

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

Case No: _____

Division: _____

_____,
Husband,

and

_____,
Wife.

**SETTLEMENT AGREEMENT FOR
SUPPORT UNCONNECTED TO DISSOLUTION**

We, {Husband's full legal name} _____ and {Wife's full legal name} _____, being sworn, certify that the following statements are true:

SECTION I - CHILD CUSTODY

1. The parties' minor child(ren) are:

Name

Birth date

Name	Birth date
_____	_____
_____	_____
_____	_____

2. We agree that parental responsibility and visitation for the minor children should be ordered as follows:

___ a. shared {explain any exceptions}

___ b. sole to () Husband () Wife {explain reasons} _____

3. The primary residential parent will be () Husband () Wife and the other parent will be the secondary residential parent **OR** the primary residential parent will be () undesignated () rotating.

4. Secondary Residential Responsibility, Visitation, or Time Sharing will be as follows: {explain schedule (days and times, holidays, etc.)} {explain how parents will handle situations when one parent is unable to meet the schedule, for example, notice requirements to the other parent}

{explain how the children will be exchanged, for example, location(s) by third parties, etc.}

{explain any other agreed-upon arrangements.}

5. Neither parent shall take the child(ren) from the custody of the other parent or any child care provider or other person entrusted by the other parent with the care of the child(ren) without the agreement of the other party during the other party's time of parental responsibility or visitation.

SECTION II - CHILD SUPPORT

1. We have both filed a Financial Affidavit.
2. () Wife () Husband will pay child support, under Florida's child support guidelines, section 61.30, Florida Statutes, to the primary residential or sole parent named above. A Child Support Guidelines Worksheet is completed and attached. This parent shall be obligated to pay child support in the amount of \$_____, every () week () other week () month, beginning _____ and continuing until modified by court order, the youngest child turns 18, becomes emancipated, marries, dies, otherwise becomes self-supporting or, if after the age of 18, until _____. If the child support amount above deviates from the guidelines by 5% or more, explain the reason(s) here _____

3. There currently () is () is not a child support arrearage of \$_____ for previously ordered and yet unpaid child support. The total of \$_____ in child support arrearages shall be repaid at the rate of \$_____ every () week () other week () month, beginning _____, until paid in full including statutory interest.

4. () Wife () Husband will maintain health insurance coverage for the parties' minor child(ren). The party providing coverage will provide insurance cards to the other party showing coverage. **OR** () Health insurance is not reasonably available at this time. Any reasonable and necessary medical/dental/optical/orthodontic/prescription costs for the minor child(ren) shall be assessed as follows:
____ a. Shared equally by both parents.
____ b. Prorated according to the child support guideline percentages.
____ c. Other : _____.

As to reasonable and necessary uninsured/unreimbursed expenses, the party who incurs the expense shall submit a request for reimbursement to the other party within 30 days, and the other party, within 30 days of receipt, shall submit the applicable reimbursement for that expense, according to the schedule of reimbursement set out in this paragraph.

5. () Wife () Husband shall be required to maintain life insurance coverage for the benefit of the parties' minor child(ren) in the amount of \$_____ until the youngest child turns 18, becomes emancipated, marries, dies, or otherwise becomes self-supporting.

6. Other provisions relating to child support (e.g., insurance coverage, life insurance to secure child support, college fund, etc. _____

SECTION III - SPOUSAL SUPPORT

(If you have not agreed on this matter, write "n/a" on the lines provided.)

[/ one only]

____ 1. **Neither of us requests any spousal support (alimony).**
____ 2. () Husband () Wife agrees to pay spousal support (alimony) in the amount of \$ _____ every () week () other week () month, beginning _____ and continuing until _____. Explain type of alimony (temporary, permanent, rehabilitative, and/or lump sum) and any other specifics: _____

[/ if applies] () Life insurance in the amount of \$_____ to secure the above support, will be provided by the () Husband () Wife.

SECTION IV - TEMPORARY DIVISION OF LIABILITIES/DEBTS

1. Wife agrees to pay the following debts and liabilities:

LIABILITIES: DESCRIPTION OF DEBT(S) TO BE PAID (To avoid confusion at a later date, describe each item as clearly as possible. You do not need to list account numbers. Where applicable, include whether the name on any mortgage, note, or account described below is wife's, husband's, or both.)	Monthly Payment	Current Amount Owed
- Mortgages on real estate: (Home)	\$	\$
-		
- Charge/credit card accounts		
-		
-		
- Auto loan		
- Bank/credit union loans		
-		
-		
-		
- Other		
-		
-		
Total debts to be paid by Wife	\$	\$

2. Husband agrees to pay the following debts and liabilities:

LIABILITIES: DESCRIPTION OF DEBT(S) TO BE PAID BY Husband (To avoid confusion at a later date, describe each item as clearly as possible. You do not need to list account numbers. Where applicable, include whether the name on any mortgage, note or account described below is wife's, husband's, or both.)	Monthly Payment	Current Amount Owed
- Mortgages on real estate: (Home)	\$	\$
-		
- Charge/credit card accounts		
-		
-		
-		
- Bank/credit union loans		
-		
-		
-		
- Other		
-		
Total debts to be paid by Husband	\$	\$

SECTION V - OTHER

I certify that I have been open and honest in entering into this settlement agreement. I am satisfied with this agreement and intend to be bound by it.

Dated: _____

Signature of Husband
Printed Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____

[Husband's Notary]
STATE OF FLORIDA
COUNTY OF _____
Sworn to or affirmed and signed before me on _____ by _____.

NOTARY PUBLIC-STATE OF FLORIDA

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

____ Personally known
____ Produced identification
____ Type of identification produced _____

I certify that I have been open and honest in entering into this settlement agreement. I am satisfied with this agreement and intend to be bound by it.

Dated: _____

Signature of Wife
Printed Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____

[Wife's Notary]
STATE OF FLORIDA
COUNTY OF _____
Sworn to or affirmed and signed before me on _____ by _____.

NOTARY PUBLIC-STATE OF FLORIDA

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

____ Personally known
____ Produced identification
____ Type of identification produced _____