

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA

Case No.: _____
Division: _____

In re: The Marriage of:

Petitioner,

and

Respondent.

MARITAL SETTLEMENT AGREEMENT FOR DISSOLUTION OF MARRIAGE WITH DEPENDENT OR MINOR CHILD(REN)

We, {*Petitioner's full legal name*} _____, and
{*Respondent's full legal name*}, _____ being sworn, certify that the
following statements are true:

1. We were married to each other on {*date*} _____.
2. Because of irreconcilable differences in our marriage (no chance of staying together), we have made this agreement to settle once and for all what we owe to each other and what we can expect to receive from each other. Each of us states that nothing has been held back, that we have honestly included everything we could think of in listing our assets (everything we own and that is owed to us) and our debts (everything we owe), and that we believe the other has been open and honest in writing this agreement.
3. We have both filed a Family Law Financial Affidavit, Florida Family Law Rules of Procedure Form 12.902(b) or (c). Because we have voluntarily made full and fair disclosure to each other of all our assets and debts, we waive any further disclosure under rule 12.285, Florida Family Law Rules of Procedure.
4. Each of us agrees to execute and exchange any papers that might be needed to complete this agreement, including deeds, title certificates, etc.

SECTION I. MARITAL ASSETS AND LIABILITIES

A. Division of Assets. We divide our assets (everything we own and that is owed to us) as follows: Any personal item(s) not listed below is (are) the property of the party currently in possession of the item(s).

1. Petitioner shall receive as his/her own and Respondent shall have no further rights or responsibilities regarding these assets:

ASSETS: DESCRIPTION OF ITEM(S) PETITIONER SHALL RECEIVE Please describe each item as clearly as possible. You do not need to list account numbers. Where applicable, include whether the name on any title/deed/account described below is in one spouse's name, or in both spouses' names.	Current Fair Market Value
Cash (on hand)	\$
Cash (in banks/credit unions)	
Stocks/Bonds	
Notes (money owed to you in writing)	
Money owed to you (not evidenced by a note)	
Real estate: (Home)	
(Other)	
Business interests	
Automobiles	
Boats	
Other vehicles	
Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)	
Furniture & furnishings in home	
Furniture & furnishings elsewhere	
Collectibles	
Jewelry	

ASSETS: DESCRIPTION OF ITEM(S) PETITIONER SHALL RECEIVE Please describe each item as clearly as possible. You do not need to list account numbers. Where applicable, include whether the name on any title/deed/account described below is in one spouse's name, or in both spouses' names.	Current Fair Market Value
Life insurance (cash surrender value)	
Sporting and entertainment (T.V., stereo, etc.) equipment	
Other assets	
Total Assets to Petitioner	\$ _____

2. Respondent shall receive as his/her own and Petitioner shall have no further rights or responsibilities regarding these assets:

ASSETS: DESCRIPTION OF ITEM(S) RESPONDENT SHALL RECEIVE Please describe each item as clearly as possible. You do not need to list account numbers. Where applicable, include whether the name on any title/deed/account described below is in one spouse's name , or in both spouses' names.	Current Fair Market Value
Cash (on hand)	\$ _____
Cash (in banks/credit unions)	
Stocks/Bonds	
Notes (money owed to you in writing)	
Money owed to you (not evidenced by a note)	
Real estate: (Home)	
(Other)	

ASSETS: DESCRIPTION OF ITEM(S) RESPONDENT SHALL RECEIVE Please describe each item as clearly as possible. You do not need to list account numbers. Where applicable, include whether the name on any title/deed/account described below is in one spouse's name, or in both spouses' names.	Current Fair Market Value
Business interests	
Automobiles	
Boats	
Other vehicles	
Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)	
Furniture & furnishings in home	
Furniture & furnishings elsewhere	
Collectibles	
Jewelry	
Life insurance (cash surrender value)	
Sporting and entertainment (T.V., stereo, etc.) equipment	
Other assets	
Total Assets to Respondent	\$ _____

- B. Division of Liabilities/Debts.** We divide our liabilities (everything we owe) as follows:
1. Petitioner shall pay as his/her own the following and will not at any time ask Respondent to pay these debts/bills:

