

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

IN THE INTEREST OF:

CASE NUMBER: _____

DIVISION: _____

Child Name

DOB: _____

Child Name

DOB: _____

Child Name

DOB: _____

Child Name

DOB: _____

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

1. Petitioner(s), _____ is/are the Nature Parent(s)
(Print Name)

other _____ of the above named child(ren).

2. The minor child(ren) was/were adjudicated dependent on _____.
(Adjudication Date)

3. Protective services supervision terminated yes or no _____.
(Date Terminated)

4. The present Primary Parental responsibility/custody of the minor child(ren) is with
_____ who is 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, or Non -Relative.

5. The name and present address of each child (under 18) in this case is:

Child Name

DOB: _____

Address: _____

✓ if applicable

___ Petitioner has completed the Court Ordered Case Plan yes or no.

Note: Proof of completing the Case Plan must be provided with request

___ The petitioner requests a review for modification of custody.

___ The petitioner requests a review for modification of visitation.

Other

The other party has failed to comply with the court orders by failing to comply with one or all of the following:

___ Pay child support as ordered.

___ Provide medical/health insurance coverage for minor child(ren) as ordered.

___ The other party has failed to abide by court ordered visitation.

___ Other

I CERTIFY that a copy of this motion has been furnished to the Department of Children and Family Services and the Custodial Parent on this ___ day of _____, 20__.

By Mail Fax or Hand Delivered

Petitioner/Natural Parent(s)

Address

City/State

Telephone Number

STATE OF FLORIDA
COUNTY OF SANTA ROSA

Acknowledge before me on this ____ day of _____, 20____, who is Personally known to me or who has produced to me _____ driver license number _____ as identification, and who did take an oath.

DEPUTY CLERK OR NOTARY SIGNATURE

NOTARY PRINT NAME

COMMISSION NUMBER