

APPLICATION FOR NOMINATION TO THE VOLUSIA COUNTY COURT

Instructions: Respond fully to the questions asked below. Please make all efforts to include your full answer to each question in this document. You may attach additional pages, as necessary, however it is discouraged. In addition to the application, you must provide a recent color photograph to help identify yourself.

Full Name: Rachel Diane Myers **Social Security No.:** _____

Florida Bar No.: 93902 **Date Admitted to Practice in Florida:** November 28, 2011

Cell Phone No.: (386) 717-2224 **E-Mail:** Rachel@DeLandLegal.com

1. Please state your current employer and title, including any professional position and any public or judicial office you hold, your business address and telephone number.
 - Self Employed, Managing Partner of Myers Law Group, P.A.
 - 211 East Rich Avenue DeLand, Florida 32724
 - (386) 873-7835

2. Please state your current residential address, including city, county, and zip code. Indicate how long you have resided at this location and how long you have lived in Florida. Additionally, please provide a telephone number where you can be reached (preferably a cell phone number).
 - 1109 East Arizona Avenue, DeLand, Volusia County, Florida 32724
 - Resident in this home since December 31, 2018
 - Lived in Florida since 1986; but for 2008-2011 when I was in law school in Virginia
 - Cell phone: (386) 717-2224

3. State your birthdate and place of birth.
 - December 25, 1985, Ft. Bragg, North Carolina

4. Are you a registered voter in Florida (Y/N)?
 - Yes

5. Please list all courts (including state bar admissions) and administrative bodies having special admissions requirements to which you have ever been admitted to practice, giving the dates of admission, and if applicable, state whether you have ever been suspended or resigned. Please explain the reason for any lapse in membership.
 - Florida Bar, admitted November 28, 2011

6. Have you ever been known by any aliases? If so, please indicate and when you were known by such alias.
 - Birth – 1990 Rachel Diane Payne
 - 1990-2014 Rachel Diane Ebert (maiden name; adopted in 1990)

- 2014-2016 Rachel Diane McCullough
- 2016-2018 Rachel Diane Ebert
- 2018-Present Rachel Diane Myers

EDUCATION:

7. List in reverse chronological order each secondary school, college, university, law school or any other institution of higher education attended and indicate for each the dates of attendance, whether a degree was received, the date the degree was received, class standing, and graduating GPA (if your class standing or graduating GPA is unknown, please request the same from such school).

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 - Class Standing: 81/86
 - Graduating GPA: 2.48
- University of Florida
 - 2004-2008
 - Degree earned: Bachelor of Science
 - Degree received: August 12, 2008
 - Class Standing: University of Florida does not issue Class Standings
 - Graduating GPA: 3.04

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 - Freshman Leadership Counsel, *Member* 2004-2005
 - Alpha Delta Pi Sorority, *New Member Coordinator, Chaplain* 2004-2008

EMPLOYMENT:

9. List in reverse chronological order all full-time jobs or employment (including internships and clerkships) you have held since the age of 21. Include the name and address of the employer, job title(s) and dates of employment. For non-legal employment, please briefly describe the position and provide a business address and telephone number.

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 - Landis, Graham, French, P.A.
 - Alex Ford, Managing Partner
 - 145 East Rich Avenue, Suite C, DeLand, Florida 32724
 - Associate Attorney
- 2011-2016
 - Office of the State Attorney, 7th Judicial Circuit
 - R.J. Larizza, State Attorney
 - 101 North Alabama Avenue, 4th Floor, DeLand, Florida 32724
 - Assistant State Attorney, Trial Attorney; *Juvenile, Misdemeanor and Felony Divisions*
- 2010
 - Office of the State Attorney, 7th Judicial Circuit
 - R.J. Larizza, State Attorney
 - 251 North Ridgewood Avenue, Daytona Beach, Florida 32114
 - Legal Intern
- 2009
 - Office of the Commonwealth's Attorney
 - Stephanie S. Maddox, Commonwealth's Attorney
 - 13 Taylor Street, Amherst, Virginia 24521
 - Legal Extern
- 2008
 - Lynchburg Area Chamber of Commerce
 - Christine Kennedy, Executive Director
 - (434) 845-5966
 - 300 Lucado Place, Lynchburg, Virginia 24504
 - Intern
 - Planned Chamber events and fundraisers. Executed after-work networking events and weekly board meetings.
- 2007
 - Stetson University, Office of the President
 - Peggy Fox, Special Events Coordinator
 - (386) 822-7250
 - 421 North Woodland Boulevard, DeLand, Florida 32723
 - Special Events Intern
 - Coordinated and prepared campus-wide student and faculty events.

10. Describe the general nature of your current practice including any certifications which you possess; additionally, if your practice is substantially different from your prior practice or if you are not now practicing law, give details of prior practice. Describe your typical clients or former clients and the problems for which they sought your services.

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Full Name: Rachel Diane Myers **Social Security No.:** 593-40-2262

Florida Bar No.: 93902 **Date Admitted to Practice in Florida:** November 28, 2011

Cell Phone No.: (386) 717-2224 **E-Mail:** Rachel@DeLandLegal.com

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- As of February 1, 2022 I removed myself from the Court Appointment list in the DeLand Dependency Docket. As one of three parent attorneys I served on the Dependency team in that courtroom for four years (January 2018 – February 2022) upon the personal request of the Honorable Mary G. Jolley. I was appointed to hundreds of cases representing parents who had their child or children removed from them by the Court through the Department of Children and Families. I worked side-by-side these indigent clients while they improved their personal, professional, and parental situations; attempting to obtain reunification or, in the alternative, prepared for trial. On many occasions I represented clients through the grueling and heartbreaking reality of Dependency and Termination of Parental Rights trials or the extreme decision of surrendering their parental rights.
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11. What percentage of your appearance in court in the last five years or in the last five years of practice (include the dates) was:

	Court		Area of Practice
Federal Appellate	_____ %	Civil	5 _____ %
Federal Trial	_____ %	Criminal	_____ %
Federal Other	_____ %	Family	40 _____ %
State Appellate	_____ %	Probate	_____ %
State Trial	100 _____ %	Other	55 _____ %
State Administrative	_____ %	(Dependency)	
State Other	_____ %		

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Federal Other	_____ %	Family	<u>40</u> %
State Appellate	_____ %	Probate	_____ %
State Trial	<u>100</u> %	Other	<u>55</u> %
State Administrative	_____ %	(Dependency)	
State Other	_____ %		

TOTAL _____ 100 % TOTAL _____ 100 %

If your appearance in court the last five years is substantially different from your prior practice, please provide a brief explanation: N/A

12. In your lifetime, how many (number) of the cases that you tried to verdict, judgment, or final decision were:

Jury? 12 Non-Jury? 20
Arbitration? _____ Administrative Bodies? _____
Appellate? _____

13. Please list every case that you have argued (or substantially participated) in front of the United States Supreme Court, a United States Circuit Court, the Florida Supreme Court, or a Florida District Court of Appeal, providing the case name, jurisdiction, case number, date of argument, and the name(s), e-mail address(es), and telephone number(s) for opposing appellate counsel. If there is a published opinion, please also include that citation.

- N/A

14. Within the last ten years, have you ever been formally reprimanded, sanctioned, demoted, disciplined, placed on probation, suspended, or terminated by an employer or tribunal before which you have appeared? If so, please state the circumstances under which such action was taken, the date(s) such action was taken, the name(s) of any persons who took such action, and the background and resolution of such action.

- No

15. In the last ten years, have you failed to meet any deadline imposed by court order or received notice that you have not complied with substantive requirements of any business or contractual arrangement? If so, please explain full.

