

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

CASE NO. _____
DIVISION: _____

IN RE: The Marriage of

_____,
Petitioner/Husband,
and

_____,
Respondent/Wife.

_____/

**PETITION FOR DISSOLUTION OF MARRIAGE
WITH NO DEPENDENT OR MINOR CHILD(REN) OR PROPERTY**

I [full legal name] _____,
the [check one only] () Husband () Wife, being sworn, certify
that the following statements are true:

1. JURISDICTION/RESIDENCE. () Husband () Wife () Both
has (have) lived in Florida for at least 6 months before the
filing of this Petition for Dissolution of Marriage.

2. The husband [check one only] () is () is not a member
of the military service.
The wife [check one only] () is () is not a member of the
military service.

3. MARRIAGE HISTORY

Date of Marriage: _____, 20__.

Place of Marriage: [city, state, country] _____, _____

Date of Separation: _____, 20__.

4. THERE ARE NO MINOR (under 18) OR DEPENDENT CHILD(REN)
COMMON TO BOTH PARTIES AND THE WIFE IS NOT PREGNANT.

5. A completed Notice of Social Security Number, Florida
Family Law Form 12.901(j) is filed with this Petition.

6. This petition for dissolution of marriage should be
granted because:

a. _____ The marriage is irretrievably broken.

b. _____ One of the parties has been adjudged mentally incapacitated for a period of 3 years prior to the filing of this petition. A copy of the Judgment of Incapacity is attached.

7. THERE ARE NO MARITAL ASSETS OR LIABILITIES.

8. PETITIONER FOREVER GIVES UP HIS/HER RIGHTS TO SPOUSAL SUPPORT (ALIMONY) FROM RESPONDENT.

9. [If Petitioner is also the Wife, check one only]
() yes () no. Petitioner/Wife wants to be known by her former name, which was [full legal name] _____
_____.

10. Other relief [specify]: _____

PETITIONER'S REQUEST (This section summarizes what you are asking the Court to include in the final judgment of dissolution of marriage.)

Petitioner requests that the Court enter an order dissolving the marriage and [check all that apply]

1. _____ restoring Wife's former name as requested in this Petition.

2. _____ awarding other relief as requested in this Petition.

and any other terms the Court deems necessary.

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

DATED: _____

Signature of Petitioner

Printed name _____

Address _____

City State Zip

Telephone (area code and number)

Telefax (area code and number)

STATE OF FLORIDA
COUNTY OF _____

Sworn to or affirmed before me on the _____ day of _____ 20____
by _____.

Notary Public, State of Florida

[Print, type or stamp
commissioned name of
notary]

Check one:

_____ Personally known
_____ Produced identification

Type of identification
produced _____