

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

_____, Petitioner

Case No.: _____

Vs

Division: _____

_____, Respondent

PETITION TO ESTABLISH VISITATION/TIME-SHARING WITH MINOR CHILD(REN)

The undersigned Petitioner being sworn hereby requests that the Court grant visitation/time-sharing with the minor child(ren) based upon the reasons as follows:

1. Petition is related to the child(ren) by virtue of being the child(ren's) () mother () father.
2. The minor child(ren) have been living in the State of Florida during the past six (6) months and are within the jurisdiction of this Court.
3. Petitioner requests visitation/time-sharing with the following child(ren):

_____ Date of Birth _____

_____ Date of Birth _____

_____ Date of Birth _____

_____ Date of Birth _____

4. The child(ren) are presently in the care and custody of _____,
Whose address is _____.
5. The Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) Affidavit is filed with this petition.
6. Visitation/Time-Sharing is being sought in this action for the following reason:

(a) _____ The Petitioner and the () Mother () Father of the child(ren) are divorced, but visitation/time-sharing was not established in the Final Judgment of the Dissolution of Marriage.

- (b) _____ Paternity and/or child support has been established for the above-named child(ren), but visitation/time-sharing was not established in the Final Judgment.
- (c) _____ Paternity and/or Child Support has been established through the Department of Revenue, Child Support Enforcement Office by Administrative Order, but visitation/time-sharing was not established in that action.
- (d) _____ The child(ren) have been temporarily placed in the custody of grandparents or other relative(s) by court order and the petitioner has not been allowed visitation/time-sharing.

Other:

7. It is in the best interest of the child(ren) that the Petitioner be allowed reasonable visitation/time-sharing as follows:

- (a) _____ Parenting Plan
- (b) _____ Visitation/Time-Sharing pursuant to Shared Parenting Schedule
- (c) _____ Visitation/Time-Sharing schedule as follows:

Dated this _____ day of _____, 20__.

Signature of Petitioner

Petitioner (name typed or printed)

Street Address

City/State/Zip Code

Telephone Number (including area code)

Email Address

CERTIFICATE OF SERVICE

I hereby certify that a copy of this Petition/Request for Visitation/Time-Sharing was provided to the respondent listed below by () Sheriff's service of process this ____ day of _____, 20____.

Petitioner's Signature

Copy furnished to:

Respondent: _____

Address: _____

Telephone: _____

Email: _____

STATE OF FLORIDA
COUNTY OF SANTA ROSA

Sworn to or affirmed and signed before me this ____ day of _____, 20____
by _____.

DONALD C. SPENCER
CLERK OF COURT & COMPTROLLER

BY: _____
Deputy Clerk or Notary Public

Printed Name

_____ Personally known

_____ Produced identification

Type of identification produced: _____