- No

16. For your last six cases, which were tried to verdict or handled on appeal, either before a jury, judge, appellate panel, arbitration panel or any other administrative hearing officer, list the names, e-mail addresses, and telephone numbers of the trial/appellate counsel on all sides and court case numbers (include appellate cases). *This question is optional for sitting judges who have served five years or more.*

- In the Interest of a Minor Child; Father: Michael Greer

- **Family Law Termination of Parental Rights and Stepparent Adoption**
- Case Number: 2019 11009 FMDL
- Bradley Sherman, Attorney for the Petitioner/Mother
 - brad@shermanlawoffice.net
 - (386) 532-6000

- **Kara Tishler v. Larry Gregg**
 - **Paternity**
 - Case Number: 2019 12643 FMDL
 - Diane Marinaro-Tyler, Attorney for the Petitioner/Mother
 - diane.mtlaw@yahoo.com
 - (386) 473-3729

- **In the Interest of a Minor Child; Father: Andrew Sawyer**
 - **Termination of Parental Rights**
 - Case Numbers: 2016 10263 CJCI and 2017 10569 CJCI
 - George Beckwith, Attorney for The Department of Children and Families
 - George.Beckwith@myflfamilies.com
 - (866) 762-2237
 - Laura Klossner, Guardian ad Litem Attorney
 - laura.klossner@gal.fl.gov
 - (386) 239-7803

- **In the Interest of a Minor Child; Father: Eric Norris**
 - **Termination of Parental Rights**
 - Case Number: 2019 10633 CJDL
 - Samantha Castranova, Attorney for The Department of Children and Families
 - smcastranova@mybeaconcenter.com
 - (386) 336-6094
 - Thomas Turcott, Guardian ad Litem Attorney
 - Thomas.Turcotte@gal.fl.gov
 - (386) 740-0053

- **In the Interest of a Minor Child; Father: John Maminski**
 - **Dependency**
 - Case Number: 2020 10360 CJDL
 - Barbara Harborough, Attorney for The Department of Children and Families
 - George.Beckwith@myflfamilies.com (former employer)
 - (866) 762-2237
 - Thomas Turcott, Guardian ad Litem Attorney
 - Thomas.Turcotte@gal.fl.gov
 - (386) 740-0053

- **In the Interest of a Minor Child; Mother: Natalie Bovee**
 - **Dependency**

- Case Number: 2021 10205 CJDL
- Daphne Cukier, Attorney for the Father
 - cukierlawfirm@gmail.com
 - (407) 256-6116
- Jennifer Ware, Attorney for The Department of Children and Families
 - jennifer.ware@myflfamilies.com
 - (386) 212-3651
- Thomas Turcott, Guardian ad Litem Attorney
 - Thomas.Turcotte@gal.fl.gov
 - (386) 740-0053

17. For your last six cases, which were either settled in mediation or settled without mediation or trial, list the names and telephone numbers of trial counsel on all sides and court case numbers (include appellate cases). *This question is optional for sitting judges who have served five years or more.*

- **Anthony Boyer v. Kristina Pierson**
 - Case Number: 2019 13014 FMDL
 - Cynthia Biessel, Attorney for Petitioner
 - (386) 317-7777
- **Sally J Vance v. Patrick O Kaizer**
 - Case Number: 2021 10240 FMDL
 - Michael Rodriguez, Attorney for Respondent
 - (386) 252-5170
- **Erica Green v. Jerome Green Jr.**
 - Case Number: 2021 31077 FMCI
 - Mitchell Wrenn, Attorney for Respondent
 - (386) 253-0165
- **Luis R. Campoverde v. Shannon L. Campoverde**
 - Case Number: 2020 31513 FMCI
 - Linda D. Carley, Attorney for Petitioner
 - (386) 281-3340
- **Kristie V. Marvel v. Brendan D. Marvel**
 - Case Number: 2021 31785 FMCI
 - Brian Cantrell, Attorney for Respondent
 - (888) 785-6548
- **Kathryn F. Welch v. Robert D. Welch, III**
 - Case Number: 2021-DR-003514
 - Andrew Windle, Attorney for Respondent
 - (407) 874-1414

18. During the last five years, on average, how many times per month have you appeared in Court or at administrative hearings? If during any period you have appeared in court with greater frequency than during the last five years, indicate the period during which you appeared with greater frequency and succinctly explain.

- 2017-2022 approximately 10 court appearances per month
- 2011-2015 approximately 50 court appearances per month as an Assistant State Attorney appearing for daily hearings on multiple criminal cases.

19. If Questions 16, 17, and 18 do not apply to your practice, please list your last six major transactions or other legal matters that were resolved, listing the names, e-mail addresses, and telephone numbers of the other party counsel.

- N/A

20. During the last five years, if your practice was greater than 50% personal injury, workers' compensation or professional malpractice, what percentage of your work was in representation of plaintiffs or defendants?

- N/A

21. List and describe the five most significant cases which you personally litigated giving the case style, number, court and judge, the date of the case, the names, e-mail addresses, and telephone numbers of the other attorneys involved, and citation to reported decisions, if any. Identify your client and describe the nature of your participation in the case and the reason you believe it to be significant.

- **State of Florida v. Kenneth William Curry**

- Case Number: 2013 101105 CFDL
- Court: Volusia County Circuit Court
- Judge: Margaret Hudson
- Sharon Johnson, Attorney for the Defendant
 - (407) 340-0744 / (386) 822-5770
- Client: The State of Florida
- It is not always that a prosecutor has the opportunity to meet and fight for what we call a "true victim". In this First Degree Felony criminal charge of Burglary While Armed I was given this opportunity. The victims were an elderly couple who had lived peacefully in their home for decades. One late morning the Defendant broke into their home, put what looked like and what the victims believed to be a firearm (the "gun" was determined to be a BB gun that replicated a black hand gun) to the head of the elderly man and demanded drugs. The couple had no drugs in their home, prescription or otherwise, and after the Defendant searched through their personal belongings he left in a rage. The traumatized elderly couple were kind, patient people. They knew little to nothing about the world of criminal law and certainly never expected to be so involved therein. The case, after months of difficult interviews, depositions and motion hearings ultimately went to trial by jury. Defense counsel attempted to discredit the victims because of their advanced age. I was able to prevail with a Guilty as Charged verdict and the victims were so very grateful. Having the opportunity to fight for the people of this state in such a significant way was a pleasure and a joy; one I will always fondly remember.

- **In the Interest of a Minor Child; Mother: Jaqueline Smith**

- Case Number: 2016 10348 CJDJ
- Court: Volusia County Circuit Court
- Judge: Mary Jolley
- Samantha Castranova, Department of Children and Families Attorney
 - smcastranova@mybeaconcenter.com
 - (386) 336-6094
- Thomas Turcott, Guardian ad Litem Attorney
 - Thomas.Turcotte@gal.fl.gov
 - (386) 740-0053
- This Termination of Parental Rights case was a long-awaited trial. My client, the mother, had voluntarily surrendered the rights to her oldest child years before due to the child sustaining serious bodily injury at the hands of this current child's father. This child's father's rights had long since been terminated, thus the Department of Children and Families was seeking single parent termination against my client. My client grew up in and out of the foster care system herself in Volusia County. At 16

years old she found herself living on the streets dealing drugs to survive. She dropped out of high school, learned to fight for every need and trusted no one. Her biggest fight was her on-again-off-again addiction to opiates. My client, despite her difficult upbringing was quite smart and well spoken. She loved her two children. She understood the reason she had to surrender her rights to her oldest child. She did not, however, want to "give up" on her youngest child. My client was in fact reunified with her child during the course of the case for a period of a few months before she again lost custody. She fought until the end. Going to trial was her last step in that fight. Trial preparation was grueling and meticulous. Together she and I combed through every shred of evidence; years of Department records and documents. We were unsuccessful at trial. Her parental rights were terminated; which I assumed would be the result due to her noncompliance with the case plan and the Manifest Best Interest of her child. I was never more proud of a client. This mother, in a room full of lawyers, social workers, a judge and law enforcement held her head high, gave the Court her whole truth about her sorted past and her poor choices, but was able to express how much she truly loved her son. It was a heart-breaking result for my client and a learning experience for me. Seeing the difficult life challenges members of our community go through, in the same community in which I too grew up, does not change or diminish the love of a mother, nor her resolve to fight for her child.

- **Charles Puckett v. Mary Amanda Smallwood**

- Case Number: 2014 11386 FMDL
- Court: Volusia County Circuit Court
- Judge: Dawn Nicholas
- Susanne D. McCabe, Attorney for Respondent
 - (386) 761-3008
- William Hathaway, Esquire, Mediator
 - (386) 423-5504
- Client: Charles Puckett, Petitioner/Father
- As one of the only Family Law cases I have been unable to resolve through formal mediation, this case taught me several lessons. My client, filing for a modification to his Safety First Parenting Plan had been ordered to have only supervised contact with his son due to his substance misuse and other poor life choices. The order, prior to my representation, outlined how this father could move the Court to reinstate unsupervised time-sharing. My client came to me after he had done the hard work and taken all the steps to rectify his situation. He was doing well as an individual and a father. He still had, however, a difficult personality. Fighting for his son was an extreme concept for my client and he, as most do, took it very seriously. Unfortunately, he was set on showing the Court how he had accomplished the requirements previously ordered of him. He did not want to resolve the case at mediation. I did not identify his inability to understand the differences between mediation and trial and thus I did not properly educate him on the distinction. Mediation was a disaster. My client was upset and uncontrollable. After several hours and countless attempts by the seasoned mediator to suggest possible outcomes, we came to a complete impasse. The case was set and prepared for trial. The trial began and my client finally had his opportunity to testify. After we rested our case the Respondent engaged in negotiations and we were able to settle before the case went to verdict. Through this process I was taught the lesson that I now call

"Mediation Preparation". Mediation is the best tool, in my opinion, in Family Law to rebuild a family. Taking your time to properly prepare your client for the best possible experience in the mediation setting makes all the difference in the outcome of the case. Clients are happier and families can rebuild, albeit they look different than before, but a family, nonetheless. I frequently tell my clients that a "family in litigation cannot be a family" which is a lesson learned from this case and a theory upon which I frequently reflect. I now spend at least two hours several days before mediation to meet with my clients in person to prepare for mediations. Additionally, opposing counsel was a true mentor to me through this difficult case and I am grateful to her mentorship through the mediation and trial process with this extremely contentious family matter.

