

IN THE CIRCUIT COURT IN AND FOR _____ COUNTY, FLORIDA
 FAMILY LAW DIVISION

Case No.: _____
 Division: _____

 Petitioner,

and

 Respondent.

**UNIFORM CHILD CUSTODY JURISDICTION
 AND ENFORCEMENT ACT (UCCJEA) AFFIDAVIT**

I, {full legal name} _____, being sworn, certify that the following statements are true:

1. The number of minor child(ren) subject to this proceeding is _____. The name, place of birth, birth date, and sex of each child; the present address, periods of residence, and places where each child has lived **within the past five (5) years**; and the name, present address, and relationship to the child of each person with whom the child has lived during that time are:

THE FOLLOWING INFORMATION IS TRUE ABOUT CHILD # ____:

Child's Full Legal Name: _____
 Place of Birth: _____ Date of Birth: _____ Sex: _____

Child's Residence for the past 5 years:

Dates (From/To)	Address (including city and state) where child lived	Name and present address of person child lived with	Relationship to child

*** If you are the petitioner in an injunction for protection against domestic violence case and you have filed Petitioner's Request for Confidential Filing of Address, Florida Supreme Court Approved Family Law Form 12.980(i), you should write "confidential" in any space on this form that would require you to enter the address where you are currently living.**

THE FOLLOWING INFORMATION IS TRUE ABOUT CHILD # ____:

Child's Full Legal Name: _____

Place of Birth: _____ Date of Birth: _____ Sex: _____

Child's Residence for the past 5 years:

Dates (From/To)	Address (including city and state) where child lived	Name and present address of person child lived with	Relationship to child

THE FOLLOWING INFORMATION IS TRUE ABOUT CHILD # ____:

Child's Full Legal Name: _____

Place of Birth: _____ Date of Birth: _____ Sex: _____

Child's Residence for the past 5 years:

Dates (From/To)	Address (including city and state) where child lived	Name and present address of person child lived with	Relationship to child

2. Participation in custody proceeding(s):

[one only]

_____ I HAVE NOT participated as a party or witness or in any capacity in any other proceeding, in this or any other state, concerning the custody of or visitation with a child subject to this proceeding.

_____ I HAVE participated as a party or witness or in any capacity in any other proceeding, in this or any other state, concerning the custody of or visitation with a child subject to this proceeding.

Explain:

- a. Name of each child: _____
- b. Type of proceeding: _____
- c. Court and state: _____
- d. Case Number: _____
- e. Date of court order or judgment (if any): _____

3. Information about custody proceeding(s):

[one only]

_____ I HAVE NO INFORMATION of any custody or visitation proceeding pending in a court of this or any other state concerning a child subject to this proceeding.

_____ I HAVE THE FOLLOWING INFORMATION concerning a custody or visitation proceeding pending in a court of this or another state concerning a child subject to this proceeding, other than set out in item 2.

Explain:

- a. Name of each child: _____
- b. Type of proceeding: _____
- c. Court and state: _____
- d. Case Number: _____
- e. Date of court order or judgment (if any): _____

4. Knowledge of any other proceeding(s):

[one only]

_____ I HAVE NO KNOWLEDGE of any proceeding that could affect the current proceeding, including proceedings for enforcement and proceedings relating to domestic violence, protective orders, termination of parental rights, and adoptions.

_____ I HAVE KNOWLEDGE of a proceeding that could affect the current proceeding, including proceedings for enforcement and proceedings relating to domestic violence, protective orders, termination of parental rights, and adoptions.

Explain:

- a. Name of each child: _____
- b. Type of proceeding: _____
- c. Court and state: _____
- d. Case Number: _____

e. Date of court order or judgment (if any): _____

5. Persons not a party to this proceeding:

[one only]

_____ I DO NOT KNOW OF ANY PERSON not a party to this proceeding who has physical custody or claims to have legal custody or physical custody of, or visitation rights with respect to any child subject to this proceeding.

_____ I KNOW THAT THE FOLLOWING NAMED PERSON(S) not a party to this proceeding has (have) physical custody or claim(s) to have legal custody or visitation rights with respect to any child subject to this proceeding:

a. Name and address of person: _____

() has physical custody () claims custody rights () claims visitation rights.

Name of each child: _____

b. Name and address of person: _____

() has physical custody () claims custody rights () claims visitation rights.

Name of each child: _____

c. Name and address of person: _____

() has physical custody () claims custody rights () claims visitation rights.

Name of each child: _____

6. Knowledge of prior child support proceedings:

[one only]

_____ The child(ren) described in this affidavit are NOT subject to existing child support order(s) in this or any state or territory.

_____ The child(ren) described in this affidavit are subject to the following existing child support order(s):

a. Name of each child: _____

b. Type of proceeding: _____

c. Court and address: _____

d. Date of court order/judgment (if any): _____

e. Amount of child support paid and by whom: _____

7. I acknowledge that I have a continuing duty to advise this Court of any custody, visitation, child support, or guardianship proceeding (including dissolution of marriage, separate maintenance, child neglect, or dependency) concerning the child(ren) in this state or any other state about which information is obtained during this proceeding.

I declare under penalty of perjury that the foregoing Declaration Under the Uniform Child Custody Jurisdiction and Enforcement Act, including my attachments, is true and correct and that this declaration is executed on the _____ day of _____, 20____, at (Place:) _____.

Signature of Declarant

STATE OF FLORIDA
COUNTY OF ESCAMBIA

Sworn to or affirmed and signed before me on _____ by _____.

NOTARY PUBLIC

Name and address of
Attorney for Declarant:
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