IN THE CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT,
IN AND FOR HILLSBOROUGH COUNTY, FLORIDA

Case No: 25--005944
Division: _____

DIVISION C-P

Jad A. Madi
Petitioner,

And

Ghada Maghrebi
Respondent.

HILLSBOROUGH COUNTY CCC
MAY 5 2025 PM2:22

PETITION TO DETERMINE PATERNITY AND FOR RELATED RELIEF

Petitioner, *(full legal name)* Jad A. Madi, being sworn, certifies that the following information is true:

This is an action for paternity and to determine parental responsibility, time-sharing, and child support under chapter 742, Florida Statutes.

SECTION I.

1. Petitioner is the [ ] mother [✓] father of the following minor child(ren):

Name	Birth date
[redacted]	
(2).	
(3).	
(4).	
(5).	
(6).	

2. [redacted]

3. [redacted]

4. Both parties are over the age of 18.

5. Petitioner [Choose only one] ( ) is (✓) is not a member of the military service.
   Respondent [Choose only one] ( ) is ( ) is not a member of the military service.

6. Neither Petitioner nor Respondent is mentally incapacitated.

7. A completed **Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) Affidavit**, Florida Supreme Court Approved Family Law Form 12.902(d), is filed with this petition.

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8. A completed **Notice of Social Security Number,** Florida Supreme Court Approved Family Law Form 12.902(j), is filed with this petition.

9. A completed **Family Law Financial Affidavit,** Florida Family Law Rules of Procedure Form 12.902(b) or (c), is, or will be, filed.

10. **Paternity Facts.**

[Choose only one]

a. [✓] Paternity has previously been established as a matter of law.
b. [ ] The parties engaged in sexual intercourse with each other in the month(s) of *{list month(s) and year(s)}* _____ in *{city and state}* _____
c. As a result of the sexual intercourse, [ ] Petitioner [ ] Respondent conceived and gave birth to the minor child(ren) named in paragraph 1. [ ] Petitioner [ ] Respondent is the natural father of the minor child(ren). The mother [ ] was [ ] was not married at the time of the conception and/or birth of the minor child(ren) named in paragraph 1. If the mother was married, the name and address of her husband at the time of conception and/or birth is: Under Islam rights I was married to respondent child was [redacted] & daughter I take full rights that

SECTION II. PARENTING PLAN ESTABLISHING PARENTAL RESPONSIBILITY AND TIME-SHARING

1. The minor child(ren) currently reside(s) with [X] Mother [ ] Father [ ] Other: *{explain}* _____

2. **Parental Responsibility.** It is in the child(ren)'s best interests that parental responsibility be:

[Choose only one]

a. [X] shared by both Father and Mother.
b. [X] awarded solely to [✓] Father [ ] Mother. Shared parental responsibility would be detrimental to the child(ren) because: _____

3. **Parenting Plan and Time-Sharing.** It is in the best interests of the child(ren) that the family be ordered to comply with a Parenting Plan that [ ] includes [ ] does **not** include parental time-sharing with the child(ren). The Petitioner states that it is in the best interests of the child(ren) that:

[Choose only one]

a. [ ] The attached proposed Parenting Plan should be adopted by the court.
The parties [ ] have [ ] have **not** agreed to the Parenting Plan.
b. [✓] The court should establish a Parenting Plan with the following provisions:

[ ] No time-sharing for the [ ] Father [ ] Mother
[ ] Limited time-sharing with the [ ] Father [ ] Mother
[ ] Supervised time-sharing for the [ ] Father [ ] Mother.
[ ] Supervised or third-party exchange of the child(ren).
[✓] Time-sharing schedule as follows:
I will like to have my daughter every other weekend. I will like to have full custody of my daughter mom is unfit.

