

FY2021 Applicant #17 (Repeat)

FY 2021	Applicant	Meeting	
Summer Camp/AfterSchool	17	8/30/21	Repeat
Wages	\$33,450.00		
Refund	\$5,213.00		
Social Security Benefit	\$0.00		
Child Support	\$3,879.48		
LeeCares Benefit	N/A		
Total:	\$42,542.48		

FINANCIAL ASSISTANCE CALCULATOR

PROGRAMS	FEES	# SESSIONS	# CHILD(REN)	TOTAL FEES
			1	
AFS FALL/WTR/SPR	340.00	3		1,020.00
Middle School AFS FALL/WTR/SPR	340.00			
FUNDAYS	30.50	10		305.00
WINTER REC	135.00	2		270.00
SPRING REC	135.00	1		135.00
SUMMER REC 2022	135.00	8		1,080.00
Youth Basketball	46.75			-
C.I.T.	25.50			-
TOTAL				2,810.00
* FINANCIAL ASST %		80%		2,248.00
(* COVID-19 sliding fee scale)				
DUE FROM FAMILY				562.00



CITY OF SANIBEL RECREATION FINANCIAL ASSISTANCE APPLICATION

The City of Sanibel has financial assistance available for Recreation Programs. The amount of the financial assistance will be determined using a sliding fee scale and is based on annual income and other financial support received. To assist in our review, please provide the following:

- 1. Copy of most recent pay stub, W-2, and tax return with social security numbers removed
2. Copy of bank statements for 90 days prior to the date of application, if self employed
3. Proof of filing for child support, if applicable
4. A Valid Florida Driver's License, ID card or Voter's Registration Card showing local address
5. All information must be provided within 60 days of application or the request for assistance will be denied

Parent/Guardian: _____ Email: _____

Street Address: _____ City: Fort Myers State: FL Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

List the names of all persons, 18 years & over, living in the household (income tax returns required for each):

- 1) _____ 2) _____ 3) _____ 4) _____

Are you a client of F.I.S.H? [] Yes [X] No Services received: _____
Do you reside in CHR? [] Yes [X] No
Do you currently own or rent your residence? [] Own [X] Rent
Do you receive TANF Benefits? [] Yes [X] No Monthly benefit amount: \$ _____
Do you receive SNAP Benefits? [] Yes [X] No Monthly benefit amount: \$ _____
Is there a court order for child support? [] Yes [] No Court ordered amount: \$ _____
Case # _____ State: FL County: Lee Date ordered: _____
Do you receive child support? [X] Yes [] No Monthly support amount: \$ 323.29
Is there a court order for shared child care expenses? [] Yes [X] No Court ordered amount/percent: \$ _____
Do you receive the court ordered amount/percentage for shared child care expenses? [] Yes [X] No
DO YOU RECEIVE:
Social Security Benefits [] Yes [X] No Monthly amount: \$ _____
Pension [] Yes [X] No Monthly amount: \$ _____
Spousal Support [] Yes [X] No Monthly amount: \$ _____
Foster Care payments [] Yes [X] No Monthly amount: \$ _____
Workers' Compensation [] Yes [X] No Monthly amount: \$ _____
Unemployment Compensation [] Yes [X] No Monthly amount: \$ _____
Assistance with housing payments, groceries, utilities, automobile/gas, room/board, etc.? [] Yes [X] No Monthly amount: \$ _____
Any other financial assistance? [] Yes [X] No Monthly amount: \$ _____
From whom? _____

SUBTOTAL: \$ 3,879.48

Federal Income Tax Return Total Income: \$ 33,450

Federal Income Tax Return Refund Amount: \$ 5,213

Total Household Annual Income: \$ 33,450

FY2021 Applicant #17 (Repeat)

Check Program(s) for which Financial Assistance is Requested:

