ADD PAGE NUMBERS TO REPORT AND FINAL JUDGMENT (SAVE SEPARATELY) AND DELETE ALL HIGHLIGHTED INSTRUCTIONS

IN THE CIRCUIT COURT OF THE 17th JUDICIAL CIRCUIT COURT IN AND FOR BROWARD COUNTY, FLORIDA

CASE NO.: FMCE

IN RE:

Petitioner,

and

Respondent.

REPORT OF GENERAL MAGISTRATE AND NOTICE OF FILING AND CERTIFICATE OF SERVICE

_/

THIS MATTER was heard on ______ pursuant to the Order of Referral signed by the Court ______ for Final Hearing upon Petition for Dissolution of Marriage with Dependent or Minor Child(ren) and Property filed on ______. The General Magistrate, having heard the testimony, reviewed the files and having considered all relevant evidence, and being otherwise fully advised in the premises, hereby files this Report and Recommendation:

A. The General Magistrate reports the following findings from the evidence submitted to the undersigned at the above hearing:

1. Electronic reporting was provided.

2. The court has jurisdiction over the parties, and the subject matter of the motion was properly referred to the General Magistrate.

3. Husband was present and was self-represented OR was present with counsel, ______.

4. Wife was present and was self-represented OR was present with counsel, _____.

5. At least one party has been a resident of the State of Florida for more than six months immediately before filing the Petition for Dissolution of Marriage.

6. The marriage between the parties is irretrievably broken.

7. The parties have _____minor children:

FULL NAMES AND DOB

8. Each party has filed the required Family Law Financial

Affidavit.

9. The parties entered into a ______ Agreement and a ______ Parenting Plan which was entered on ______ or agreed to at the hearing held on ______ which resolves all pending issues between the parties, and was filed on ______. The ______Agreement and ______Parenting Plan are hereby adopted and ratified by the Court, and the parties shall comply with the same.

(Select one of the following paragraph – if DOR order use the first paragraph "10" and delete all other child support provisions)

10. Child support was previously established in a case involving the Department of Revenue (DOR).

<mark>OR</mark>

11. Health/Dental Insurance. ____ Wife ____ Husband shall be required to maintain _____ health and/or _____ dental insurance for the parties' minor child(ren), so long as reasonable in cost and accessible to the child(ren). OR

_____ health and/or _____ dental insurance is not reasonable in cost or accessible to the child(ren) at this time.

12. All reasonable and necessary uninsured medical, dental, prescription drug and orthodontic costs for the minor child(ren) shall be assessed with the Husband responsible for _____% and the Wife responsible for _____%.

B. In view of the above findings, the General Magistrate recommends that the court adopt the following provisions as its Order upon the matters referred to the General Magistrate:

1. The marriage between the parties is dissolved, and the parties are restored to the status of being single.

IF THERE IS A DOR CHILD SUPPORT ORDER/ADD CASE NUMBER USE this PARAGRAPH "3" (AND DELETE ALL OTHER CHILD SUPPORT PARAGRAPHS).

3. Child Support: The parties shall abide by all previous child support orders involving the Department of Revenue.

<mark>OR</mark>

3. Commencing on _____, the _____shall be responsible to pay child support in the amount of \$_____ per month until child support [reduces <OR> terminates] on ______ [ADD REDUCTION AMOUNTS AND DATES IF MORE THAN ONE CHILD]. A child support guideline worksheet is attached ______.

PAYMENT OF SUPPORT - SELECT ONLY THE APPLICABLE PROVISIONS

4. The court finds it is in the child(ren)'s best interest that all child support be paid directly to ______. Should the **Husband OR Wife** be later than 14 days delinquent with any payment, the **Husband OR Wife** shall be entitled to the immediate entry of an Income Withholding Order, or if the **Husband OR Wife** is self-employed, child support shall be then be paid directly to the Florida State Disbursement Unit, PO Box 8500, Tallahassee, FL, 32314-8500.

All child support payments shall be paid to :

FLSDU State of Florida Disbursement Unit P. O. Box 8500 Tallahassee, FL 32314 - 8500

The payor shall list the case number and the parties' names on all checks. The (recipient) shall be responsible for setting up an account with the child support depository.