Explain why this schedule is in the best interests of the child(ren): She gets stay in her natural environment and time with mom on weekends and myself on the weekends. Now I realize it's unsafe for my daughter to remain with her mom she has ongoing case with DCF daughter

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4. The minor child(ren) should
[Choose only one]
   a. ✓ retain his/her (their) present name(s).
   b. ___ receive a change of name as follows:

present name(s)	be changed to
(1). _____	(1). _____
(2). _____	(2). _____
(3). _____	(3). _____
(4). _____	(4). _____
(5). _____	(5). _____
(6). _____	(6). _____

   c. The name change would be in the best interest of the child(ren) because:_____
   _____

SECTION III. CHILD SUPPORT
[Choose as applicable]

1. ___Petitioner requests that the Court award child support as determined by Florida's child support guidelines, section 61.30, Florida Statutes. A completed **Child Support Guidelines Worksheet**, Florida Family Law Rules of Procedure Form 12.902(e), is, or will be, filed. Such support should be ordered retroactive to:

[Choose only one]
   a. ___the date when the parents did not reside together in the same household with the child, not to exceed a period of 24 months before the date of filing of this petition.
   b. ___the date of the filing of this petition.
   c. ___other: *{date}*_____. *{Explain}* _____
   _____

2. ___Petitioner requests that the Court award a child support amount that is more than or less than Florida's child support guidelines. Petitioner understands that a **Motion to Deviate from Child Support Guidelines**, Florida Supreme Court Approved Family Law Form 12.943, **must** be completed before the Court will consider this request.

3. ___Petitioner requests that medical/dental insurance coverage for the minor child(ren) be provided by:

[Choose only one]
   a. ___Father.
   b. ___Mother.

4. ___Petitioner requests that uninsured medical/dental expenses for the child(ren) be paid by:
[Choose only one]
   a. ___Father.
   b. ___Mother.
   c. ___Father and Mother each pay one-half.
   d. ___Father and Mother each pay according to the percentages in the **Child Support Guidelines Worksheet**, Florida Family Law Rules of Procedure Form 12.902(e).
   e. ___Other *{explain}*: _____
   _____
   _____

5. ___Petitioner requests that life insurance to secure child support be provided by:

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[Choose only one]

a. ___Father.
b. ___Mother.
c. ___Both

6. ___[ ] Petitioner [ ] Respondent [ ] 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). There should be an appropriate allocation or apportionment of these expenses.

7. ___[ ] Petitioner [ ] Respondent [ ] Both has (have) received past public assistance for this (these) minor child(ren).

PETITIONER'S REQUEST

1. Petitioner requests a hearing on this petition and understands that he or she must attend the hearing.

2. Petitioner requests that the Court enter an order that:

[Choose all that apply]

a. ✓ establishes paternity of the minor child(ren), ordering proper scientific testing, if necessary;
b. ____adopts or establishes a Parenting Plan containing provisions for parental responsibility and time-sharing for the minor or dependent child(ren);
c. ____awards child support, including medical/dental insurance coverage for the minor child(ren);
d. ____determines the appropriate allocation or apportionment of all expenses incidental to the birth of the child(ren), including hospital and medical expenses;
e. ____determines the appropriate allocation or apportionment of all other past, present, and future medical and dental expenses incurred or to be incurred on behalf of the minor child(ren);
f. ____changes the child(ren)'s name(s);
g. ____other relief as follows: _____
_____
_____
_____ and
grants such other relief as may be appropriate and in the best interests of the minor child(ren).

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: 05/04/2025
05/5/2025

_____
Signature of PETITIONER

Printed Name: _____
Address: [redacted]
City, State, Zip
Telephone Nu
Fax Number:

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STATE OF FLORIDA
COUNTY OF Hillsborough

MAY 15 2025

Sworn to or affirmed and signed before me on MAY 15, 2025 by Jad Ali Madi

NOTARY PUBLIC or DEPUTY CLERK

Mary Glover

[Print, type, or stamp commissioned name of notary or deputy clerk.]

___ Personally known
__✓__ Produced identification
__✓__ Type of identification produced FLDL

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, whose address is *{street}* _____, *{city}* _____,
{state} _____,*{phone}* _____, helped *{name}* _____, who is the petitioner, fill out this form.

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