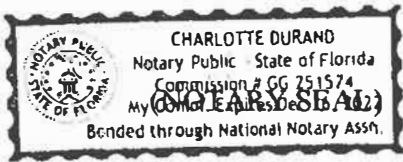
<input checked="" type="checkbox"/> After School/Middle School Program:	# Children <u>1</u>	Amount \$ <u>1020.-</u>
<input checked="" type="checkbox"/> Winter Camp: # of weeks <u>2</u>	# Children <u>1</u>	Amount \$ <u>270.-</u>
<input checked="" type="checkbox"/> Spring Break Camp:	# Children <u>1</u>	Amount \$ <u>135.-</u>
<input checked="" type="checkbox"/> Fun Days Program: # of days <u>10</u>	# Children <u>1</u>	Amount \$ <u>305.-</u>
<input checked="" type="checkbox"/> Summer Program: # of weeks <u>8</u>	# Children <u>1</u>	Amount \$ <u>1080.-</u>
<input type="checkbox"/> Babysitter Training Camp:	# Children _____	Amount \$ _____
<input type="checkbox"/> Basketball League:	# Children _____	Amount \$ _____
<input type="checkbox"/> Volleyball Camp:	# Children _____	Amount \$ _____

PROGRAM TOTAL \$ 2,856.75

Signature of Parent/Guardian: _____ Date: 8-23-21

STATE OF FLORIDA
COUNTY OF LEE

The foregoing instrument was acknowledged before me this 23rd day of August, 2021, by _____ (name of person acknowledging).



[Signature]
Signature of Notary Public
Charlotte Durand
Typed/Printed Name of Notary Public

Personally Known _____ Produced Identification DL Type: _____

(You may have this application notarized at the Recreation Center, City Hall, Bank of the Islands and Sanibel/Captiva Community Bank at no charge)

This application will be reviewed by the Recreation Financial Assistance Committee in a public meeting which is held at MacKenzie Hall. The Committee will review this application and determine if assistance can be granted. The Recreation Department will contact you and let you know of the Committee's decision.

STAFF USE ONLY

FY2021 Applicant #17 (Repeat)

Date completed application received: 8/23/2021

Staff Signature: T Phillips

Applicant Status: New Repeat

All Social Security numbers/names/phone numbers/addresses are blacked out: Yes No

Assistance amount has been determined and written on application: Yes No

Applicant is aware that they may participate in activity they applied for: Yes No

Applicant is aware that a sliding scale based on income is used to determine assistance: Yes No

Applicant is aware that the fees for programs are due when the program begins, or at the time the Committee has made a decision on the Financial Assistance application: Staff Initials: TP

Date applicant was contacted about committee decision: _____ Staff Initials: _____

Is F.I.S.H. providing assistance: Yes No (If yes) Amount: \$ _____

Does the applicant have an outstanding balance? Yes No (If yes) Amount: \$ _____

Staff must record status here, any outstanding balance, and time and date of calls made to patrons:

Staff must keep track of approved applicant attendance in programs. (NOTE: Responsibility of Financial Assistance Representative). Staff Initials: _____

Date data entered into RecTrac: _____ Staff Initials: _____

STAFF NOTES:

Application Approved Application Denied

Committee Approved Yes No Date: _____

Assistance amount for After School/Middle School Program: \$ _____

Assistance amount for Holiday Camp Programs: \$ _____

Assistance amount for Fun Days Program: \$ _____

Assistance amount for Summer Program: \$ _____

Assistance amount for Babysitter Training Camp, Basketball, Volleyball Camp: \$ _____

Total Assistance Granted: \$ _____

FY2021 Applicant #17 (Repeat)

Form 1040

Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

2020

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial _____ Last name _____ Your social security number _____

If joint return, spouse's first name and middle initial _____ Last name _____ Spouse's social security number _____

Home address (number and street). If you have a P.O. box, see instructions. _____ Apt. no. _____
City, town, or post office. If you have a foreign address, also complete spaces below. _____ State _____ ZIP code _____
Fort Myers FL
Foreign country name _____ Foreign province/state/country _____ Foreign postal code _____
Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
 You Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1956 Are blind **Spouse:** Was born before January 2, 1956 is blind

