

**IN THE CIRCUIT COURT
OF THE FIRST JUDICIAL CIRCUIT,
IN AND FOR ESCAMBIA COUNTY, FLORIDA**

IN RE:

_____, Petitioner,

Case No. _____

and

Division: _____

_____, Respondent.

**WAIVER OF FINAL HEARING ON PETITION TO ESTABLISH VISITATION
WITH MINOR CHILD(REN)**

We, the undersigned, under oath and under penalty of perjury, swear or affirm as follows:

1. Our names are _____ and _____.
We are the parties in this action to Establish Visitation with Minor Child(ren).
2. We have carefully re-read the Petition and the Final Judgment. Everything said in it is true and accurate to the best of our knowledge and belief.
3. The respondent in this case has filed an Answer agreeing to all of the terms of the Petition to Establish Visitation with Minor Child(ren) **OR** () A Stipulated Agreement detailing the terms of the visitation was filed with the Petition.
4. The parties respectfully request that the Court waive the requirement that we personally appear or testify before the Court on this matter. **We understand that the effect of the waiver is that the Final Judgment will be entered without further evidence or testimony.**
5. The parties respectfully request that a copy of the Final Judgment be mailed to each of them at the addresses listed below.

I have read the Waiver completely and fully understand the document. I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this request and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: _____

Signature of Petitioner

Printed Name: _____

Address: _____

STATE OF FLORIDA
COUNTY OF ESCAMBIA

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 _____

I have read the Waiver completely and fully understand the document. I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this request and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: _____

Signature of Respondent
Printed Name: _____
Address: _____

STATE OF FLORIDA
COUNTY OF ESCAMBIA

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 _____