LIABILITIES: DESCRIPTION OF DEBT(S) TO BE PAID BY PETITIONER Please describe each item as clearly as possible. You do not need to list account numbers. Where applicable, include whether the name on any mortgage, note, or account described below is in one spouse's name or in both spouses' names.	Monthly Payment	Current Amount Owed
Mortgages on real estate: (Home)	\$	\$
(Other)		
Charge/credit card accounts		
Auto loan		
Auto loan		
Bank/credit union loans		
Money you owe (not evidenced by a note)		
Judgments		
Other		
Total Debts to Be Paid by Petitioner	\$	\$

2. Respondent shall pay as his/her own the following and will not at any time ask Petitioner to pay these debts/bills:

LIABILITIES: DESCRIPTION OF DEBT(S) TO BE PAID BY RESPONDENT Please describe each item as clearly as possible. You do not need to list account numbers. Where applicable, include whether the name on any mortgage, note or account described below is in one spouse's name, or in both spouses' names.	Monthly Payment	Current Amount Owed
Mortgages on real estate: (Home)	\$	\$
(Other)		
Charge/credit card accounts		
Auto loan		
Auto loan		
Bank/credit union loans		
Money you owe (not evidenced by a note)		
Judgments		
Other		
Total Debts to Be Paid by Respondent	\$	\$

C. Contingent Assets and Liabilities (listed in Section III of our Family Law Financial Affidavits) will be divided as follows:

D. Beneficiary Designation (Complete only if beneficiary designations continue after entry of Final Judgment of Dissolution of Marriage.)

____ The spouses agree that the designation providing for the payment or transfer at death of an interest in the assets set forth below to or for the benefit of the deceased party's former spouse **SHALL NOT BE VOID** as of the date of entry of the Final Judgment of Dissolution of Marriage.

The Final Judgment of Dissolution of Marriage shall provide that the designations set forth below remain in full force and effect:

____ 1. The ____ Petitioner ____ Respondent shall acquire or maintain the following assets for the benefit of the other spouse or child(ren) to be paid upon his/her death outright or in trust. This provision only applies if other assets fulfilling such requirement for the benefit of the other spouse or child(ren) do not exist upon his/her death and unless precluded by statute. *{Describe the assets with specificity}*: _____

_____.

____ 2. The ____ Petitioner ____ Respondent shall not unilaterally terminate or modify the ownership of the following assets, or their disposition upon his/her death. *{Describe the assets with specificity}*: _____

_____.

SECTION II. SPOUSAL SUPPORT (ALIMONY) (If you have not agreed on this matter, write n/a on the lines provided.)

1. ____ **Each of us forever gives up any right to spousal support (alimony) that we may have.**

OR

2. ____ Petitioner ____ Respondent (hereinafter "Obligor") agrees to pay spousal support (alimony) in the amount of \$ _____ every ____ week ____ other week ____ month, or ____ other _____, beginning *{date}* _____ and continuing until *{date or event}* _____.

Explain type of alimony (such as, permanent, bridge-the-gap, durational, rehabilitative, and/or lump sum) and any other specifics: _____

3. _____ Other provisions relating to alimony, including any tax treatment and consequences:

4. Life insurance in the amount of \$ _____ to secure the above support, will be provided by the Obligor.

SECTION III. PARENTING PLAN ESTABLISHING PARENTAL RESPONSIBILITY AND TIME-SHARING

1. The parties' minor child(ren) are:

Name	Birth date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. The parties shall have time-sharing and parental responsibility in accordance with the Parenting Plan attached as Exhibit A.

SECTION IV. CHILD SUPPORT

1. _____ Petitioner _____ Respondent (hereinafter "Obligor") will pay child support, under Florida's child support guidelines, section 61.30, Florida Statutes, to the other parent. The Child Support Guidelines Worksheet, Florida Family Law Rules of Procedure Form 12.902(e), is completed and attached.

Child support established at the rate of \$ _____ per month for the _____ children {total number of parties' minor or dependent children} shall be paid commencing _____ {month, day, year} and terminating _____ {month, day, year}. Child support shall be paid in the amount of \$ _____ per _____ {week, month, other} which is consistent with the Obligor's current payroll cycle.

Upon the termination of the obligation of child support for one of the parties' children, child support in the amount of \$ _____ for the remaining _____ children {total number of remaining children} shall be paid commencing _____ {month, day, year} and terminating _____ {month, day, year}. This child support shall be paid in the amount of \$ _____ per _____ {week, month, other} consistent with Obligor's current payroll cycle.