- **Anthony Boyer v. Kristina Pierson**

- Case Number: 2019 13014 FMDL
- Court: Volusia County Circuit Court
- Judge: Elizabeth Blackburn
- Cynthia Biessel, Attorney for Petitioner
 - (386) 317-7777

- Client: Kristina Pierson

- This pro bono Collaborative Divorce case was an excellent learning experience in the Collaborative process. After being Collaboratively trained I committed to participating in one pro bono Collaborative Divorce. Opposing counsel was also in my training course and contacted me when she found a potential case through her work with Legal Aid. I was able to represent the Wife who agreed to the process and we dove into the collaborative team meetings. The process turned out to be more difficult than expected. After three team meetings (the agreed upon amount of meetings in this pro bono case) we were still not at a complete resolution. Opposing counsel and I were able to work together to accomplish an ultimate resolution for this couple and their children. It was a rewarding experience to find the resolution that fit their family and stretched their limited financial resources to make both parties and their children feel secure and comfortable.

- **Sally J Vance v. Patrick O Kaizer**

- Case Number: 2021 10240 FMDL
- Court: Volusia County Circuit Court
- Judge, Karen A. Foxman
- Michael Rodriguez, Attorney for Respondent
 - (386) 252-5170

- Mediator: Pam Masters

- (386) 271-8044

- Client: Sally Vance, Petitioner/Wife

- After representing my client in a related Injunction and securing a five-year injunction against her Husband, the Respondent, we proceeded with the above dissolution of marriage. This client, after years of physical abuse from her husband had found some stability and security in the injunction. As we proceeded through the discovery process I realized my client, although extremely financially successful in her business, was not emotionally healed after all those years of trauma, crisis and control at the hands of her abuser/husband. The mediation process was extremely difficult on my client. She did not want to concede to any issues, as minor as they may be, in the case. The mediation

was continued to give my client a little reprieve from the situation. At the second attempt at mediation the mediator and myself were faced with an even more erratic Petitioner. She was extremely fearful, combative and irrational. The mediation did an exceptional job calming down my client time after time. I worked hard to reaffirm the client that the mediation process was working and early resolution, in lieu of trial, would be in her best interest if a virtual mediation process was creating this much anxiety. Ultimately, and quite surprisingly, the case was resolved at this second mediation.

22. Attach at least two, but no more than three, examples of legal writing which you personally wrote. If you have not personally written any legal documents recently, you may attach a writing sample for which you had substantial responsibility. Please describe your degree of involvement in preparing the writing you attached.
- Attorney ad Litem Report: Personally Written
 - Jayson Richardson and Angela Richardson Final Judgment and Parenting Plan: filed by Judge Elizabeth Blackburn, but both substantially drafted by myself at her direction following the final hearing.

PRIOR JUDICIAL EXPERIENCE OR PUBLIC OFFICE

23. Have you ever held judicial office or been a candidate for judicial office? If so, state the court(s) involved, the dates of service or dates of candidacy, and any election results.

No

24. If you have previously submitted a questionnaire or application to this or any other judicial nominating commission, please give the name(s) of the commission, the approximate date(s) of each submission, and indicate if your name was certified to the Governor's Office for consideration.

- Seventh Judicial Nomination Commission
- Application for Volusia County Court Judge
- September, 2020

25. List any prior quasi-judicial service, including the agency or entity, dates of service, position(s) held, and a brief description of the issues you heard.

- Teen Court Judge. I regularly volunteer for the Volusia County Teen Court program and sit as a judge hearing criminal charged reduced to Teen Court by The State Attorney's office and litigated by teenage "prosecutors" and "defense attorneys".

26. If you have prior judicial or quasi-judicial experience, please list the following information:

- (i) the names, phone numbers and addresses of six attorneys who appeared before you on matters of substance;
- (ii) the approximate number and nature of the cases you handled during your tenure;
- (iii) the citations of any published opinions; and
- (iv) descriptions of the five most significant cases you have tried or heard, identifying the citation or style, attorneys involved, dates of the case, and the reason you believe these cases to be significant.

N/A

27. Provide citations and a brief summary of all of your orders or opinions where your decision was reversed by a reviewing court or where your judgment was affirmed with significant criticism of your substantive or procedural rulings. If any of the opinions listed were not officially reported, attach copies of the opinions.

N/A

28. Provide citations for significant opinions on federal or state constitutional issues, together with the citation to appellate court rulings on such opinions. If any of the opinions listed were not officially reported, attach copies of the opinions.

N/A

29. Has a complaint about you ever been made to the Judicial Qualifications Commission? If so, give the date, describe the complaint, whether or not there was a finding of probable cause, whether or not you have appeared before the Commission, and its resolution.

No

30. Have you ever held an attorney in contempt? If so, for each instance state the name of the attorney, case style for the matter in question, approximate date and describe the circumstances.

No

31. Have you ever held or been a candidate for any other public office? If so, state the office, location, dates of service or candidacy, and any election results.

No

NON-LEGAL BUSINESS INVOLVEMENT

32. If you are now an officer, director, or otherwise engaged in the management of any business enterprise, state the name of such enterprise, the nature of the business, the nature of your duties, and whether you intend to resign such position immediately upon your appointment or election to judicial office.

- Owner/Managing Attorney of The Myers Law Group, P.A.
 - Law office
 - Director of all operations of the small private law practice
 - Upon appointment or election to judicial office I would immediately resign from such position.
- Executive Director of 4SITE, Inc.
 - A Not for Profit, 501(c)3 Scholarship Organization for high school and college students with visual impairments, like myself, who are seeking higher education.
 - I run an annual, private fundraising effort and issue at least one scholarship each year to the program recipient.
 - Upon appointment or election to judicial office, if required, I would immediately resign from such position.

33. Since being admitted to the Bar, have you ever engaged in any occupation, business or profession other than the practice of law? If so, explain and provide dates. If you received any compensation of any kind outside the practice of law during this time, please list the amount of compensation received.

- Executive Director of 4SITE, Inc; 2010 until present. I have never received any compensation from this position for this not-for-profit organization.

POSSIBLE BIAS OR PREJUDICE

34. The Commission is interested in knowing if there are certain types of cases, groups of entities, or extended relationships or associations which would limit the cases for which you could sit as the

presiding judge. Please list all types or classifications of cases or litigants for which you, as a general proposition, believe it would be difficult for you to sit as the presiding judge. Indicate the reason for each situation as to why you believe you might be in conflict. If you have prior judicial experience, describe the types of cases from which you have recused yourself.

N/A

PROFESSIONAL ACCOMPLISHMENTS AND OTHER ACTIVITIES

35. List the titles, publishers, and dates of any books, articles, reports, letters to the editor, editorial pieces, or other published materials you have written or edited, including materials published only on the Internet. Attach a copy of each listed or provide a URL at which a copy can be accessed.

N/A

36. List any reports, memoranda or policy statements you prepared or contributed to the preparation of on behalf of any bar association, committee, conference, or organization of which you were or are a member. Provide the name of the entity, the date published, and a summary of the document. To the extent you have the document, please attach a copy or provide a URL at which a copy can be accessed.

N/A

37. List any speeches or talks you have delivered, including commencement speeches, remarks, interviews, lectures, panel discussions, conferences, political speeches, and question-and-answer sessions. Include the date and place they were delivered, the sponsor of the presentation, and a summary of the presentation. If there are any readily available press reports, a transcript or recording, please attach a copy or provide a URL at which a copy can be accessed.

- **“See Differently” Initiative presented by the Florida Division of Blind Services**
 - November 9, 2017, YouTube
 - <https://youtu.be/buv4V-UHerg>
 - The interview related to my professional care despite my visual impairments and highlighted how I use visual aids to succeed in my professional life.
- **Keynote Speaker for the Division of Blind Services 75th Anniversary Celebration**
 - April 25, 2016, Daytona Beach, Florida
 - <http://www.fldoe.org/newsroom/latest-news/floridaAs-division-of-blind-services-celebrates-75th-anniversary.shtml>
 - My speech centered around my personal experience with vision loss, my ultimate diagnosis of Stargardt’s Disease and the impact the Division of Blind Services had on my acceptance and success through loss and diagnosis.
- **The Noon Show**
 - May 29, 2020, Facebook Live
 - <https://youtu.be/AxzVP-dWZpI>
 - This Question and Answer session centered on Family Law and the challenges families have been facing in the COVID-19 pandemic.