Dependents (see instructions): if more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(1) First name		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> If qualifies for (see instructions):	
	Last name				Child tax credit	Credit for other dependents
				Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	33,450.
2a Tax-exempt interest	2a	
2b Taxable interest	2b	
3a Qualified dividends	3a	
3b Ordinary dividends	3b	
4a IRA distributions	4a	
4b Taxable amount	4b	
5a Pensions and annuities	5a	
5b Taxable amount	5b	
6a Social security benefits	6a	
6b Taxable amount	6b	
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	7	
8 Other income from Schedule 1, line 9	8	
9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	33,450.
10 Adjustments to income:		
a From Schedule 1, line 22	10a	
b Charitable contributions if you take the standard deduction. See instructions	10b	
c Add lines 10a and 10b. These are your total adjustments to income ▶	10c	
11 Subtract line 10c from line 9. This is your adjusted gross income ▶	11	33,450.
12 Standard deduction or itemized deductions (from Schedule A)	12	18,650.
13 Qualified business income deduction. Attach Form 8995 or Form 8995-A	13	
14 Add lines 12 and 13	14	18,650.
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	14,800.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2020)

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	1,497.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	1,497.
19	Child tax credit or credit for other dependents	19	1,497.
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	1,497.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your total tax	24	0.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	3,387.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	3,387.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	27	1,323.
28	Additional child tax credit. Attach Schedule 8812	28	503.
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	1,826.
33	Add lines 25d, 26, and 32. These are your total payments	33	5,213.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	5,213.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	5,213.
Direct deposit? See instructions.	▶ b Routing number _____ ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	▶ d Account number _____		
	36 Amount of line 34 you want applied to your 2021 estimated tax	36	
Amount You Owe	37 Subtract line 33 from line 24. This is the amount you owe now	37	
For details on how to pay, see instructions.	Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.		
	38 Estimated tax penalty (see instructions)	38	

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. No

Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation Pharmacy Technician	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶

Phone no. _____ Email address _____

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
Firm's name ▶ Self-Prepared	Firm's address ▶			Phone no. Firm's EIN ▶

FY2021 Applicant #17 (Repeat)

SCHEDULE EIC
(Form 1040)

Earned Income Credit

OMB No. 1545-0074

Qualifying Child Information

2020

Department of the Treasury
Internal Revenue Service (99)

▶ **Complete and attach to Form 1040 or 1040-SR only if you have a qualifying child.**
▶ **Go to www.irs.gov/ScheduleEIC for the latest information.**

Attachment
Sequence No. **43**

Name(s) shown on return

Your social security number

Before you begin:

- See the instructions for Form 1040 or 1040-SR, line 27, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

- *You can't claim the EIC for a child who didn't live with you for more than half of the year.*
- *If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.*
- *It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.*

	Child 1	Child 2	Child 3
1 Child's name If you have more than three qualifying children, you have to list only three to get the maximum credit.	First name Last name	First name Last name	First name Last name
2 Child's SSN The child must have an SSN as defined in the instructions for Form 1040 or 1040-SR, line 27, unless the child was born and died in 2020. If your child was born and died in 2020 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records showing a live birth.			
3 Child's year of birth	Year <u> 2 </u> <u> 0 </u> <u> 1 </u> <u> 4 </u>	Year _ _ _ _	Year _ _ _ _
4 a Was the child under age 24 at the end of 2020, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes. <input type="checkbox"/> No.	<input type="checkbox"/> Yes. <input type="checkbox"/> No.	<input type="checkbox"/> Yes. <input type="checkbox"/> No.
b Was the child permanently and totally disabled during any part of 2020?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. The child is not a qualifying child.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. The child is not a qualifying child.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. The child is not a qualifying child.
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	Son		
6 Number of months child lived with you in the United States during 2020 • If the child lived with you for more than half of 2020 but less than 7 months, enter "7." • If the child was born or died in 2020 and your home was the child's home for more than half the time he or she was alive during 2020, enter "12."	_____ <u> 12 </u> months Do not enter more than 12 months.	_____ months Do not enter more than 12 months.	_____ months Do not enter more than 12 months.

