

**WHEN THE RECOMMENDED ORDER AND JUDGE'S ORDER ARE SAVED SEPARATELY – INCLUDE PAGE NUMBERS FOR EACH DOCUMENT**

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

CASE NO: FMCE

IN RE:

,  
Petitioner,  
and

,  
Respondent.

\_\_\_\_\_/

**RECOMMENDED ORDER OF HEARING OFFICER AND  
NOTICE OF FILING AND CERTIFICATE OF SERVICE**

**THIS MATTER** came to be heard on \_\_\_\_\_ pursuant to the Order of Referral dated \_\_\_\_\_ for the Final Hearing on \_\_\_\_\_. The Hearing Officer has had the opportunity to consider the reasonableness of the witnesses' testimony in light of all of the evidence. Giving the evidence and testimony the weight it deserves, the Hearing Officer has resolved the conflict and determined the facts and law as best as it can. The Hearing Officer has listened carefully to do its best to ascertain motives, biases, interests, and to also attempt to penetrate through the surface of remarks to their real purposes and motives, and has used common sense, and has carefully considered and reviewed the Court file and takes judicial notice of the pleadings contained therein, all of the evidence, the testimony, the argument

presented, memoranda of law, and the applicable case law, including the cumulative evidence, testimony and argument from previous hearings in this cause. The Hearing Officer reports the following findings from the evidence submitted to the undersigned at the above hearing and recommends and orders as follows:

1. Electronic reporting was provided by digital recording. Parties may obtain copies of the recording and/or transcripts of the hearing by emailing the appropriate request forms to [crstran@17th.flcourts.org](mailto:crstran@17th.flcourts.org). The request forms may be obtained online at [www.17th.flcourts.org/court-reporting](http://www.17th.flcourts.org/court-reporting).

2. The court has jurisdiction over the parties, the children and the subject matter of the motion was properly referred to the Hearing Officer.

3. Petitioner was present **and was Self Represented OR ATTORNEY**

4. Respondent was present **and was Self Represented OR ATTORNEY**

5. A final judgment of \_\_\_\_\_ was entered on \_\_\_\_\_ and the matter of child support for the minor child(ren) was reserved therein.

6. The Parties have \_\_\_\_\_ minor child:

**Full Name and Date of Birth**

7. Petitioner earns a gross monthly income of \$\_\_\_\_\_, with a net monthly income of \$\_\_\_\_\_.

8. Respondent earns a gross monthly income of \$\_\_\_\_\_, with a net monthly income of \$\_\_\_\_\_.

9. Health or Dental Insurance. \_\_\_\_\_ provides health or dental

insurance for the minor child at a cost of \$ \_\_\_\_\_ per month.  
\_\_\_\_\_ shall be required to maintain health insurance for the parties' minor child, so long as reasonable in cost and accessible to the child. OR Neither health insurance nor dental insurance is available for the minor child(ren).

10. Day Care/After Care Expenses. \_\_\_\_\_ pays \$\_\_\_\_\_ per month for day care / after care expenses for the minor child.

11. Under the Child Support Guidelines Worksheet, \_\_\_\_\_ is responsible to pay ongoing child support in the amount of \$\_\_\_\_\_ per month. See attached Child Support Guidelines Worksheets filed on \_\_\_\_\_.

12. IF NONE- DELETE PARAGRAPH: IF RETRO or CHILD SUPPORT ARREARS. All calculations with a total of unpaid Retroactive or child support arrears (\$\_\_\_\_\_). \_\_\_\_\_ is responsible to pay RETROACTIVE or CHILD SUPPORT ARREARS at a rate of \$\_\_\_\_\_ per month until the amount of \$\_\_\_\_\_ is paid in full.

13. Commencing on \_\_\_\_\_ DATE \_\_\_\_\_, \_\_\_\_\_ shall be responsible to pay child support in the amount of \$\_\_\_\_\_ per month (add amount of ongoing and retro/arrears until the unpaid child support of \$\_\_\_\_\_ is paid in full.