38. Have you ever taught a course at an institution of higher education or a bar association? If so, provide the course title, a description of the course subject matter, the institution at which you taught, and the dates of teaching. If you have a syllabus for each course, please provide.

No

39. List any fellowships, honorary degrees, academic or professional honors, honorary society memberships, military awards, and any other special recognition for outstanding service or achievement. Include the date received and the presenting entity or organization.

- Rho Phi Lambda, Honor Society, University of Florida, 2006-2008
- Meritorious Service Award, Liberty University School of Law, 2011
- Client Achievement Award, The Florida Division of Blind Services, 2016
- Women in Business Award, Daytona Beach New Journal, 2020

40. Do you have a Martindale-Hubbell rating? If so, what is it and when was it earned?

No

41. List all bar associations, legal, and judicial-related committees of which you are or have been a member. For each, please provide dates of membership or participation. Also, for each indicate any office you have held and the dates of office.

- **The Florida Bar**
 - Leadership Academy Committee 2016-2019
- **The Florida Association for Women Lawyers**
 - Chapter Representative, 2020-2021
- **The Volusia County Bar Association**
 - Young Lawyers Division President, 2021-Present
 - Young Lawyers Division Secretary, 2019-2020
 - Young Lawyers Division Treasurer, 2018-2019
 - Young Lawyers Division Director, 2017-2018
- **Volusia Flagler Association for Women Lawyers**
 - President, 2019-2020
 - President-Elect, 2018-2019
 - Secretary, 2017-2018
 - Treasurer, 2016-2017
- **Dunn Blount Inns of Court**
 - Member, 2016-present

42. List all professional, business, fraternal, scholarly, civic, charitable, or other organizations, other than those listed in the previous question to which you belong, or to which you have belonged since graduating law school. For each, please provide dates of membership or participation and indicate any office you have held and the dates of office.

- **The Junior Service League of DeLand**
 - President, 2017-2018

- Second Vice President, 2016-2017
- Member 2015-2020
- **The Krewe of Amalee**
 - Spring Trip Coordinator Co-Chairman, 2022
 - COVID-18 Task Force Committee, 2020-2021
 - Debutante Committee Co-Chairman, 2019-2020
 - Social Committee Co-Chairman, 2014-2016
 - Member, 2014-Present
- **Business Networking Institute**
 - Member, 2020-2021
- **Daughters of the American Revolution**
 - DeLand Chapter Member 2017-Present
- **DeLand Family YMCA Board of Directors**
 - Board Member, 2017-2020
- **Foundations to Freedom Board of Directors**
 - Board Member, 2021-Present
- **Leadership West Volusia, DeLand Chamber of Commerce/Stetson University**
 - Graduate, 2016

43. Do you now or have you ever belonged to a club or organization that in practice or policy restricts (or restricted during the time of your membership) its membership on the basis of race, religion (other than a church, synagogue, mosque or other religious institution), national origin, or sex (other than an educational institution, fraternity or sorority)? If so, state the name and nature of the club(s) or organization(s), relevant policies and practices and whether you intend to continue as a member if you are selected to serve on the bench.

- The Junior Service League of DeLand and the Daughters of the American Revolution restricted membership to women only. Membership of the Junior Service League of DeLand is a five-year commitment. I am no longer a member as I completed my commitment in March 2020. I am a current member of the Daughters of the American Revolution.

44. Please describe any significant pro bono legal work you have done in the past 10 years, giving dates of service.

- Pro bono Collaborative Divorce Case
 - Anthony Boyer v. Kristina Pierson
 - Case Number: 2019 13014 FMDL
 - 2018-2019
- Pro Bono Petition for Custody by Extended Family Member
 - Kimbra M. Hayward and Raheem M Hayward, Sr. and Tiamiya C. Tender
 - Case Number: 2021 31934 FMCI
 - 2021-Present

45. Please describe any hobbies or other vocational interests.

- Jogging
- Reading
- Volunteering

46. Please state whether you have served or currently serve in the military, including your dates of service, branch, highest rank, and type of discharge.

N/A

47. Please provide links to all social media and blog accounts you currently maintain, including, but not limited to, Facebook, Twitter, LinkedIn, and Instagram.

- **Facebook: Rachel Myers**
 - <https://www.facebook.com>
- **Facebook: Myers Law Group, P.A.**
 - <https://www.facebook.com/Myers-Law-Group-PA-113895466935175>
- **LinkedIn: Rachel Myers**
 - <https://www.linkedin.com/feed/>
- **Instagram: rachel.d.myers**
 - <https://www.instagram.com> Username: rachel.d.myers
- **Instagram: Myers Law Group, P.A.**
 - <https://www.instagram.com> Username: Myers Law Group

FAMILY BACKGROUND

48. Please state your current marital status. If you are currently married, please list your spouse's name, current occupation, including employer, and the date of the marriage. If you have ever been divorced, please state for each former spouse their name, current address, current telephone number, the date and place of the divorce and court and case number information.

- Married
 - Zachary J. Myers
 - Occupation: Dental Sales Representative
 - Company: Densply Sirona
 - Date of Marriage: December 31, 2018
- Divorced; Former Spouse: Ryan McCullough
 - Deceased
 - Divorced October 27, 2016, DeLand, Volusia County, Florida
 - Volusia County Circuit Court
 - Case Number: 2016 12938 FMDL

49. If you have children, please list their names and ages. If your children are over 18 years of age, please list their current occupation, residential address, and a current telephone number.

- Daughter,
- Daughter,

CRIMINAL AND MISCELLANEOUS ACTIONS

50. Have you ever been convicted of a felony or misdemeanor, including adjudications of guilt withheld? If so, please list and provide the charges, case style, date of conviction, and terms of any sentence imposed, including whether you have completed those terms.

No

51. Have you ever pled nolo contendere or guilty to a crime which is a felony or misdemeanor, including adjudications of guilt withheld? If so, please list and provide the charges, case style, date of conviction, and terms of any sentence imposed, including whether you have completed those terms.

No

52. Have you ever been arrested, regardless of whether charges were filed? If so, please list and provide sufficient details surrounding the arrest, the approximate date and jurisdiction.

- I have never been physically arrested. In approximately 2006 I was temporarily detained and I received a Notice to Appear on a misdemeanor charge of Minor in Possession of Alcohol by the Gainesville Police Department; however, charges were never filed, and the case was dismissed.

53. Have you ever been a party to a lawsuit, either as the plaintiff, defendant, petitioner, or respondent? If so, please supply the case style, jurisdiction/county in which the lawsuit was filed, case number, your status in the case, and describe the nature and disposition of the matter.

- 2016 12938 FMDL
 - Rachel Diane McCullough v. Ryan Matthew McCullough
 - Dissolution of Marriage
 - Volusia County Circuit Court
 - Petitioner
 - Final Judgment of Dissolution of Marriage entered October 27, 2016
- United States District Court, Orlando
 - Civil Action Number: 6:18w-1483-DRL-37TB5
 - Kerry David Lyons v. Rachel Ebert and Stephanie Starnes (Lyons)
 - A disgruntled and mentally unwell Respondent from a Dissolutions of Marriage case filed this suit against me, among others against local judges and attorneys. The suit was immediately Dismissed finding no case stated and no merit.

54. To your knowledge, has there ever been a complaint made or filed alleging malpractice as a result of action or inaction on your part?

No

55. To the extent you are aware, have you or your professional liability carrier ever settled a claim against you for professional malpractice? If so, give particulars, including the name of the client(s), approximate dates, nature of the claims, the disposition and any amounts involved.

No

56. Has there ever been a finding of probable cause or other citation issued against you or are you presently under investigation for a breach of ethics or unprofessional conduct by any court, administrative agency, bar association, or other professional group. If so, provide the particulars of each finding or investigation.

No

57. To your knowledge, within the last ten years, have any of your current or former co-workers, subordinates, supervisors, customers, clients, or the like, ever filed a formal complaint or accusation of misconduct including, but not limited to, any allegations involving sexual harassment, creating a hostile work environment or conditions, or discriminatory behavior against you with any regulatory or investigatory agency or with your employer? If so, please

state the date of complaint or accusation, specifics surrounding the complaint or accusation, and the resolution or disposition.

No

58. Are you currently the subject of an investigation which could result in civil, administrative, or criminal action against you? If yes, please state the nature of the investigation, the agency conducting the investigation, and the expected completion date of the investigation.

No

59. Have you ever filed a personal petition in bankruptcy or has a petition in bankruptcy been filed against you, this includes any corporation or business entity that you were involved with? If so, please provide the case style, case number, approximate date of disposition, and any relevant details surrounding the bankruptcy.

