

INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW FORM 12.943,
MOTION TO DEVIATE FROM CHILD SUPPORT GUIDELINES

When should this form be used?

Child support in Florida is determined by the child support guidelines found in section 61.30, Florida Statutes. The court, at its discretion, may raise or lower the child support guidelines amount by up to 5%. In addition, the court may raise or lower the guidelines support amount by more than 5%, if written reasons are given for the adjustment. The court may make these additional adjustments based on certain considerations, which are reflected in this form. You should review this form to determine if any of the reasons for adjusting the child support guidelines amount apply to your situation and you should complete this form **only** if you want the court to order **more child support or less child support** than the amount required by the child support guidelines.

This form should be typed or printed in black ink. After completing this form, you should **file** the original with the **clerk of the circuit court** in the county where your case is filed and keep a copy for your records.



What should I do next?

A copy of this form must be mailed **or** hand delivered to the other party in your case.



Where can I look for more information?


Before proceeding, you should read “General Information for Self-Represented Litigants” found at the beginning of these forms. For further information, see section 61.30, Florida Statutes.

Special notes...

More information on the child support guidelines as well as a chart for converting income and expenses to monthly amounts if paid or incurred on other than a monthly basis is contained in the instructions to **Florida Family Law Financial Affidavit**,  Florida Family Law Rules of Procedure Form 12.902(b) or (c), and the **Child Support Guidelines Worksheet**,  Florida Family Law Rules of Procedure Form 12.902(e).

With this form you must also file the following, if not already filed:

- **Florida Family Law Financial Affidavit**,  Florida Family Law Rules of Procedure Form 12.902(b) or (c).
- **Child Support Guidelines Worksheet**,  Florida Family Law Rules of Procedure Form 12.902(e). (If you do not know the other party’s income, you should file this worksheet as soon as you receive a copy of his or her **financial affidavit**.)

Remember, a person who is NOT an attorney is called a nonlawyer. If a nonlawyer helps you fill out these forms, that person must give you a copy of **Disclosure from Nonlawyer**,  Florida Family Law Rules of Procedure Form 12.900 (a), before he or she helps you. A nonlawyer helping you fill out these forms also **must** put his or her name, address, and telephone number on the bottom of the last page of every form he or she helps you complete.

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

Case No.: _____
Division: _____

_____,
Petitioner,

and

_____,
Respondent.

MOTION TO DEVIATE FROM CHILD SUPPORT GUIDELINES

() Petitioner () Respondent requests that the Court enter an order granting the following:

SECTION I

[**one** only]

_____ a. **MORE** child support than the amount required by the child support guidelines. The Court should order MORE child support than the amount required by the child support guidelines because of:

[**all** that apply to your situation]

- _____ 1. Extraordinary medical, psychological, educational, or dental expenses;
- _____ 2. Seasonal variations in one or both parent's income;
- _____ 3. Age(s) of the child(ren), taking into consideration the greater needs of older child(ren);
- _____ 4. Special needs that have been met traditionally within the family budget even though the fulfilling of those needs will cause support to exceed the guidelines;
- _____ 5. The amount of time each child will spend with each parent under the shared parental arrangement;
- _____ 6. The direct and indirect financial expenses for each child as set forth in s. 61.30(11)(b)3, Florida Statutes;
- _____ 7. Total available assets of mother, father, and child(ren);
- _____ 8. Impact of IRS dependency exemption and waiver of that exemption;
- _____ 9. Residency of subsequently born or adopted child(ren) with the obligor, including consideration of the subsequent spouse's income;
- _____ 10. The comparative income of each parent, considering all relevant factors, as provided in s. 61.30(2)(a), Florida Statutes;
- _____ 11. The station in life of each parent and each child;
- _____ 12. The standard of living experienced by the entire family during the marriage;
- _____ 13. The financial status and ability of each parent; and/or
- _____ 14. Any other adjustment that is needed to achieve an equitable result, which may include reasonable and necessary expenses jointly incurred during the marriage.

