

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

IN THE INTEREST OF:

Minor Child	DOB: _____	CASE NO. _____
Minor Child	DOB: _____	DIVISION: _____ “ ”
Minor Child	DOB: _____	
Minor Child	DOB: _____	
Minor Child	DOB: _____	

**VERIFIED PRO SE REQUEST FOR REVIEW HEARING, MOTION FOR ENFORCEMENT,  
MODIFICATION OF CUSTODY AND/OR VISITATION**

1. Petitioner(s), \_\_\_\_\_ is/are  
(Print names)  
 natural parent(s) of the above named child(ren).  
 other \_\_\_\_\_ of the above named child(ren).  
(List relationship to child(ren) if not natural parent)
  
2. The minor child(ren) were adjudicated dependent on \_\_\_\_\_  
(Date adjudicated dependent)
  
3. Protective Services Supervision was terminated  No  Yes \_\_\_\_\_  
(Date terminated)
  
4. The person(s) having primary parental responsibility/custody of the minor child(ren) currently is/are *{names}* \_\_\_\_\_ who is/are the child(ren's), please check / one  Natural Mother  Natural Father  Maternal Grandparent(s)  Paternal Grandparent(s)  Maternal Aunt  Maternal Uncle  Paternal Aunt  Paternal Uncle  Non-Relative.
  
5. The name and present address of each child under age 18 is as follows:

Name	Date of Birth	Address


6. The name(s) and present address(es) of person(s) with whom the child(ren) have lived within the last 5 years.

Name	Address

7. **Participation in custody proceeding(s):**

**[/Check only one]**

\_\_\_\_\_ I HAVE NOT previously participated as a party, a witness, or in any other capacity in any litigation or custody proceeding in this or any other state, related to the custody of any child subject to this proceeding.

\_\_\_\_\_ I HAVE participated as a party, a witness, or in some other capacity in other litigation or custody proceedings concerning custody of a child or children subject to this proceeding.

Explain:

- a. Name of each child: \_\_\_\_\_
- b. Type of proceeding \_\_\_\_\_
- c. Court and State: \_\_\_\_\_
- d. Date of court order or judgment (if any): \_\_\_\_\_

8. **Information about custody proceeding(s):**

**[/Check only one]**

\_\_\_\_\_ I HAVE NO INFORMATION of any custody proceeding pending in a court of this or any other state concerning a child subject to this proceeding.

\_\_\_\_\_ I HAVE THE FOLLOWING INFORMATION concerning a custody proceeding pending in a court of this or any other state concerning a child subject to this proceeding.

Explain:

- a. Name of each child: \_\_\_\_\_
- b. Type of proceeding \_\_\_\_\_
- c. Court and State: \_\_\_\_\_
- d. Date of court order or judgment (if any): \_\_\_\_\_

9. **Persons not a party to this proceeding:**

**[/Check only one]**

\_\_\_\_\_ I DO NOT KNOW OF ANY PERSON not a party to this proceeding who has physical custody or claims to have custody or visitation rights with respect to any child subject to this proceeding.

\_\_\_\_\_ I KNOW THAT THE FOLLOWING NAMED PERSON(S) not a party to this proceeding has (have) physical custody or claim(s) to have custody or visitation rights with respect to a child subject to this proceeding:

a. Name and address of person: \_\_\_\_\_

( ) has physical custody                      ( ) claims custody rights                      ( ) claims visitation rights

b. Name and address of person: \_\_\_\_\_

( ) has physical custody                      ( ) claims custody rights                      ( ) claims visitation rights

c. Name and address of person: \_\_\_\_\_

( ) has physical custody                      ( ) claims custody rights                      ( ) claims visitation rights.

**10. Knowledge of prior child support proceedings:**

**[/ Check only one]**

\_\_\_\_\_ The child(ren) described in this affidavit are NOT subject to existing child support order(s) in this or any state or territory.

\_\_\_\_\_ The child(ren) described in this affidavit are subject to the following existing child support order(s):

a. Name of each child: \_\_\_\_\_

b. Type of proceeding \_\_\_\_\_

c. Court and address: \_\_\_\_\_

d. Date of court order/judgment (if any): \_\_\_\_\_

e. Amount of child support paid and by whom: \_\_\_\_\_

11. I acknowledge that I have a continuing duty to advise this Court of any custody, visitation, child support, or guardianship proceeding (including dissolution of marriage, separate maintenance, child neglect, or dependency) concerning the child(ren) in this state or any other state about which information is obtained during this proceeding.

12. Since the child(ren) were adjudicated dependent, there has been a substantial change in circumstances. (List the changes that have taken place justifying a change in primary parental responsibility/custody of the minor child and/or visitation).

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

**[/ Check all that apply]**

\_\_\_\_\_ Petitioner has completed the Court Ordered Case Plan ( )Yes ( )No.

\_\_\_\_\_ The petitioner requests a review of this matter so that the minor child(ren) may be reunited with the natural parent(s).

\_\_\_\_\_ The petitioner requests that he/she be designated the primary residential custodial parent of the minor child(ren).

\_\_\_\_\_ The petitioner requests that *{name}* \_\_\_\_\_ be designated the primary residential custodial parent of the minor child(ren).

\_\_\_\_\_ The petitioner requests that he/she be allowed to visit with the minor child(ren) and that the Court establish a visitation schedule.

\_\_\_\_\_ Petitioner requests that the court ordered visitation be enforced.

\_\_\_\_\_ Petitioner requests that Protective Service Supervision be reinstated.

The other party has failed to comply with the courts order by failing to do the following:

**/ Check all that apply**

( ) a. Pay child support in the amount of \$ \_\_\_\_\_ per \_\_\_\_\_.

( ) b. Provide medical/health insurance coverage for the minor child(ren).

( ) c. Abide by the court ordered visitation.

I CERTIFY that a copy of this motion has been furnished to the Department of Children and Families by U. S. Mail and to the Custodial Parent by ( ) U.S. Mail ( ) Sheriff's Service of Process ( ) Hand Delivery on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Petitioner's Signature

\_\_\_\_\_  
Petitioner's Name Printed

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip Code

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

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

SWORN TO (or Affirmed) AND SUBSCRIBED before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_, who is ( ) personally known to me **OR** ( ) who produced \_\_\_\_\_ type of identification.

\_\_\_\_\_  
NOTARY PUBLIC (SEAL)

or  
ERNIE LEE MAGAHA  
CLERK OF THE CIRCUIT COURT & COMPTROLLER

BY: \_\_\_\_\_ (SEAL)  
Deputy Clerk