No

60. In the past ten years, have you been subject to or threatened with eviction proceedings? If yes, please explain.

No

61. Please explain whether you have complied with all legally required tax return filings. To the extent you have ever had to pay a tax penalty or a tax lien was filed against you, please explain giving the date, the amounts, disposition, and current status.

- I have complied with all legally required tax filings.

HEALTH

62. Are you currently addicted to or dependent upon the use of narcotics, drugs, or alcohol?

No

63. During the last ten years have you been hospitalized or have you consulted a professional or have you received treatment or a diagnosis from a professional for any of the following: Kleptomania, Pathological or Compulsive Gambling, Pedophilia, Exhibitionism or Voyeurism? If your answer is yes, please direct each such professional, hospital and other facility to furnish the Chairperson of the Commission any information the Commission may request with respect to any such hospitalization, consultation, treatment or diagnosis. ["Professional" includes a Physician, Psychiatrist, Psychologist, Psychotherapist or Mental Health Counselor.] Please describe such treatment or diagnosis.

No

64. In the past ten years have any of the following occurred to you which would interfere with your ability to work in a competent and professional manner: experiencing periods of no sleep for two or three nights, experiencing periods of hyperactivity, spending money profusely with extremely poor judgment, suffering from extreme loss of appetite, issuing checks without sufficient funds,

defaulting on a loan, experiencing frequent mood swings, uncontrollable tiredness, falling asleep without warning in the middle of an activity. If yes, please explain.

No

65. Do you currently have a physical or mental impairment which in any way limits your ability or fitness to properly exercise your duties as a member of the Judiciary in a competent and professional manner? If yes please explain the limitation or impairment and any treatment, program or counseling sought or prescribed.

No

66. During the last ten years, have you ever been declared legally incompetent or have you or your property been placed under any guardianship, conservatorship or committee? If yes, provide full details as to court, date, and circumstances.

No

67. During the last ten years, have you unlawfully used controlled substances, narcotic drugs, or dangerous drugs as defined by Federal or State laws? If your answer is "Yes," explain in detail. (Unlawful use includes the use of one or more drugs and/or the unlawful possession or distribution of drugs. It does not include the use of drugs taken under supervision of a licensed health care professional or other uses authorized by Federal or State law provisions.)

No

68. In the past ten years, have you ever been reprimanded, demoted, disciplined, placed on probation, suspended, cautioned, or terminated by an employer as result of your alleged consumption of alcohol, prescription drugs, or illegal drugs? If so, please state the circumstances under which such action was taken, the name(s) of any persons who took such action, and the background and resolution of such action

No

69. Have you ever refused to submit to a test to determine whether you had consumed and/or were under the influence of alcohol or drugs? If so, please state the date you were requested to submit to such a test, the type of test required, the name of the entity requesting that you submit to the test, the outcome of your refusal, and the reason why you refused to submit to such a test.

No

70. In the past ten years, have you suffered memory loss or impaired judgment for any reason? If so, please explain in full.

No

SUPPLEMENTAL INFORMATION

71. Describe any additional education or experiences you have which could assist you in holding judicial office.

As a Teen Court Judge, I have had the opportunity to sit in judgment of criminal suits presented by teenage litigators. I have enjoyed the process of case consideration and verdict rendering. I have considered each case important and taken the significant time required to carefully consider each case as the facts are presented according to the crimes alleged.

72. Explain the particular contribution you believe your selection would bring to this position and provide any additional information you feel would be helpful to the Commission and Governor in evaluating your application.

- If selected I will be able to serve the community that has, for so long, and in so many significant ways, served me. As a lifelong member of Volusia County, I value the foundational strongholds of our citizens; family, order and civility. The members of this community, no matter their stature or status deserve yet another member of the bench who will hear them fully and render justice to its people. I believe I will serve the members of Volusia County in exactly this way. The current representation on the Volusia County bench exemplifies these qualities and if selected to serve alongside them I will have many positive examples from which to learn. I have dedicated my life to serving this community, from feeding the homeless, reading to under privileged students, raising money for dozens of causes to offering competent, compassionate and knowledgeable legal services. I will rely on all of the personal experiences I have gained over the years to guide me as a member of the judiciary. As one of our local circuit judges said, "it is a bench, not a throne". I am prepared to hold this position as a servant leader to my fellow Volusia County citizens.
- As a legally blind, visually impaired person I can bring a unique representation of diverse people to the bench. I have empathy for those living with physical challenges and disabilities. Losing the majority of my eyesight at the age of seventeen, there being no corrective lenses or cure for my diagnosis, I have learned to work with accommodations while still achieving personal, academic and professional goals. I am uniquely prepared for this role. I am ready to represent the women, visually impaired and local community members.

REFERENCES

73. List the names, addresses, e-mail addresses and telephone numbers of ten persons who are in a position to comment on your qualifications for a judicial position and of whom inquiry may be made by the Commission and the Governor.

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CERTIFICATE

I have read the foregoing questions carefully and have answered them truthfully, fully and completely. I hereby waive notice by and authorize The Florida Bar or any of its committees, educational and other institutions, the Judicial Qualifications Commission, the Florida Board of Bar Examiners or any judicial or professional disciplinary or supervisory body or commission, any references furnished by me, employers, business and professional associates, all governmental agencies and instrumentalities and all consumer and credit reporting agencies to release to the respective Judicial Nominating Commission and Office of the Governor any information, files, records or credit reports requested by the commission in connection with any consideration of me as possible nominee for appointment to judicial office. Information relating to any Florida Bar disciplinary proceedings is to be made available in accordance with Rule 3-7.1(1), Rules Regulating The Florida Bar. I recognize and agree that, pursuant to the Florida Constitution and the Uniform Rules of this commission, the contents of this questionnaire and other information received from or concerning me, and all interviews and proceedings of the commission, except for deliberations by the commission, shall be open to the public.

Further, I stipulate I have read, and understand the requirements of the Florida Code of Judicial Conduct.

Dated this 16th day of February, 2022.

Rachel D. Myers
Printed Name


Signature

(Pursuant to Section 119.071(4)(d)(1), F.S.), . . . The home addresses and telephone numbers of justices of the Supreme Court, district court of appeal judges, circuit court judges, and county court judges; the home addresses, telephone numbers, and places of employment of the spouses and children of justices and judges; and the names and locations of schools and day care facilities attended by the children of justices and judges are exempt from the provisions of subsection (1), dealing with public records.

FINANCIAL HISTORY

1. State the amount of gross income you have earned, or losses you have incurred (before deducting expenses and taxes) from the practice of law for the preceding three-year period. This income figure should be stated on a year to year basis and include year to date information, and salary, if the nature of your employment is in a legal field.

Current 2022 Gross Income Year-To-Date: \$22,449.50

Current 2022 Salary Year-To-Date: \$6,000.00

Last Three Years:

2021: Gross Income = \$243,249.60 Salary = \$58,899.70

2020: Gross Income = \$154,043.11 Salary = \$48,041.42

2019: Gross Income = \$144,389.25 Salary = \$51,500.00

2. State the amount of net income you have earned, or losses you have incurred (after deducting expenses but not taxes) from the practice of law for the preceding three-year period. This income figure should be stated on a year to year basis and include year to date information, and salary, if the nature of your employment is in a legal field.

Current 2022 Net Income Year-To-Date: \$2,309.34

Current 2022 Salary Year-To-Date: \$6,000.00

Last Three Years:

2021: Net Income = \$2,550.10 Salary = 58,899.70

2020: Net Income = (\$2,087.41) Salary = 48,041.42

2019: Net Income = \$13,673.24 Salary = \$51,500.00

3. State the gross amount of income or losses incurred (before deducting expenses or taxes)

Current 2022 Gross Income Year-To-Date: \$22,449.50

Last Three Years:

2021 Gross Income = \$243,249.60

2020 Gross Income = \$154,043.11

2019: Gross Income = \$144,389.25

4. State the amount you have earned in the preceding three years on a year by year basis from all sources other than the practice of law, and generally describe the source of such income or losses.

Current Year-To-Date: N/A

Last Three Years: N/A N/A N/A

5. State the amount of net income you have earned or losses incurred (after deducting expenses) from all sources other than the practice of law for the preceding three-year period on a year by year basis, and generally describe the sources of such income or losses.

Current Year-To-Date: N/A

Last Three Years: N/A N/A N/A

**FORM 6
FULL AND PUBLIC
DISCLOSURE OF
FINANCIAL INTEREST**

PART A – NET WORTH

Please enter the value of your net worth as of December 31 or a more current date. [Note: Net worth is not calculated by subtracting your *reported* liabilities from your *reported* assets, so please see the instructions on page 3.]

My net worth as of December 31, 2021 was \$ 798,883.95.