FY2021 Applicant #17 (Repeat)

08/06/2021

NON-NEGOTIABLE

PAY TO THE
ORDER OF

NET \$1,218.68

WORKER ID :

EARNINGS TYPE	RATE	WORKED	TIME OFF	CURRENT	YTD
REGULAR - HRLY	\$16.00	80.00 hrs		\$1,280.00	\$18,288.00
- O/TIME - HRLY	\$24.00	0.50 hrs		\$12.00	\$42.00
OTHER H - HRLY				\$0.00	\$784.00
REIMB				\$154.88	\$1,648.54

PERIOD START 07/17/2021 CHECK DATE 08/06/2021
 PERIOD END 07/30/2021 CHECK NUMBER 0

TOTAL HOURS & EARNINGS 80.50 hrs 0.00 hrs \$1,446.68 \$20,762.54

TAXES TYPE	CURRENT	YTD
FED WITH	\$129.16	\$1,879.60
FICA	\$80.11	\$1,185.07
MEDFICA	\$18.73	\$277.15

EMPLOYER MEMO:

TOTAL TAXES \$228.00 \$3,341.82

DEDUCTIONS TYPE CURRENT YTD

TOTAL DEDUCTIONS \$0.00 \$0.00

TIME OFF TYPE EARNED USED AVAILABLE EARNED YTD USED YTD

TOTAL EARNINGS	\$1,446.68	\$20,762.54
TOTAL TAXES	\$228.00	\$3,341.82
TOTAL DEDUCTIONS	\$0.00	\$0.00
NET PAY	\$1,218.68	

*Non-Cash Earnings are not included in the Net Pay amount, but are included in the Earnings Period and YTD Totals

FY2021 Applicant #17 (Repeat)

07/23/2021

NON-NEGOTIABLE

PAY TO THE
ORDER OF

NET \$694.40

EARNINGS TYPE	RATE	WORKED	TIME OFF	CURRENT	YTD
REGULAR - HRLY	\$16.00	52.00 hrs		\$832.00	\$17,008.00
OTIME - HRLY				\$0.00	\$30.00
OTHER H - HRLY				\$0.00	\$784.00
REIMB				\$0.00	\$1,493.86

PERIOD START 07/03/2021 CHECK DATE 07/23/2021
 PERIOD END 07/16/2021 CHECK NUMBER 0

TOTAL HOURS & EARNINGS	WORKED	TIME OFF	CURRENT	YTD
	52.00 hrs	0.00 hrs	\$832.00	\$19,315.86

TAXES TYPE	CURRENT	YTD
FED WTH	\$73.96	\$1,750.44
FICA	\$51.58	\$1,104.96
MEDFICA	\$12.08	\$258.42

EMPLOYER MEMO:

TOTAL TAXES	\$137.60	\$3,113.82
-------------	----------	------------

DEDUCTIONS TYPE	CURRENT	YTD
-----------------	---------	-----

TOTAL DEDUCTIONS	\$0.00	\$0.00
------------------	--------	--------

TIME OFF TYPE EARNED USED AVAILABLE EARNED YTD USED YTD

TOTAL EARNINGS	\$832.00	\$19,315.86
TOTAL TAXES	\$137.60	\$3,113.82
TOTAL DEDUCTIONS	\$0.00	\$0.00
NET PAY	\$694.40	

*Non-Cash Earnings are not included in the Net Pay amount, but are included in the Earnings Period and YTD Totals

IN THE CIRCUIT COURT OF THE 20th JUDICIAL CIRCUIT,
IN AND FOR Lee COUNTY, FLORIDA

Case No.: 1
Division: Domestic Relations

Petitioner,

and

Respondent.

FINAL JUDGMENT OF PATERNITY

This cause came before the Court upon a Petition to Determine Paternity and for Related Relief, under chapter 742, Florida Statutes. The Court having reviewed the file and having heard the testimony, makes these findings of fact and reaches these conclusions of law:

- 1. The Court has jurisdiction of the subject matter and the parties.
- 2. Paternity. {Choose only one} By operation of law, The Court finds that {full legal name} _____ is the natural and biological father of the minor child(ren), listed below:

The parties' dependent or minor child(ren) is (are):

Name	Birth date

SECTION I. PARENTAL RESPONSIBILITY AND PARENTING PLAN ESTABLISHING TIME-SHARING WITH DEPENDENT OR MINOR CHILD(REN)

- 1. Jurisdiction. The Court has jurisdiction to determine parental responsibility and to adopt or establish a Parenting Plan with time-sharing with regard to the child(ren) listed in paragraph 2 above.
- 2. Parental Responsibility and Parenting Plan for the Minor Child(ren). {Choose only one} a. Not adjudicated. Since no request for relief was made in this action, parental responsibility of and time-sharing with the minor child(ren) is governed by sections 742.031 and 744.301, Florida Statutes.