{Insert schedule for the child support obligation, including the amount, and commencement and termination dates, for the remaining minor or dependent children, which shall be payable as the obligation for each child ceases. Please indicate whether the schedule _____ appears below or _____ is attached as part of this form}

The Obligor shall pay child support until all the minor or dependent child(ren): reach the age of 18; become emancipated, marry, join the armed services, die, or become self-supporting; or until further order of the court or agreement of the parties. The child support obligation shall continue beyond the age of 18 and until high school graduation for any child who is: dependent in fact; between the ages of 18 and 19; and is still in high school, performing in good faith with a reasonable expectation of graduation before the age of 19.

If the child support amount above deviates from the guidelines by 5% or more, explain the reason(s) here:

2. Retroactive Child Support or Arrearages.

There is currently retroactive child support in the amount of \$_____. There is an arrearage of _____ previously ordered unpaid child support in the amount of \$_____.

The total of \$_____ in retroactive and unpaid child support shall be paid at the rate of \$_____ every _____ week _____ other week _____ month, beginning {date} _____, until paid in full including statutory interest.

3. Health Insurance.

_____ Petitioner _____ Respondent will maintain health insurance for the parties' minor child(ren). The party providing coverage will provide insurance cards to the other party showing coverage.

OR

_____ Health insurance is either not reasonable in cost or accessible to the child(ren) at this time. Any uninsured/ unreimbursed medical costs for the minor child(ren) shall be assessed as follows:

- a. _____ Shared equally by the spouses. *{Each spouse pays one-half}*.
- b. _____ Prorated according to the child support guideline percentages.
- c. _____ Other *{explain}*: _____

As to these uninsured/unreimbursed medical expenses, the party who incurs the expense shall submit a request for reimbursement to the other party within 30 days, and the other party, within

30 days of receipt, shall submit the applicable reimbursement for that expense, according to the schedule of reimbursement set out in this paragraph.

4. **Dental Insurance.**

_____ Petitioner _____ Respondent will maintain dental insurance for the parties' minor child(ren). The party providing coverage will provide insurance cards to the other party showing coverage.

OR

_____ Dental insurance is either not reasonable in cost or accessible to the child(ren) at this time. Any uninsured/ unreimbursed dental costs for the minor child(ren) shall be assessed as follows:

- a. _____ Shared equally by the spouses *.{each spouse pays one-half}*
- b. _____ Prorated according to the child support guideline percentages.
- c. _____ Other *{explain}*: _____

As to these uninsured/unreimbursed dental expenses, the party who incurs the expense shall submit a request for reimbursement to the other party within 30 days, and the other party, within 30 days of receipt, shall submit the applicable reimbursement for that expense, according to the schedule of reimbursement set out in this paragraph.

5. **Life Insurance.** _____ Petitioner _____ Respondent will maintain life insurance for the benefit of the parties' minor child(ren) in the amount of \$ _____ until the youngest child turns 18, becomes emancipated, marries, joins the armed services, or dies.

6. **IRS Income Tax Exemption(s).** The assignment of any tax exemptions for the child(ren) shall be as follows: *{explain}* _____

The other parent will convey any applicable IRS form regarding the income tax exemption.

7. Other provisions relating to child support (e.g., uninsured medical/dental expenses, health or dental insurance, life insurance to secure child support, orthodontic payments, college fund, etc.):

SECTION V. OTHER

SECTION VI. We have not agreed on the following issues:

_____ Not applicable _____

_____.

I certify that I have been open and honest in entering into this settlement agreement. I am satisfied with this agreement and intend to be bound by it.

Dated: _____

Signature of Petitioner
Printed Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____
Designated E-mail Address(es): _____

STATE OF FLORIDA
COUNTY OF _____

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

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:

[fill in **all** blanks] This form was prepared for the Petitioner
This form was completed with the assistance of:
{name of individual} _____,
{name of business} _____,
{address} _____,
{city} _____, {state} _____, {zip code} _____, {telephone number} _____.

I certify that I have been open and honest in entering into this settlement agreement. I am satisfied with this agreement and intend to be bound by it.

Dated: _____

Signature of Respondent

Printed Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Fax Number: _____

Designated E-mail Address(es): _____

STATE OF FLORIDA

COUNTY OF _____

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 _____

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:

[fill in **all** blanks] This form was prepared for the Respondent

This form was completed with the assistance of:

{name of individual} _____,

{name of business} _____,

{address} _____,

{city} _____, {state} _____, {zip code} _____, {telephone number} _____.