

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

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

Division: \_\_\_\_\_

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

and

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

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

I, *{full legal name}* \_\_\_\_\_, the  
[  **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 [  **one** only ] ( ) is ( ) is not a member of the military service.  
The wife [  **one** only ] ( ) is ( ) is not a member of the military service.
3. MARRIAGE HISTORY  
Date of marriage: *{month, day, year}* \_\_\_\_\_  
Place of marriage: *{city, state, country}* \_\_\_\_\_  
Date of separation: *{month, day, year}* \_\_\_\_\_ (   if approximate)
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:  
[  **one** only ]  
\_\_\_\_ a. The marriage is irretrievably broken.  
\_\_\_\_ b. One of the parties has been adjudged mentally incapacitated for a period of 3 years before 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,  **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**:

[ **all** that apply]

- \_\_\_\_ 1. restoring Wife's former name as specified in paragraph 9 of this petition;  
\_\_\_\_ 2. awarding other relief as specified in paragraph 10 of 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 Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

STATE OF FLORIDA )

COUNTY OF \_\_\_\_\_)

Sworn to or affirmed and signed before me on \_\_\_\_\_, 199\_\_ by

\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC—STATE OF FLORIDA

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

\_\_\_\_ Personally known

\_\_\_\_ Produced identification

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

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:** [ *do not* fill in **all** blanks]

I, *{full legal name and trade name of nonlawyer}* \_\_\_\_\_,

a nonlawyer, located at *{street}* \_\_\_\_\_, *{city}* \_\_\_\_\_,

*{state}* \_\_\_\_\_, *{phone}* \_\_\_\_\_, helped *{name}* \_\_\_\_\_,

who is the petitioner, fill out this form.