS IT IS NOT IN THE BEST INTERESTS OF THE CHILD, WITHOUT FURTHER NOTICE AND WITHOUT A HEARING.

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this affidavit and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: _____

Signature of Petitioner

Printed Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Fax Number: _____

_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 deputy clerk.]

___ Personally known

___ Produced identification

Type of identification produced _____