- b. Parenting Plan. The parties shall comply with the Parenting Plan which is attached hereto and incorporated herein as Exhibit _____.

SECTION II. CHILD SUPPORT

- 1. The Court finds that there is a need for child support and that the Mother Father (hereinafter Obligor) has the present ability to pay child support. The amounts in the Child Support Guidelines Worksheet, Florida Family Law Rules of Procedure Form 12.902(e), filed by the Mother Father are correct OR the Court makes the following findings:

The Mother's net monthly income is \$ _____ (Child Support Guidelines _____%).
 The Father's net monthly income is \$ _____ (Child Support Guidelines _____%).
 Monthly child care costs are \$ _____.
 Monthly health/dental insurance costs are \$ _____.

- 2. Amount. *Child Support guidelines attached as Ex. B*
 Child support established at the rate of \$ _____ per month for the _____ children {total number of parties' minor or dependent children} shall be paid commencing _____ {month, day, year} and terminating _____ {month, day, year}. Child support shall be paid in the amount of \$ _____ per _____ {week, month, other} which is consistent with the Obligor's current payroll cycle.

Upon the termination of the obligation of child support for one of the parties' children, child support in the amount of \$ _____ for the remaining _____ children {total number of remaining children} shall be paid commencing _____ {month, day, year} and terminating _____ {month, day, year}. This child support shall be paid in the amount of \$ _____ per _____ {week, month, other} consistent with Obligor's current payroll cycle.

{Insert schedule for the child support obligation, including the amount, and commencement and termination dates, for the remaining minor or dependent children, which shall be payable as the obligation for each child ceases. Please indicate whether the schedule appears below or is attached as part of this form.}

The Obligor shall pay child support until all of the minor or dependent children: reach the age of 18; become emancipated, marry, join the armed services, die, or become self-supporting; or until further order of the court or agreement of the parties. The child support obligation shall continue beyond the age of 18 and until high school graduation for any child who is dependent in fact, between the ages of 18 and 19, and is still in high school, performing in good faith with a reasonable expectation of graduation before the age of 19.

If the child support ordered deviates from the guidelines by more than 5%, the factual findings which support that deviation are: _____

3. Arrearage/Retroactive Child Support.

- a. There is no retroactive child support or arrearage at the time of this Final Judgment.
- b. The Mother Father both has (have) incurred medical expenses in the amount of \$ _____ on behalf of the minor child(ren), including hospital and other expenses incidental to the birth of the minor child(ren). Petitioner shall pay _____%, Respondent shall pay _____%, which shall be paid as follows: added to arrearage in paragraph c below other {explain} _____
- c. The Mother Father shall pay to the other party the child support arrearage of:
 - \$ _____ for retroactive child support, as of {date} _____.
 - \$ _____ for previously ordered unpaid child support, as of {date} _____.
 - \$ _____ for previously incurred medical expenses.
 The total of \$ _____ in child support arrearage shall be repaid at the rate of \$ _____ per month, payable in accordance with Obligor's employer's payroll cycle, and in any event at least once a month other {explain} _____ beginning {date} _____, until paid in full including statutory interest.

4. Insurance.

{Indicate all that apply}

- a. **Health/Dental Insurance.** Mother Father shall be required to maintain:
 - health and/or dental insurance for the parties' minor child(ren), so long as it is reasonable in cost and accessible to the child(ren). The party providing insurance shall be required to convey insurance cards demonstrating said coverage to the other party;
 - OR
 - health dental insurance is not reasonable in cost or accessible to the child(ren) at this time.
- b. Reasonable and necessary uninsured medical/dental/prescription drug costs for the minor child(ren) shall be assessed as follows:
 - Shared equally by both parents.
 - Prorated according to the child support guideline percentages.

