

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

Case No.: _____
Division: _____

Petitioner,

and

Respondent.

MOTION TO DEVIATE FROM CHILD SUPPORT GUIDELINES

() Petitioner () Respondent requests that the Court enter an order granting the following:

SECTION I

[one only]

_____ a. **MORE** child support than the amount required by the child support guidelines. The Court should order MORE child support than the amount required by the child support guidelines because of:

[all that apply to your situation]

- _____ 1. Extraordinary medical, psychological, educational, or dental expenses;
 - _____ 2. Seasonal variations in one or both parent's income;
 - _____ 3. Age(s) of the child(ren), taking into consideration the greater needs of older child(ren);
 - _____ 4. Special needs that have been met traditionally within the family budget even though the fulfilling of those needs will cause support to exceed the guidelines;
 - _____ 5. The amount of time each child will spend with each parent under the shared parental arrangement;
 - _____ 6. The direct and indirect financial expenses for each child as set forth in s. 61.30(11)(b)3, Florida Statutes;
 - _____ 7. Total available assets of mother, father, and child(ren);
 - _____ 8. Impact of IRS dependency exemption and waiver of that exemption;
 - _____ 9. Residency of subsequently born or adopted child(ren) with the obligor, including consideration of the subsequent spouse's income;
 - _____ 10. The comparative income of each parent, considering all relevant factors, as provided in s. 61.30(2)(a), Florida Statutes;
 - _____ 11. The station in life of each parent and each child;
 - _____ 12. The standard of living experienced by the entire family during the marriage;
 - _____ 13. The financial status and ability of each parent;
- and/or

_____ 14. Any other adjustment that is needed to achieve an equitable result, which may include reasonable and necessary expenses jointly incurred during the marriage.
Explain any items marked above: _____

_____.

_____ b. **LESS** child support than the amount required by the child support guidelines. The Court should order LESS child support than the amount required by the child support guidelines because of:

[**all** that apply to your situation]

- _____ 1. Extraordinary medical, psychological, educational, or dental expenses;
- _____ 2. Independent income of child(ren), excluding the child(ren)'s SSI income;
- _____ 3. Payment of both child support and spousal support to a parent that regularly has been paid and for which there is a demonstrated need;
- _____ 4. Seasonal variations in one or both parent's income;
- _____ 5. Age of the child(ren), taking into consideration the greater needs of older child(ren);
- _____ 6. The amount of time each child will spend with each parent under the shared parental arrangement;
- _____ 7. The direct and indirect financial expenses for each child as set forth in s. 61.30(11)(b), Florida Statutes;
- _____ 8. The comparative income of each parent, considering all relevant factors, as provided in s. 61.30(2)(a), Florida Statutes;
- _____ 9. Total available assets of obligee, obligor, and child(ren);
- _____ 10. Impact of IRS dependency exemption and waiver of that exemption;
- _____ 11. Application of the child support guidelines requires the obligor to pay more than 55% of gross income for a single support order;
- _____ 12. The station in life of each parent and each child;
- _____ 13. The standard of living experienced by the entire family during the marriage;
- _____ 14. The financial status and ability of each parent; and/or
- _____ 15. Any other adjustment that is needed to achieve an equitable result, which may include reasonable and necessary expenses jointly incurred during the marriage.

Explain any items marked above: _____

_____.

SECTION II. INCOME AND ASSETS OF CHILD(REN) COMMON TO BOTH PARTIES

List the total of any independent income or assets of the child(ren) common to both parties (income from Social Security, gifts,

stocks/bonds, employment, trust fund(s), investment(s), etc.). Attach an explanation.

| | |
|---|-----------------|
| TOTAL VALUE OF ASSETS OF CHILD (REN) | \$ _____ |
| TOTAL MONTHLY INCOME OF CHILD (REN) | \$ _____ |

SECTION III. EXPENSES FOR CHILD (REN) COMMON TO BOTH PARTIES

All amounts must be MONTHLY. See the instructions with this form to figure out money amounts for anything that is NOT paid monthly. Attach more paper, if needed. Items included under Aother@ should be listed separately with separate dollar amounts.

| | | | |
|---|-----|----|--|
| 1. Monthly nursery, babysitting, or other child care | 1. | \$ | |
| 2. Monthly after-school care | | | |
| 3. Monthly school tuition | 2. | \$ | |
| 4. Monthly school supplies, books, and fees | | | |
| 5. Monthly after-school activities | 3. | \$ | |
| 6. Monthly lunch money | | | |
| 7. Monthly private lessons/tutoring | 4. | \$ | |
| 8. Monthly allowance | | | |
| 9. Monthly clothing | 5. | \$ | |
| 10. Monthly uniforms | | | |
| 11. Monthly entertainment (movies, birthday parties, etc.) | 6. | \$ | |
| 12. Monthly health and dental insurance premiums | 7. | \$ | |
| 13. Monthly medical, dental, prescription charges (unreimbursed) | 8. | \$ | |
| 14. Monthly psychiatric/psychological/counselor (unreimbursed) | 9. | \$ | |
| 15. Monthly orthodontic (unreimbursed) | | | |
| 16. Monthly grooming | 10. | \$ | |
| 17. Monthly non-prescription medications/cosmetics/toiletries/sundries | 11. | \$ | |
| 18. Monthly gifts from children to others (other children, relatives, teachers, etc.) | 12. | \$ | |
| 19. Monthly camp or other summer activities | 13. | \$ | |
| 20. Monthly visitation expenses (for nonresidential parent) | 14. | \$ | |
| | 15. | \$ | |
| | 16. | \$ | |
| | 17. | \$ | |
| Explain: _____ | 18. | \$ | |
| 22. Monthly insurance (life, etc.) {explain}: _____ | 19. | \$ | |
| | 20. | \$ | |
| Other {explain}: _____ | 21. | \$ | |
| 23. _____ | 22. | \$ | |
| 24. _____ | | | |
| 25. _____ | | | |
| | 23. | \$ | |
| | 24. | \$ | |
| | 25. | \$ | |

26. TOTAL EXPENSES FOR CHILD(REN) COMMON TO BOTH PARTIES
(add lines 1 through 25)

26.

I have filed, will file, or am filing with this form the following additional documents:

1. Florida Family Law Financial Affidavit, Florida Family Law Rules of Procedure Form 12.902(b) or (c).
2. Child Support Guidelines Worksheet, Florida Family Law Rules of Procedure Form 12.902(e).

I certify that a copy of this document was [one only] () mailed () faxed and mailed () hand delivered to the person(s) listed below on {date} _____.

Other party or his/her attorney:

Name: _____
Address: _____
City, State, Zip: _____
Fax Number: _____

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this motion and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: _____

Signature _____
Printed Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____

STATE OF FLORIDA
COUNTY OF _____

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

NOTARY PUBLIC or DEPUTY CLERK

name of notary or

[Print, type, or stamp commissioned
clerk.]

_____ Personally known
_____ Produced identification
_____ Type of identification produced