

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

Case No.: _____
Division: _____

Petitioner,

and

Respondent,

**MOTION FOR TEMPORARY SUPPORT AND OTHER RELIEF WITH NO
DEPENDENT OR MINOR CHILD(REN)**

_____ Petitioner _____ Respondent requests that the Court enter an order granting the following temporary support:

{Complete all that apply}

1. Assets and Liabilities.

a. _____ **Award temporary exclusive use and possession of the marital home.** *{address}*

The Court should do this because: _____

b. _____ **Award temporary use and possession of marital assets.** *{Specify, without giving account numbers}* _____

The Court should do this because: _____

c. _____ **Enter a temporary injunction** prohibiting the parties from disposing of any marital assets, other than ordinary and usual expenses. *{Explain}* _____

The Court should do this because: _____

d. _____ **Require temporary payment of specific marital debts.** *{Explain without using account*

numbers} _____

The Court should do this because: _____

2. **Support.** Award temporary spousal support/alimony of \$ _____ per month.
The Court should do this because: _____

3. Other provisions relating to alimony including any tax treatment and consequences:

4. **Attorney's fees and costs.**
a. _____ Award temporary attorney's fees of \$ _____.
b. _____ Award temporary costs of \$ _____.
The Court should do this because: _____

5. **Other Relief.** {specify} _____

6. A completed Certificate of Compliance with Mandatory Disclosure, Florida Family Law Rules of Procedure Form 12.932, is filed with this motion or has already been filed with the Court.

7. A completed Notice of Social Security Number, Florida Supreme Court Approved Family Law Form 12.902(j), is filed with this motion or has already been filed with the Court.

I request that the Court hold a hearing on this matter and grant the relief specifically requested and any other relief this Court may deem just and proper.

I certify that a copy of this document was () mailed () faxed and mailed () e-mailed () hand-delivered to the person(s) listed below on {date} _____.

Other party or his/her attorney:

Name: _____

Address: _____

City, State, Zip: _____

Fax Number: _____

Designated E-mail Address(es): _____

Signature of Party

Printed Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Fax Number: _____

Designated E-mail Address(es): _____

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:

[fill in **all** blanks] This form was prepared for the: {choose only **one**} () Petitioner () Respondent

This form was completed with the assistance of:

{name of individual } _____,

{name of business} _____,

{address} _____,

{city} _____, {state} _____, {zip code} _____, {telephone number} _____.