FY2021 Applicant #17 (Repeat)

Other {explain}: _____

As to these uninsured medical/dental/prescription drug expenses, the party who incurs the expense shall submit 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. Life Insurance (to secure payment of support). To secure the child support obligations in this judgment, Mother Father each party shall maintain life insurance coverage, in an amount of at least \$ _____, on his life her life his/her life naming the minor child(ren) as the beneficiary(ies) OR naming the Mother Father other {name} _____ as Trustee for the minor child(ren), so long as reasonably available. The obligation to maintain the life insurance coverage shall continue until the youngest child turns 18, becomes emancipated, marries, joins the armed services, dies, or otherwise becomes self-supporting.

6. IRS Income Tax Exemption(s). The assignment of any tax exemption(s) for the child(ren) shall be as follows:

Further, each party shall execute any and all IRS forms necessary to effectuate the provisions of this paragraph.

7. Other provisions relating to child support: _____

SECTION III. METHOD OF PAYMENT

Obligor shall pay court-ordered child support/alimony and arrears, if any, as follows:

1. Place of Payment

- a. Obligor shall pay court-ordered support directly to either the State Disbursement Unit, or the central depository, as required by statute, along with any fee required by statute.

OR

- b. Both parties have requested and the court finds that it is in the best interests of the child(ren) that support payments need not be directed through either the State Disbursement Unit or the central depository at this time; however, either party may subsequently apply, pursuant to section 61.13(1)(d)3, Florida Statutes, to require payments through either the State Disbursement Unit or the central depository.

2. Income Deduction.

- a. Immediate. Obligor shall pay through income deduction, pursuant to a separate Income Deduction Order which shall be effective immediately. Obligor is individually responsible for paying this support obligation until all of said support is deducted from

FY2021 Applicant #17 (Repeat)

Obligor's income. Until support payments are deducted from Obligor's paycheck, Obligor is responsible for making timely payments directly to the State Disbursement Unit or the Obligee, as previously set forth in this order.

- b. **Deferred.** Income deduction is ordered this day, but it shall not be effective until a delinquency of \$ _____, or, if not specified, an amount equal to one month's obligation occurs. Income deduction is not being implemented immediately based on the following findings: Income deduction is not in the best interests of the child(ren) because: *{explain}*

AND

there is proof of timely payment of a previously ordered obligation without an income deduction order in cases of modification,

AND

there is an agreement by the Obligor to advise the Title IV-D agency, the clerk of court, and the Obligee of any change in Payor and/or health insurance

OR

there is a signed written agreement providing an alternative arrangement between the Obligor and the Obligee and, at the option of the IV-D agency, by the IV-D agency in IV-D cases in which there is an assignment of support rights to the state, reviewed and entered in the record by the court.

- 3. **Bonus/one-time payments.** All _____% No income paid in the form of a bonus or other similar one-time payment, up to the amount of any arrearage or the remaining balance thereof owed pursuant to this order, shall be forwarded to Obligee pursuant to the payment method prescribed above.

- 4. **Other provisions relating to method of payment.** _____

SECTION IV. CHILD(REN)'S NAME(S)

- a. There shall be no change to the child(ren)'s name(s).

- b. It is in the child(ren)'s best interests that the child(ren)'s present name(s): _____ shall be changed to the following:

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____
- (6) _____

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____
- (6) _____

by which they shall hereafter be known

- c. The name change is in the best interest(s) of the child(ren) because: _____

SECTION V. ATTORNEY'S FEES, COSTS, AND SUIT MONEY

1. Petitioner's Respondent's request(s) for attorney's fees, costs, and suit money is (are) denied because _____

2. The Court finds there is a need for and an ability to pay attorney's fees, costs, and suit money. Petitioner Respondent is hereby ordered to pay to the other party \$_____ in attorney's fees, and \$_____ in costs. The Court further finds that the attorney's fees awarded are based on the reasonable rate of \$_____ per hour and _____ reasonable hours. Other provisions relating to attorney's fees, costs, and suit money are as follows: _____

3. The costs of the scientific paternity testing shall be assessed:

against Petitioner

against Respondent

Other {explain} _____

SECTION VI. OTHER PROVISIONS

1. Other Provisions. _____

The Court reserves jurisdiction to modify and enforce this Final Judgment.

