

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

Case No.: 05 - - DR - - XXXX-XX

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

Clock In

and

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

**NOTICE OF INTENT TO RELOCATE WITH CHILDREN**

I, {full legal name} \_\_\_\_\_, give notice to, {full legal name(s)} \_\_\_\_\_, of my intention to relocate the principal residence of the following child(ren):

Name	Date of Birth	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

I am providing the following information as required by section 61.13001(2), Florida Statutes:

1. The location of the intended new residence, including the state, city and physical address, if known is:
2. The mailing address of the new physical residence, if not the same as the physical address is:
3. The home telephone number of the intended new residence, if known, is: \_\_\_\_\_
4. The date of the intended move or proposed relocation is: \_\_\_\_\_

5. a. The specific reasons for the proposed relocation of the child(ren) are:

b. One of the reasons for the proposed relocation is a job offer [  **one** only]

Yes No

The Job offer is in writing [  **one** only] Yes No. A copy of the written job offer is attached to this notice.

6. a. The proposed post-relocation schedule of visitation is as follows:

Attach additional sheets if necessary

b. The proposed post-relocation transportation arrangements necessary to effectuate visitation with the child(ren) are as follows:

Attach additional sheets if necessary.

**AN OBJECTION TO THE PROPOSED RELOCATION MUST BE MADE IN WRITING, FILED WITH THE COURT, AND SERVED ON THE PARENT OR OTHER PERSON SEEKING TO RELOCATE WITHIN 30 DAYS AFTER SERVICE OF NOTICE OF THIS INTENT TO RELOCATE. IF YOU FAIL TO TIMELY OBJECT TO THE RELOCATION, THE RELOCATION WILL BE ALLOWED, UNLESS IT IS NOT IN THE BEST INTEREST OF THE CHILD, WITHOUT FURTHER NOTICE AND WITHOUT A HEARING.**

7. The mailing address of the parent seeking to relocate to whom the objection must be sent is listed below.

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.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of petitioning party

\_\_\_\_\_ Printed Name

\_\_\_\_\_ Address

\_\_\_\_\_ City State Zip

\_\_\_\_\_ Telephone {area code and number}

**STATE OF FLORIDA  
COUNTY OF BREVARD**

Sworn to (or affirmed) and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
by \_\_\_\_\_.

\_\_\_\_\_ Signature of Notary Public-State of Florida

\_\_\_\_\_ Print, type or stamp Commissioned Name

Check one only: \_\_\_Personally known \_\_\_Produced I.D. Type of I.D. produced\_\_\_\_\_

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:  
[✍ 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 [✓ one only] \_\_\_petitioner or \_\_\_respondent, fill out this form.