

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 variation 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 fo the subsequent spouse's income;

- 10. The comparative income of each parent, considering all relevant factors, as provided in s. 61.02(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 variation 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 the form to figure out monthly amounts for anything that is NOT paid monthly. Attach more paper, if needed. Items included under "other" should be listed separately with separate dollar amounts.

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

**TOTAL EXPENSES FOR CHILD(REN) COMMON TO BOTH PARTIES**  
(add lines 1 through 25) \$ \_\_\_\_\_

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

1. Florida Family Law Financial Affidavit, Florida Family Law Form 12.901(d) or(3).
2. Child Support Guidelines Worksheet, Florida Family Law Form 12.901(g).

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.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Party  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Fax #: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to or affirmed before me on \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_

CLERK OF THE CIRCUIT COURT

By \_\_\_\_\_  
Deputy Clerk

OR:

\_\_\_\_\_  
Notary Public State of Florida  
Printed Name: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Personally known

Produced identification

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