DONE AND ORDERED at Ford Myers, Florida, on June 28, 2021

John A. Carlini
CIRCUIT JUDGE

FY2021 Applicant #17 (Repeat)

I CERTIFY that a copy of this {name of document} Final Judgment of Paternity was
(mailed (faxed and mailed (e-mailed (hand-delivered to the parties or entities listed
below on {date} 6/28/2021.

(SEAL)


{Clerk of court or designee}

- Petitioner (or his or her attorney)
- Respondent (or his or her attorney)
- Central depository
- State Disbursement Unit
- Other: _____

FY2021 Applicant #17 (Repeat)

Agreed Parenting Plan:

_____ will get parenting time w _____ every other weekend from Friday evening at (8:00pm) or from his after school program when he is back in school, until Sunday evening (4:00 pm). The exchanges shall be at Walmart.

_____ has parenting time with _____ every Wednesday from 4pm-8pm pick-up/drop-off at midpoint location.

Daily phone calls to parent not present are both allowed and encouraged.

_____ agrees to monthly _____ that they both agree to with twenty-four hours' notice at _____ request. If the drug test is failed, visitation will be stopped immediately until _____ passes two months of drug tests and gets counseling. _____ may file a Motion to Eliminate Drug tests at any time.

The eventual goal is to reach a healthy, fifty/fifty schedule. _____ and _____ must keep maintain open consistent and open communication. As time progresses, will work together to achieve a fifty/fifty Time-sharing plan. The parties agree that either party may file a Motion to Modify the Time-sharing schedule at any time without filing a Petition to Modify. Judge Carlin approved this method at the trial.

Holiday Goals:

During the Summer Break, each _____ and _____ will receives 10 day long uninterrupted or broken up blocks of Parenting Time with _____. The parties agree to use the Lee County Public Schools schedule for this agreement.

Scheduling of uninterrupted blocks of Parenting Time should be done thirty days in advance.

Holidays will be shared. Minimum 5hr block of custody time. Except when holiday is on a school day.

This includes _____ Birthday, Christmas, New Years Day, Easter, Fourth of July, Labor Day, Halloween, and Thanksgiving.

_____ will get _____ the full day on Father's Day and _____ Birthday.

_____ will get _____ for the full day on Mother's Day and _____ Birthday. These four dates are not part of the holiday rotation and will not effect the Time Sharing schedule. If the Birthdays fall on a school day, that parent will have them after school until 8pm.

Information Sharing/ Parental Notification:

Ex. A

FY2021 Applicant #17 (Repeat)

1 must be put on the school contact list and get copies of all official school documentation, including access to the parent/student web site. Any school or teacher meetings requiring a parent must provide both parents the option to attend.

Both parents must be informed of all school events in which _____ is participating including Open House, Festivals, and Programs.

Both parents must agree on Schools and extracurricular activities. Particularly activities that could infringe on Parenting Time. The Mother's address shall be used for school purposes.

Both parents must receive information about any and all of _____ illnesses, accidents, or procedures. To the best of their ability, _____ and _____ need to share _____ health information as it happens. Both parents must be informed and have the right to attend any and all of _____ appointments.

Transparency and Right of Refusal:

Both parents will enjoy shared parental responsibility status, with _____ being the primary custodian.

If for any reason the parents need child care for _____, they must give the other parent the opportunity to take that time before finding other means of child care. If The other parent is unable or unavailable, the parent seeking care may make other child care arrangements.

Both parents must inform one another of changes of residence.

No moves outside of Lee County, Florida without the consent of the other parent.

Other adults besides _____ and _____ who are cohabiting or planning to cohabit in the household where _____ resides must meet the other parent before spending extensive time with _____.

No trips out of the State of Florida without the written consent of the other parent. No trips that will infringe on the other parent's Parenting Time without written consent from the parent losing parenting time.

Child Support:

Child support shall be paid according to State Guidelines.

Notes:

FY2021 Applicant #17 (Repeat)

Absolutely no conversation about the other parent or attempts at Parental Alienation Syndrome.

should never be shown age inappropriate material, that cause him psychological harm.

If this is found to be happening, the offending parent will be responsible for transportation and costs associated with Counseling or Therapy Sessions for [redacted] and/or affected parent.