**STEPDOWN OR REDUCTION of child support:**

\_\_\_\_\_’s ongoing child support obligation reduces to \$ \_\_\_\_\_ on \_\_\_\_\_ OR \_\_\_\_\_’s ongoing child

support obligation terminate on \_\_\_\_\_.

14. All reasonable and necessary uninsured medical, dental, prescription drug and orthodontic costs for the minor child shall be assessed with \_\_\_\_\_ responsible for \_\_\_\_\_% and \_\_\_\_\_ responsible for \_\_\_\_\_%.

15. All child support shall be paid to:

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

Parent paying child support shall place the parties' names and case

number on all

checks. Parent receiving child support shall be responsible for setting up an account with the depository.

16. **IF IDO WILL BE SUBMITTED TO JUDGE: USE THE 12/2019 VERSION**

An Income Withholding Order will be entered in this matter. \_\_\_\_\_ will pay the \_\_\_\_\_ directly until the IWO becomes effective.

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

**RECOMMENDED** in Chambers, at Fort Lauderdale, Broward County, Florida, on \_\_\_\_\_. I HEREBY CERTIFY that this Recommended Order was filed with the Clerk of the Court and a true copy of the Recommended Order was furnished by \_\_\_\_\_ MAIL to the parties on \_\_\_\_\_.

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ANNETTE J. SZOROSY  
HEARING OFFICER

Copies furnished to:

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SEVENTEENTH JUDICIAL CIRCUIT  
IN AND FOR BROWARD COUNTY, FLORIDA

CASE NO: FMCE

IN RE:

,  
Petitioner,  
and

,  
Respondent.

\_\_\_\_\_/

**FINAL ORDER RATIFYING RECOMMENDED ORDER OF HEARING  
OFFICER**

**THIS CAUSE** came on to be heard upon the Recommended Order of the Hearing Officer upon the matters referred to the Hearing Officer 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 Recommended ORDER of the Hearing Officer dated \_\_\_\_\_, is hereby ratified and approved in all respects.
2. That the parties are directed to comply with all items as contained in Recommended Order Hearing Officer and the Court hereby adopts each and every recommendation contained therein as this Court's Order
3. The Parties have \_\_\_\_\_ minor child:

**Full Name and Date of Birth**

4. Under the Child Support Guidelines Worksheet, \_\_\_\_\_ is responsible to pay ongoing child support in the amount of \$\_\_\_\_\_ per month. See Child Support Guidelines Worksheet filed on \_\_\_\_\_.

5. **IF NONE- DELETE PARAGRAPH: IF RETRO or CHILD SUPPORT ARREARS.** All calculations with a total of unpaid Retroactive or child support arrears (\$\_\_\_\_\_). \_\_\_\_\_ is responsible to pay RETROACTIVE or CHILD SUPPORT ARREARS at a rate of \$\_\_\_\_\_ per month until the amount of \$\_\_\_\_\_ is paid in full.

6. Commencing on \_\_\_\_\_ DATE \_\_\_\_\_, \_\_\_\_\_ shall be responsible to pay child support in the amount of \$\_\_\_\_\_ per month (add amount of ongoing and retro/arrears until the unpaid child support of \$\_\_\_\_\_ is paid in full).

\_\_\_\_\_’s ongoing child support obligation reduces to \$ \_\_\_\_\_ on \_\_\_\_\_ **OR** \_\_\_\_\_’s ongoing child support obligation terminate on \_\_\_\_\_.

7. All reasonable and necessary uninsured medical, dental, prescription drug and orthodontic costs for the minor child shall be assessed with \_\_\_\_\_ responsible for \_\_\_\_\_% and \_\_\_\_\_ responsible for \_\_\_\_\_%.

8. All child support shall be paid to:

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Parent paying child support shall place the parties’ names and case number on all checks. Parent receiving child support shall be responsible for setting up an account with the depository.

9. **IF IDO WILL BE SUBMITTED TO JUDGE: USE THE 12/2019 VERSION**

An Income Withholding Order will be entered in this matter. \_\_\_\_\_ will pay the \_\_\_\_\_ directly until the IWO becomes effective.

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

ORDERED at Broward County, Fort Lauderdale, Florida, on

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Copies furnished to:

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CIRCUIT JUDGE