Income Deduction Order. All child support will be paid via an Income Deduction Order. The IDO will be submitted to the circuit court. Until the IDO is effective the _____ will pay the support directly to the

5. Health/Dental Insurance. ____ Wife ____ Husband shall be required to maintain ____ health and/or ____ dental insurance for the parties' minor child(ren), so long as reasonable in cost and accessible to the child(ren)

OR

_____ health and/or _____ dental insurance is not reasonable in cost or accessible to the child(ren) at this time.

6. All reasonable and necessary uninsured medical, dental, prescription drug and orthodontic costs for the minor child(ren) shall be assessed with Husband responsible for _____% and Wife responsible for _____%

7. The wife seeks to have her former name restored to:

8. The Court reserves jurisdiction over the parties and the subject matter hereto enter further Order as it deems just and proper.

RECOMMENDED in Chambers, at Fort Lauderdale, Broward County, Florida, this ______. I HEREBY CERTIFY that this Report was filed with the Clerk of the Court and a true copy of the Report was furnished by _____MAIL to the parties on this ______.

> ANNETTE J. SZOROSY GENERAL MAGISTRATE

Copies furnished to:

IN THE CIRCUIT COURT OF THE 17th JUDICIAL CIRCUIT COURT IN AND FOR BROWARD COUNTY, FLORIDA

CASE NO .:

IN RE:

Petitioner,

and

Respondent.

_____/

FINAL JUDGMENT OF DISSOLUTION OF MARRIAGE WITH DEPENDENT OR MINOR CHILD(REN) AND PROPERTY AND ORDER UPON REPORT OF GENERAL MAGISTRATE

THIS CAUSE came on to be heard upon the Report of the General Magistrate upon the matters referred to the General Magistrate, and the court having considered the findings and recommendations therein and being otherwise fully advised in the premises, it is thereupon

ORDERED AND ADJUDGED as follows:

1. That the General Magistrate's Report dated ______, upon the hearing before the General Magistrate on ______, is hereby ratified and approved in all respects.

2. The Court has jurisdiction over the subject matter and the parties.

3. At least one party has been a resident of the State of Florida for more than 6 months immediately before filing the Petition for Dissolution of Marriage.

4. The marriage between the parties is irretrievably broken. Therefore, the marriage between the parties is dissolved, and the parties are restored to the status of being single.

5. The parties have _____ minor children:

FULL NAMES AND DOB

6. The parties have entered into a ______ Agreement and ______ Parenting Plan, attached to the Report as Exhibits 1 and 2. The Family Mediation Agreement/Parenting Plan is adopted and ratified and the parties shall abide by the ______ Agreement and a ______Parenting Plan.

IF THERE IS A DOR CHILD SUPPORT ORDER/ADD CASE NUMBER – USE this PARAGRAPH "7" (AND DELETE ALL OTHER CHILD SUPPORT PARAGRAPHS).

7. Child Support: The parties shall abide by all previous child support orders involving the Department of Revenue.

<mark>OR</mark>

7. Commencing on _____, the _____shall be responsible to pay child support in the amount of \$_____ per month until child support [reduces <OR> terminates] on _____ [ADD REDUCTION AMOUNTS AND DATES IF MORE THAN ONE CHILD]. A child support guideline worksheet is attached ______.

8. The court finds it is in the child(ren)'s best interest that all child support be paid directly to the mother. Should the **[Husband OR Wife]** be later than 14 days delinquent with any payment, **[Husband OR Wife]** the shall be entitled to the immediate entry of and Income Withholding Order, or if the Father is self-employed, child support shall be then be paid directly to the Florida State Disbursement unit, PO Box 8500, Tallahassee, FL, 32314-8500.

All child support payments shall be paid to :

FLSDU State of Florida Disbursement Unit P. O. Box 8500 Tallahassee, FL 32314 – 8500

The payor shall list the case number and the parties' names on all checks. The (recipient) shall be responsible for setting up an account with the child support depository.

_____The parties shall abide by all previous child support orders.

9. Health/Dental Insurance. ____ Wife ____ Husband shall be required to maintain _____ health and/or _____ dental insurance for the parties' minor child(ren), so long as reasonable in cost and accessible to the child(ren).

_____ health and/or _____ dental insurance is not reasonable in cost or accessible to the child(ren) at this time.

10. All reasonable and necessary uninsured medical, dental, prescription drug and orthodontic costs for the minor child(ren) shall be assessed with Husband responsible for _____% and Wife responsible for _____%.

11. The wife seeks to have her former name restored to:

12. The Court reserves jurisdiction to modify and enforce this Final Judgment.

ORDERED at Fort Lauderdale, Broward County, Florida, on

CIRCUIT JUDGE

cc:

OR