

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL  
 CIRCUIT,  
 IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

Case No.: \_\_\_\_\_  
 Division: \_\_\_\_\_

\_\_\_\_\_,  
 Petitioner,

and

\_\_\_\_\_,  
 Respondent.

**UNIFORM CHILD CUSTODY JURISDICTION ACT (UCCJA) 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, social security number, 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 # 1 :**

Child's Full Legal Name: \_\_\_\_\_  
 Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**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
_____ /present*			
_____ /			
_____ /			
_____ /			
_____ /			

\* 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, O\* Florida Supreme Court Approved Family Law Form 12.980(i), you should write Aconfidential@ 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: \_\_\_\_\_

**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
_____ /present			
_____ /			
_____ /			
_____ /			
_____ /			
_____ /			

**THE FOLLOWING INFORMATION IS TRUE ABOUT CHILD # \_\_\_\_\_:**

Child's Full Legal Name: \_\_\_\_\_  
 Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**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
_____ /present			
_____ /			
_____ /			
_____ /			
_____ /			
_____ /			

**2. Participation in custody proceeding(s):**

[ one only]

\_\_\_\_\_ I HAVE NOT participated as a party, witness, or in any capacity in any other litigation or custody proceeding in this or any other state, concerning custody of a child subject to this proceeding.

\_\_\_\_\_ I HAVE participated as a party, witness, or in any capacity in any other litigation or custody proceeding in this or another state, concerning custody of a child subject to this proceeding. Explain:

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

**3. Information about custody proceeding(s):**

[ one only]

\_\_\_\_\_ I HAVE NO INFORMATION of any custody 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 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. Date of court order or judgment (if any): \_\_\_\_\_

**4. 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 custody 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 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: \_\_\_\_\_

**5. 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: \_\_\_\_\_

**6. 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 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 affidavit and that the punishment for knowingly making a false statement includes fines and/or imprisonment.**

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Party  
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

\_\_\_\_\_  
[Print, type, or stamp commissioned name of notary or clerk.]

\_\_\_\_\_ Personally known  
\_\_\_\_\_ Produced identification  
Type of identification produced \_\_\_\_\_