

# FLORIDA STATUTES CHAPTER 751 PROCEEDINGS WORKSHEET

Please complete the following questions as specifically as possible

**Full Name:**

\_\_\_\_\_

<b>Last</b>	<b>First</b>	<b>M. I.</b>
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**Address:**

\_\_\_\_\_

<b>Street Address</b>	<b>Apt. #</b>
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\_\_\_\_\_

<b>City</b>	<b>State</b>	<b>Zip Code</b>
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**Mailing Address** (If different from above):

\_\_\_\_\_

**Are you expecting to leave the state or county:** (select one)  YES  NO

If yes, please explain:

\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_

**Have you been convicted of a crime:** (select one)  YES  NO

If yes, please explain:

\_\_\_\_\_

**Are you currently being investigated by the Department of Children and Families:**

(select one)  YES  NO

If yes, please explain:

\_\_\_\_\_

**Have there been any temporary or permanent orders for protection of or against either the parent, you, or the child:** (select one)  YES  NO

If yes, which county, state, and case #:

\_\_\_\_\_

If yes, give a brief explanation:

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Please complete the following questions as specifically as possible

**Have you participated as a party, witness, or in some other capacity in other litigation or custody proceeding litigation or custody proceedings in this or some other state, concerning custody of the child subject to proceeding:** (select one)  **YES**  **NO** (If yes must provide order)

If yes, which county, state, and case #:

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**What is the period of time that you have the child and why:**

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**Is there more than one child that you wish to add in the above proceedings:**

(select one)  **YES**  **NO** (If yes, you will need to complete a separate worksheet for each child)

**Child's Name:**

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**Last** **First** **M.I.**

**Child's Sex:** (select one)  **MALE**  **FEMALE**

**Child's Current**

**Address:**

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**Street Address** **Apt. #**

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**City** **State** **Zip Code**

**Mailing Address** (If different from above):

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**Child's DOB:**

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**Child's SSN:**

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**Name of Child's**

**Mother:**

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**Will Mother Consent:** (select one)  **YES**  **NO** \*If not, explain below.

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**Mother's**

**Address:**

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Please complete the following questions as specifically as possible

**Name of Child's  
Father:** \_\_\_\_\_

**Will Father Consent:** (select one)  YES  NO \*If not, explain below.

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

**Father's  
Address:** \_\_\_\_\_

**IS THE FATHER'S NAME ON THE BIRTH CERTIFICATE:** (select one)  YES  NO

**If Father or Mother does not consent, state specific acts or omission of Mother or Father which demonstrate that the parent(s) have abused, neglected, or abandoned the child:**

\_\_\_\_\_

**CHILD'S RESIDENCE FOR THE PAST 5 YEARS (If more space needed see last sheet):**

Dates (From/To)	Address (including city and state) where child lived	Name and present address of person child lived with	Relationship to child

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Please complete the following questions as specifically as possible

**Is there or have there been any custody proceedings in any state regarding the child:**

(select one)  **YES**  **NO** (If yes, you must provide the order establishing custody)

**If yes, which  
County, State,  
Case #:**

\_\_\_\_\_

**Name/Address  
of Person  
Involved:**

\_\_\_\_\_

Has physical custody  Claims custody rights  Claims visitation rights

**Name/Address  
of Person  
Involved:**

\_\_\_\_\_

Has physical custody  Claims custody rights  Claims visitation rights.

**Has child support been ordered:** (select one)  **YES**  **NO** (If yes, you must provide the Order)

If yes, please explain how much/how often, as well as county, state, and case #:

\_\_\_\_\_

\_\_\_\_\_

**Do you know anyone not a party in this matter who claims custody or visitation rights to the child:**

(select one)  **YES**  **NO**

If yes, please provide their names and addresses:

\_\_\_\_\_

\_\_\_\_\_

I have read the foregoing and the facts alleged are true to the best of my knowledge and belief.

**Signature:**

\_\_\_\_\_

**Print Name:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_