Explain any items marked above: _____

_____.

_____ b. **LESS** child support than the amount required by the child support guidelines. The Court should order LESS child support than the amount required by the child support guidelines because of:

[**all** that apply to your situation]

- _____ 1. Extraordinary medical, psychological, educational, or dental expenses;
- _____ 2. Independent income of child(ren), excluding the child(ren)'s SSI income;
- _____ 3. Payment of both child support and spousal support to a parent that regularly has been paid and for which there is a demonstrated need;

- ___ 4. Seasonal variations in one or both parent's income;
- ___ 5. Age of the child(ren), taking into consideration the greater needs of older child(ren);
- ___ 6. The amount of time each child will spend with each parent under the shared parental arrangement;
- ___ 7. The direct and indirect financial expenses for each child as set forth in s. 61.30(11)(b), Florida Statutes;
- ___ 8. The comparative income of each parent, considering all relevant factors, as provided in s. 61.30(2)(a), Florida Statutes;
- ___ 9. Total available assets of obligee, obligor, and child(ren);
- ___ 10. Impact of IRS dependency exemption and waiver of that exemption;
- ___ 11. Application of the child support guidelines requires the obligor to pay more than 55% of gross income for a single support order;
- ___ 12. The station in life of each parent and each child;
- ___ 13. The standard of living experienced by the entire family during the marriage;
- ___ 14. The financial status and ability of each parent; and/or
- ___ 15. Any other adjustment that is needed to achieve an equitable result, which may include reasonable and necessary expenses jointly incurred during the marriage.

Explain any items marked above: _____

 _____.

SECTION II. INCOME AND ASSETS OF CHILD(REN) COMMON TO BOTH PARTIES

List the total of any independent income or assets of the child(ren) common to both parties (income from Social Security, gifts, stocks/bonds, employment, trust fund(s), investment(s), etc.). Attach an explanation.

TOTAL VALUE OF ASSETS OF CHILD(REN)	\$ _____
TOTAL MONTHLY INCOME OF CHILD(REN)	\$ _____

SECTION III. EXPENSES FOR CHILD(REN) COMMON TO BOTH PARTIES

All amounts must be MONTHLY. See the instructions with this form to figure out money amounts for anything that is NOT paid monthly. Attach more paper, if needed. Items included under "other" should be listed separately with separate dollar amounts.

- | | |
|---|--------------|
| 1. Monthly nursery, babysitting, or other child care | 1. \$ _____ |
| 2. Monthly after-school care | 2. \$ _____ |
| 3. Monthly school tuition | 3. \$ _____ |
| 4. Monthly school supplies, books, and fees | 4. \$ _____ |
| 5. Monthly after-school activities | 5. \$ _____ |
| 6. Monthly lunch money | 6. \$ _____ |
| 7. Monthly private lessons/tutoring | 7. \$ _____ |
| 8. Monthly allowance | 8. \$ _____ |
| 9. Monthly clothing | 9. \$ _____ |
| 10. Monthly uniforms | 10. \$ _____ |
| 11. Monthly entertainment (movies, birthday parties, etc.) | 11. \$ _____ |
| 12. Monthly health and dental insurance premiums | 12. \$ _____ |
| 13. Monthly medical, dental, prescription charges (unreimbursed) | 13. \$ _____ |
| 14. Monthly psychiatric/psychological/counselor (unreimbursed) | 14. \$ _____ |
| 15. Monthly orthodontic (unreimbursed) | 15. \$ _____ |
| 16. Monthly grooming | 16. \$ _____ |
| 17. Monthly non-prescription medications/cosmetics/toiletries/sundries | 17. \$ _____ |
| 18. Monthly gifts from children to others (other children, relatives, teachers, etc.) | 18. \$ _____ |
| 19. Monthly camp or other summer activities | 19. \$ _____ |
| | 20. \$ _____ |

20. Monthly clubs (Boy/Girl Scouts, etc.) or recreational fees 21. \$ _____
 21. Monthly visitation expenses (for nonresidential parent) 22. \$ _____
 Explain: _____
 22. Monthly insurance (life, etc.) {explain}: _____
- Other {explain}: 23. \$ _____
 23. _____ 24. \$ _____
 24. _____ 25. \$ _____
 25. _____

26. TOTAL EXPENSES FOR CHILD(REN) COMMON TO BOTH PARTIES
 (add lines 1 through 25) 26. \$ _____

I have filed, will file, or am filing with this form the following additional documents:

1. Florida Family Law Family Law Financial Affidavit, Florida Family Law Rules of Procedure Form 12.902(b) or (c).
2. Child Support Guidelines Worksheet, Florida Family Law Rules of Procedure Form 12.902(e).

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

Dated: _____

 Signature
 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 _____

**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.