

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

\_\_\_\_\_  
Petitioner

Vs.

\_\_\_\_\_  
Respondent

Case Number: \_\_\_\_\_

Division: \_\_\_\_\_

**WAIVER OF FINAL HEARING ON PETITION TO ESTABLISH PATERNITY  
AND FOR RELATED RELIEF**

We, the undersigned, under oath and under penalty of perjury, swear or affirm as follows:

1. Our names are \_\_\_\_\_ and \_\_\_\_\_. We are both parties in this action to determine custody, parental responsibility, and child support under Chapter 742, Florida Statutes.
2. We have carefully re-read the Petition to Establish Paternity and Other Relief. Everything said in it is true and accurate to the best of knowledge and belief.
3. The respondent in this case has filed an Answer agreeing to all of the terms of the Petition to Establish Paternity and Other Relief.
4. Petitioner is the ( ) Mother ( ) Father/Respondent is the ( ) Mother ( ) Father of the following minor child(ren):

Name	Place of Birth	Birth Date	Sex
(1) _____	_____	_____	_____
(2) _____	_____	_____	_____
(3) _____	_____	_____	_____
(4) _____	_____	_____	_____
(5) _____	_____	_____	_____
(6) _____	_____	_____	_____

5. Petitioner currently lives at:  
*{street address, city, state}* \_\_\_\_\_
6. Respondent currently lives at:  
*{Street address, city, state}* \_\_\_\_\_
7. Both parties are over the age of 18, and neither is, nor has been within a 30-day period immediately prior to this date, a person in the military service of the United States as defined by the Amended Sailors' and Soldiers' Civil Relief Act of 1940.

8. Neither Petitioner nor Respondent is mentally incapacitated.
9. Both parties understand that child support will be based upon child support guidelines, pursuant to section 61.30 Florida Statutes. Financial Affidavits from each party and a completed Child Support Guidelines Worksheet have been filed with this case.
10. The parties respectfully request that the Court waive the requirement that we personally appear or testify before the Court on this matter. I understand that the effect of the waiver is that the Final Judgment will be entered without further evidence or testimony.
11. The parties respectfully request that a copy of the Final Judgment be mailed to each of them at the addresses listed below.



**I have read completely the Waiver and fully understand the document. I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this request and that the punishment for knowingly making a false statement includes fines and/or imprisonment.**

Dated: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Petitioner  
 Printed Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

STATE OF FLORIDA  
 COUNTY OF SANTA ROSA

Sworn to or affirmed and signed before me on \_\_\_\_\_ by

NOTARY PUBLIC or DEPUTY CLERK

\_\_\_\_\_  
 [Print, type, or stamp commissioned name of notary or clerk]

\_\_\_ Personally known  
 \_\_\_ Produced identification  
 Type of identification produced \_\_\_\_\_



**I have read completely the Waiver and fully understand the document. I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this request and that the punishment for knowingly making a false statement includes fines and/or imprisonment.**

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Petitioner

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF SANTA ROSA

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NOTARY PUBLIC or DEPUTY CLERK

\_\_\_\_\_  
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\_\_\_ Personally known

\_\_\_ Produced identification

Type of identification produced \_\_\_\_\_