FY2021 Applicant #17 (Repeat)

Filename

CHILD SUPPORT GUIDELINES WORKSHEET

Number of Overnights With

Children Live With Others:
 365 303 62

Number Of Children	1	1	0	Percentage Share Of Support	100.00%	63.17%	36.83%
Taxable Income Amounts	COMBINED				COMBINED		
Self Employment Taxable Income	0.00	0.00	0.00	Minimum Child Support Need	924.00		
Social Security Taxable Income	4,906.00	3,000.00	1,906.00	Child Care Costs Paid		0.00	0.00
Other Taxable Income	0.00	0.00	0.00	100% Child Care Costs Paid	0.00	0.00	0.00
Taxable Spousal Support Income	0.00	0.00	0.00	Health Insurance For Children	0.00	0.00	0.00
Non Taxable Spousal Support	0.00	0.00	0.00	Unreimbursed Mod / Den / Pres	0.00	0.00	0.00
Other Non Taxable Income	0.00	0.00	0.00	Total Minimum Child Support Need	924.00		
GROSS INCOME	4,906.00	3,000.00	1,906.00	Presumptive Guidelines Share		583.69	340.31
Spousal Support Payments				5% Range		29.18	17.02
Non Deductible Support	0.00	0.00	0.00	Low Guidelines		554.51	323.29
Deductible This Marriage	0.00	0.00	0.00	High Guidelines		612.87	357.33
Deductible Prior Marriage	0.00	0.00	0.00	Presumptive Guidelines Share		583.69	340.31
TOTAL SPOUSAL SUPPORT	0.00	0.00	0.00	Uncov DayC/Med/Dent/Pres Paid		0.00	0.00
Taxes				Presuned Amount To Be Paid	CUSTOMARY	583.69	340.31
FICA - Social Security	304.17	186.00	118.17	Adjustments		0.00	0.00
FICA - Medicare	71.14	43.50	27.64	ADJUSTED GUIDELINES		583.69	340.31
Self Employment Tax	0.00	0.00	0.00	<input type="checkbox"/> Manual Child Support Amount		0.00	0.00
Federal Income Tax	-13.71	-100.35	86.64	Net Available Income Analysis (For Family)			
State/Local/Other Income Tax	0.00	0.00	0.00	Available Income	4,544.40	3,211.16	1,333.24
TOTAL TAX	361.60	129.15	232.45	Per Capita Income		1,605.58	1,333.24
Other Deductions				Adjusted Affidavit Needs		0.00	0.00
Mandatory Union Dues	0.00	0.00	0.00	Excess / Deficit	4,544.40	3,211.16	1,333.24
Mandatory Retirement Payments	0.00	0.00	0.00	Available Income Analysis Without Children			
Parent's Health Insurance Payments	0.00	0.00	0.00	Affidavit Needs Less Child Expenses		0.00	0.00
Child Support Ordered and Paid	0.00	0.00	0.00	Available Income Without Children	4,544.40	2,870.85	1,673.55
Total Other Deductions	0.00	0.00	0.00	Excess / Deficit Without Children	4,544.40	2,870.85	1,673.55
Total Deductions	361.60	129.15	232.45	Percentage Retained	Gross Income	107.04%	69.95%
Net Monthly Income	4,544.40	2,870.85	1,673.55	Income Analysis	Earned Income	107.04%	69.95%
					Net Income	111.85%	79.67%

DRIVER LICENSE



4a DL# [REDACTED]

3 DOB [REDACTED]

4b EXPIRES [REDACTED]

12 REST NONE 9a END NONE

SAFE DRIVER

1a ISS [REDACTED]

5DD X57 [REDACTED]

REPLACED

Operation of a motor vehicle constitutes consent to any sobriety test required by law

The State of Florida retains all property rights he/she.

011413

Rev. 05/01/2019



21

010070004

12233

CLASS: E - Any non-commercial veh with a GVWR < 26,001 lbs. or any RV

REST: None

END: None

REPLACEMENT LICENSE REQUIRED WITHIN 30 DAYS OF ADDRESS OR NAME CHANGE

WWW.FLHSMV.GOV