PART B - ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes; jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ _____

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required – see instructions p. 3)	VALUE OF ASSET
Household goods and personal effects	\$20,000.00
2011 Mercedes Benz ML350 Sport Utility Vehicle	\$15,000.00
1109 East Arizona Avenue, DeLand, FL 32724	250,000.00
Myers Law Group, P. A.	\$25,000.00
Bank of America – Checking	\$6,424.32
Bank of America – Savings	\$58,958.94
Bank of America – Savings	\$11,000.69
401K	\$350,00.00
Roth IRA	\$20,000.00
FRS Retirement	\$40,000.00
Investment	\$2,500.00

PART C - LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
None	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

PART D - INCOME

You may **EITHER** (1) file a complete copy of your latest federal income tax return, including all W2's, schedules, and attachments, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000 including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my latest federal income tax return and all W2's, schedules, and attachments.
 (if you check this box and attach a copy of your latest tax return, you need not complete the remainder of Part D.)

PRIMARY SOURCE OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person—see instructions on page 6]

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART E - INTERESTS IN SPECIFIC BUSINESS [Instructions on page 7]

	BUSINESS ENTITY #1	BUSINESS ENTITY #2	BUSINESS ENTITY #3
NAME OF BUSINESS ENTITY	N/A	N/A	N/A
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

[Handwritten Signature]
SIGNATURE

STATE OF FLORIDA

COUNTY OF _____

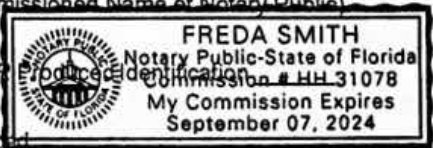
Sworn to (or affirmed) and subscribed before me this 16th day of Feb., 2022 by Freda Smith

[Handwritten Signature: Freda Smith]

(Signature of Notary Public—State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR



Type of Identification Produced

JUDICIAL APPLICATION DATA RECORD

The judicial application shall include a separate page asking applicants to identify their race, ethnicity and gender. Completion of this page shall be optional, and the page shall include an explanation that the information is requested for data collection purposes in order to assess and promote diversity in the judiciary. The chair of the Commission shall forward all such completed pages, along with the names of the nominees to the JNC Coordinator in the Governor's Office (pursuant to JNC Uniform Rule of Procedure).

(Please Type or Print)

Date: 2/17/22
JNC Submitting To: 7th Judicial County of Volusia
Name (please print): Russell D. Myers
Current Occupation: Attorney
Telephone Number: 386 717-2224 Attorney No.: 97902
Gender (check one): Male Female
Ethnic Origin (check one): White, non-Hispanic
 Hispanic
 Black
 American Indian/Alaskan Native
 Asian/Pacific Islander
County of Residence: Volusia

FLORIDA DEPARTMENT OF LAW ENFORCEMENT

DISCLOSURE PURSUANT TO THE
FAIR CREDIT REPORTING ACT (FCRA)

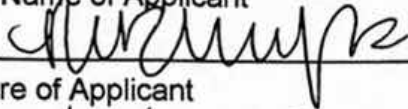
The Florida Department of Law Enforcement (FDLE) may obtain one or more consumer reports, including but not limited to credit reports, about you, for employment purposes as defined by the Fair Credit Reporting Act, including for determinations related to initial employment, reassignment, promotion, or other employment-related actions.

CONSUMER'S AUTHORIZATION FOR
FDLE TO OBTAIN CONSUMER REPORT(S)

I have read and understand the above Disclosure. I authorize the Florida Department of Law Enforcement (FDLE) to obtain one or more consumer reports on me, for employment purposes, as described in the above Disclosure.

Rachael D. Myers

Printed Name of Applicant



Signature of Applicant

Date: 2/10/2022



Form 6

Part D

Income Tax Return 2019

IRS e-file Signature Authorization

2019

▶ ERO must obtain and retain completed Form 8879.
 ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name RACHEL D. MYERS	Social security number
Spouse's name ZACHARY J. MYERS	S _____ EF

Part I Tax Return Information - Tax Year Ending December 31, 2019 (Whole dollars only)	
1 Adjusted gross income (Form 1040 or 1040-SR, line 8b; Form 1040-NR, line 35)	1 168,769.
2 Total tax (Form 1040 or 1040-SR, line 16; Form 1040-NR, line 61)	2 21,143.
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040 or 1040-SR, line 17; Form 1040-NR, line 62a)	3 32,775.
4 Refund (Form 1040 or 1040-SR, line 21a; Form 1040-NR, line 73a; Form 1040-SS, Part I, line 13a)	4 11,632.
5 Amount you owe (Form 1040 or 1040-SR, line 23; Form 1040-NR, line 75)	5

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2019, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize **GINGER B. MCCORMICK CPA PLC** to enter or generate my PIN **2 2 6 2 0**
ERO firm name Enter five digits, but don't enter all zeros
 as my signature on my tax year 2019 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2019 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ **03/26/2020**

Spouse's PIN: check one box only

I authorize **GINGER B. MCCORMICK CPA PLC** to enter or generate my PIN **9 9 3 6 0**
ERO firm name Enter five digits, but don't enter all zeros
 as my signature on my tax year 2019 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2019 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ **03/26/2020**

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. **5 0 5 7 3 5 1 2 9 7 0**
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2019 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ **03/26/2020**



Employee's social security number		OMB No. 1545-0008									
b Employer Identification number (EIN) 81-4212239			1 Wages, tips, other compensation \$51,500.00		2 Federal income tax withheld \$11,672.70						
c Employer's name, address, and ZIP code LAW OFFICE OF RACHEL D EBERT PA 100 WEST INDIANA AVENU DELAND, FL 32720-4210			3 Social security wages \$51,500.00		4 Social security tax withheld \$3,193.00						
			5 Medicare wages and tips \$51,500.00		6 Medicare tax withheld \$746.75						
			7 Social security tips \$0.00		8 Allocated tips \$0.00						
			9		10 Dependent care benefits \$0.00						
e Employee's first name and initial RACHEL		Last name MYERS		Suff.		11 Nonqualified plans \$0.00					
f Employee's address and ZIP code 1109 E ARIZONA AVE DELAND, FL 32724			13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12a		12b				
			14 Other \$0.00		\$0.00		\$0.00				
			\$0.00		\$0.00		\$0.00		\$0.00		
			\$0.00		\$0.00		\$0.00		\$0.00		
15 State Employer's state ID Number		16 State wages, tips, etc. \$0.00		17 State income tax \$0.00		18 Local wages, tips, etc. \$0.00		19 Local income tax \$0.00		20 Locality name	

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2019

Department of the Treasury—Internal Revenue Service

Employee's social security number		OMB No. 1545-0008									
b Employer Identification number (EIN) 81-4212239			1 Wages, tips, other compensation \$51,500.00		2 Federal income tax withheld \$11,672.70						
c Employer's name, address, and ZIP code LAW OFFICE OF RACHEL D EBERT PA 100 WEST INDIANA AVENU DELAND, FL 32720-4210			3 Social security wages \$51,500.00		4 Social security tax withheld \$3,193.00						
			5 Medicare wages and tips \$51,500.00		6 Medicare tax withheld \$746.75						
			7 Social security tips \$0.00		8 Allocated tips \$0.00						
			9		10 Dependent care benefits \$0.00						
e Employee's first name and initial RACHEL		Last name MYERS		Suff.		11 Nonqualified plans \$0.00					
f Employee's address and ZIP code 1109 E ARIZONA AVE DELAND, FL 32724			13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12a		12b				
			14 Other \$0.00		\$0.00		\$0.00				
			\$0.00		\$0.00		\$0.00		\$0.00		
			\$0.00		\$0.00		\$0.00		\$0.00		
15 State Employer's state ID Number		16 State wages, tips, etc. \$0.00		17 State income tax \$0.00		18 Local wages, tips, etc. \$0.00		19 Local income tax \$0.00		20 Locality name	

Form **W-2** Wage and Tax Statement
Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return

2019

Department of the Treasury—Internal Revenue Service

**Tax Year 2019 e-file Jurat/Disclosure
for Form 1040 or 1040NR
using Practitioner PIN method
(with or without Electronic Funds Withdrawal)**

ERO Declaration

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

ERO Signature

I am signing this Tax Return by entering my PIN below.

ERO's PIN 50573512970
(enter EFIN plus 5 self-selected numerics)

Taxpayer Declarations

Perjury Statement

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 accurately list all amounts and sources of income received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Consent to Disclosure

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return/form to IRS and to receive the following information from IRS: a) an acknowledgment of receipt or reason for rejection of transmission; b) the reason for any delay in processing or refund; and, c) the date of any refund.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my Self-Select PIN below.

Taxpayer's PIN: 22620 Date 03262020

Spouse's PIN: 99360

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 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 RACHEL D.	Last name MYERS	Your social security number S
If joint return, spouse's first name and middle initial ZACHARY J.	Last name MYERS	
Home address (number and street). If you have a P.O. box, see instructions. 1109 E ARIZONA AVE		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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). DELAND, FL 32724		
Foreign country name	Foreign province/state/county	Foreign postal code
If more than four dependents, see instructions and <input type="checkbox"/> here		

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, 1955 Are blind Spouse: Was born before January 2, 1955 Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
MAE	MYERS		DAUGHTER	<input checked="" type="checkbox"/>	

1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	171,062.
2a Tax-exempt interest	2a	
3a Qualified dividends	3a	
4a IRA distributions	4a	
c Pensions and annuities	4c	
5a Social security benefits	5a	
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	6	
7a Other income from Schedule 1, line 9	7a	1,124.
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income	7b	172,269.
8a Adjustments to income from Schedule 1, line 22	8a	3,500.
b Subtract line 8a from line 7b. This is your adjusted gross income	8b	168,769.
9 Standard deduction or itemized deductions (from Schedule A)	9	25,700.
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	225.
11a Add lines 9 and 10	11a	25,925.
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b	142,844.

LHA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	12a	23,143.	
b	Add Schedule 2, line 3, and line 12a and enter the total	12b	23,143.	
13a	Child tax credit or credit for other dependents	13a	2,000.	
b	Add Schedule 3, line 7, and line 13a and enter the total	13b	2,000.	
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	21,143.	
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15		
16	Add lines 14 and 15. This is your total tax	16	21,143.	
17	Federal income tax withheld from Forms W-2 and 1099	17	32,775.	
18	Other payments and refundable credits:			
a	Earned income credit (EIC)	18a		
b	Additional child tax credit. Attach Schedule 8812	18b		
c	American opportunity credit from Form 8863, line 8	18c		
d	Schedule 3, line 14	18d		
e	Add lines 18a through 18d. These are your total other payments and refundable credits	18e		
19	Add lines 17 and 18e. These are your total payments	19	32,775.	
Refund	20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20	11,632.	
21a	Amount of line 20 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	21a	11,632.	
b	Routing number 063000047	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number 898087963152			
22	Amount of line 20 you want applied to your 2020 estimated tax	22		
Amount You Owe	23 Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions	23		
24	Estimated tax penalty (see instructions)	24		

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

Third Party Designee (Other than paid preparer)
 Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions Yes. Complete below. No.
 Designee's name: **GINGER MCCORMICK** Phone no.: **(386) 873-4795** Personal Identification number (PIN): **12970**

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: **ATTORNEY**
 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: **SALES**
 If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.): _____

Phone no. _____ Email address: **RACHEL.MYERS.FL@GMAIL.COM**

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
	GINGER B. MCCORMICK	GINGER B. MCCORMICK	03/26/20	P00298805	

Firm's name: **GINGER B. MCCORMICK CPA PLC** Phone no.: **(386) 873-4795** Firm's EIN: **46-0512912**
 Firm's address: **111 EAST CHURCH STREET DELAND, FL 32724**

SCHEDULE 1
(Form 1040 or 1040-SR)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2019

Attachment
Sequence No. **01**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040 or 1040-SR.

▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040 or 1040-SR

Your social security number

RACHEL D. & ZACHARY J. MYERS

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

Yes No

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	1,124.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶	8	
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	1,124.

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	3,500.
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN ▶		
c	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040 or 1040-SR, line 8a	22	3,500.

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040 or 1040-SR) 2019

Child Tax Credit and Credit for Other Dependents Worksheet (keep for your records)

Name(s): First

RACHEL D. & ZACHARY J.

Last

MYERS

Year

Part 1

1. Number of qualifying children under age 17 with the required social security number: 1 X \$2,000. Enter the result 1 2,000.
2. Number of other dependents, including qualifying children who are not under 17 or who do not have the required social security number: _____ X \$500. Enter the result 2 _____
3. Add lines 1 and 2 3 2,000.
4. Enter the amount from Form 1040, line 8b or Form 1040NR, line 35. 4 168,769.
5. 1040 filers: Enter the total of any-
 - Exclusion of income from Puerto Rico, and
 - Amounts from Form 2555, lines 45 and 50 and Form 4563, line 15.5 0.
- 1040NR filers: Enter -0-.
6. Add lines 4 and 5. Enter the total. 6 168,769.
7. Enter the amount shown below for your filing status.
 - Married filing jointly - \$400,000
 - All other filing statuses - \$200,0007 400,000.
8. Is the amount on line 6 more than the amount on line 7?
 - No. Leave line 8 blank. Enter -0- on line 9.
 - Yes. Subtract line 7 from line 6. 8 _____
If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000 (for example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc).
9. Multiply the amount on line 8 by 5% (.05). Enter the result. 9 0.
10. Is the amount on line 3 more than the amount on line 9?
 - No. **STOP**
You cannot take the child tax credit or credit for other dependents on Form 1040, line 13a, or Form 1040NR, line 49. You also cannot take the additional child tax credit.
 - Yes. Subtract line 9 from line 3. Enter the result. 10 2,000.

Part 2

11. Enter the amount from Form 1040, line 12b or Form 1040NR, line 45. 11 23,143.
12. 1040 filers: Enter the total of the amounts from Schedule 3, lines 1 through 4.*
1040NR filers: Enter the total of the amounts from lines 46 through 48.* 12 _____
13. Subtract line 12 from line 11 13 23,143.
14. Are you claiming any of the following credits?
 - Residential energy efficient property credit, Form 5695, Part I.
 - Mortgage interest credit, Form 8396
 - Adoption credit, Form 8839
 - District of Columbia first-time homebuyer credit, Form 8859
 - No. Enter -0-.
 - Yes. If you are filing Form 2555, enter -0-. Otherwise, complete the Line 14 Worksheet to figure the amount to enter here.14 0.
15. Subtract line 14 from line 13. Enter the result. 15 23,143.
16. Is the amount on line 10 of this worksheet more than the amount on line 15?
 - No. Enter the amount from line 10. 16 2,000.
 - Yes. Enter the amount from line 15. 16 _____

* Also include amounts from:

- Form 5695, line 30
- Form 8910, line 15
- Form 8936, line 23
- Schedule R, line 22

SCHEDULE B
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return

Interest and Ordinary Dividends

▶ Go to www.irs.gov/ScheduleB for instructions and the latest information.

▶ Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

2019
Attachment
Sequence No. 08

Your social security number

RACHEL D. & ZACHARY J. MYERS

Part I

Interest

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ▶

PNC BANK

FROM K-1 - LAW OFFICE OF RACHEL D. MYERS PA

Amount

26.

25.

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

- 2 Add the amounts on line 1 2 51.
- 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 3
- 4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b ▶ 4 51.

Note: If line 4 is over \$1,500, you must complete Part III.

Part II

Ordinary Dividends

5 List name of payer ▶

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b ▶ 6

Note: If line 6 is over \$1,500, you must complete Part III.

Part III

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Foreign Accounts and Trusts

Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. See instructions. 927501 11-19-19

- 7a At any time during 2019, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions X
- If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements
- b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶
- 8 During 2019, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions X

Yes	No
	X
	X

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

Your social security number

RACHEL D. & ZACHARY J. MYERS

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations - Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you must check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (f) on line 28 and attach Form 6198 (see instructions).

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section Yes No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	LAW OFFICE OF RACHEL D. MYERS PA	S		81-4212239		
B						
C						
D						

Passive Income and Loss		Nonpassive Income and Loss		
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A				1,124.
B				
C				
D				1,124.
29a Totals				1,124.
b Totals				1,124.
30 Add columns (h) and (k) of line 29a				30 1,124.
31 Add columns (g), (i), and (j) of line 29b				31 ()
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31				32 1,124.

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			
B			
34a Totals			
b Totals			
35 Add columns (d) and (f) of line 34a			35
36 Add columns (c) and (e) of line 34b			36 ()
37 Total estate and trust income or (loss). Combine lines 35 and 36			37

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040 or 1040-SR), line 5, or Form 1040-NR, line 18	41	1,124.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AC; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

Health Savings Accounts (HSAs)

▶ Attach to Form 1040, 1040-SR, or 1040-NR.

▶ Go to www.irs.gov/Form8889 for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶

ZACHARY J. MYERS

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2019 (see instructions)	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2019 (or those made on your behalf), including those made from January 1, 2020, through April 15, 2020, that were for 2019. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions)	2	3,500.
3	If you were under age 55 at the end of 2019 and, on the first day of every month during 2019, you were, or were considered, an eligible individual with the same coverage, enter \$3,500 (\$7,000 for family coverage). All others, see the instructions for the amount to enter	3	7,000.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2019 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2019, also include any amount contributed to your spouse's Archer MSAs	4	
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	7,000.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2019, see the instructions for the amount to enter	6	7,000.
7	If you were age 55 or older at the end of 2019, married, and you or your spouse had family coverage under an HDHP at any time during 2019, enter your additional contribution amount (see instructions)	7	
8	Add lines 6 and 7	8	7,000.
9	Employer contributions made to your HSAs for 2019	9	600.
10	Qualified HSA funding distributions	10	
11	Add lines 9 and 10	11	600.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	6,400.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040 or 1040-SR), line 12, or Form 1040-NR, line 25	13	3,500.
Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).			

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2019 from all HSAs (see instructions)	14a	4,407.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions)	14b	
c	Subtract line 14b from line 14a	14c	4,407.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	4,407.
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 21. Enter "HSA" and the amount on the line next to the box	16	0.
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		<input type="checkbox"/>
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Schedule 2 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 60. Check box c on Schedule 2 (Form 1040 or 1040-SR), line 8, or box b on Form 1040-NR, line 60. Enter "HSA" and the amount on the line next to the box	17b	

Part III **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18 Last-month rule	18	
19 Qualified HSA funding distribution	19	
20 Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 21. On the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 21, enter "HSA" and the amount	20	
21 Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 60. Check box c on Schedule 2 (Form 1040 or 1040-SR), line 8, or box b on Form 1040-NR, line 60. Enter "HDHP" and the amount on the line next to the box	21	

Form 8889 (2019)

1	1	1,185	
2	1	1,185	
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
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14			
15			
16			
17			

**Qualified Business Income Deduction
Simplified Computation**

Department of the Treasury
Internal Revenue Service

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form8995 for instructions and the latest information.

Name(s) shown on return

Your taxpayer identification number

RACHEL D. & ZACHARY J. MYERS

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	LAW OFFICE OF RACHEL D. MYERS PA	81-4212239	1,125.
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)		2 1,125.
3	Qualified business net (loss) carryforward from the prior year		3 ()
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-		4 1,125.
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5 225.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)		6
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year		7 ()
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-		8
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		10 225.
11	Taxable income before qualified business income deduction		11 143,069.
12	Net capital gain (see instructions)		12
13	Subtract line 12 from line 11. If zero or less, enter -0-		13 143,069.
14	Income limitation. Multiply line 13 by 20% (0.20)		14 28,614.
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ▶		15 225.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		16 ()
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		17 ()

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8995 (2019)

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC)) and Credit for Other Dependents (ODC), and Head of Household (HOH) Filing Status

▶ **To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.**
 ▶ Go to www.irs.gov/Form8867 for instructions and the latest information.

Taxpayer name(s) shown on return RACHEL D. & ZACHARY J. MYERS	Taxpayer identification number
Enter preparer's name and PTIN	

GINGER B. MCCORMICK **P00298805**

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-IV for the benefit(s) claimed (check all that apply). EIC CTC/ACTC/ODC AOTC HOH

	Yes	No	N/A
1 Did you complete the return based on information for tax year 2019 provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to compute the amount(s) of any credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to compute the amount(s) of the credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List those documents, if any, that you relied on. _____ _____ _____			
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)			
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040 or 1040-SR)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
9a Have you determined that the taxpayer is, in fact, eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (Skip 9b and 9c if the taxpayer is claiming the EIC and does not have a qualifying child.)	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/>	<input type="checkbox"/>	
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification

- ▶ You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:
 - A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s);
 - B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
 - C. Submit Form 8867 in the manner required; and
 - D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 1. A copy of this Form 8867.
 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s).
 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s).
- ▶ If you have not complied with all due diligence requirements, you may have to pay a \$530 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.

	Yes	No
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Question 22

Examples of Legal Writing

This Chapter deals with the law of the State of New York, and the law of the State of New York is the law of the State of New York.

Section 1

The State of New York is a state of the United States of America, and the law of the State of New York is the law of the State of New York.

The State of New York is a state of the United States of America, and the law of the State of New York is the law of the State of New York.

The State of New York is a state of the United States of America, and the law of the State of New York is the law of the State of New York.

The State of New York is a state of the United States of America, and the law of the State of New York is the law of the State of New York.

IN THE CIRCUIT COURT, SEVENTH JUDICIAL CIRCUIT, IN AND FOR
VOLUSIA COUNTY, FLORIDA

RAYFIELD MERINE,
Petitioner,

CASE NO. 2015-11369-FMDL
DIV. 04

vs.

RENETE WILLIAMS,
Respondent.

REPORT OF THE ATTORNEY AD LITEM

This Court entered an order on October 28, 2018, appointing the undersigned as Attorney Ad Litem for the minor child, Karis Merine, born September 19, 2014, hereinafter "the child."

Investigation

This Attorney ad Litem, hereafter "AAL", first met with the child, Karis Merine on December 27, 2019 at the office of the AAL. Karis' mother brought Karis to the office to speak with this AAL.

Karis presented as a happy, well adjusted, confident 4-year-old girl. This AAL first spoke with Karis' mother, Ms. Williams, the Respondent, privately. Ms. Williams advised of her concerns with the child's biological father and his alleged sexual abuse of their daughter. Ms. Williams seemed very concerned of the situation and the facts surrounding the allegations. She advised Karis is afraid of her father and Karis has been displaying signs of trauma at home; to include night terrors and acting withdrawn when talking about her father. Ms. Williams further discussed concerns of the child being malnourished when she goes over to her father's home.

This AAL then met with Karis alone in the AAL's office. We first colored pictures together while we became acquainted. Very quickly the child seemed comfortable with me even though we had only met minutes before. Without any prompting by me whatsoever she began talking about "Ray". She said Ray was a very bad man and hurt her. She said she was scared of Ray and did not want to see him again. While she was telling me this, the child maintained her cheery disposition and she continued to color her picture. Other than her verbalization of her dislike in Ray she did not seem emotionally or physically upset when discussing this topic. We transitioned the conversation back to less personal topics; i.e. her favorite activities, colors, etc. She smoothly transitioned into the different topics regardless of their severity. After our visit she left my office in high spirits; just as she had arrived.

This AAL again met with the child on August 21, 2019 at her new school, Sunrise Elementary in Deltona, Florida. It should be noted that when this AAL attempted to schedule a meeting with the child's old school, I was informed the child's mother had indeed enrolled her,

but the child had not yet shown to school. This AAL was informed by the Volusia County School District that the child had in fact started school at Sunrise Elementary.

This AAL met with Karis in an unoccupied office in the Main Office of the school. Again, the child presented very cheerful, clean and upbeat. She was excited to tell this AAL about her new class and her new teacher. She seemed to be enthusiastic about school and specifically advised she enjoys "doing math" in her class.

The child did not bring up any concerns about Ray this time, unprompted. This AAL asked how things were at home and the child said her "mommy and daddy" are very nice. She told me her two older brothers live at her home with her and her mother. She said her brothers are nice, but one likes to give hugs and one does not. This AAL asked her if she had two dads. She found this very funny and said she does not have two dads. I asked her what her dad's name was and she said "Stacie Johnson". She advised that Stacie does not live with her and her mother and brothers. He lives at a house with his own mother. It should be noted that this AAL discovered Mr. Johnson and Ms. Williams were divorced in June 2019.

This AAL asked the child who Ray was. She told me Ray was just a guy who also lives with his mother. This AAL asked if he was her dad and she said, "no". This AAL asked if she went to visit Ray and she said, "not anymore". This AAL asked why not and the child advised it was because he was mean to her. This AAL asked how he was mean to her. She advised he hit her and "put her in a cage" and his mother did the same thing. This AAL asked if anything else happened at Ray's house that was scary, and the child said no. She did not seem frightened when we were discussing the topic or Ray.

We moved on to other, less serious, topics and ultimately our visit ended without incident.

This AAL spoke with Mr. Rayfield Merine, the Petitioner and father of Karis, over the phone on August 21, 2019. He advised that the first time he ever heard of sexual abuse allegations against him was with the Florida Department of Children and Families requested he call them back in September 2018. He advised he complied with their request and discussed the allegations with the agency. Ultimately, he advised, DCF closed their case with "no substantiated findings". Mr. Merine contused to advise me that the Orange County Sheriff's Office arrived at his home and conducted an interview, of which, Mr. Merine said he was cooperative. This interview took place in 2018 as well. Mr. Merine advised he has not since heard anything from the Orange County Sheriff's Office.

This AAL reviewed the counselor's notes Destiny Adult and Children Counseling Center and watched a cell phone video recording of an exchange of the child from her mother to her father in which Karis seemed upset.

Conclusions

As far as this AAL can confirm there are no pending Department of Children and Families' cases or pending criminal charges regarding allegations of child sexual abuse against the minor child.

After interviewing the parties and meeting with the child this AAL can definitively state that the child, Karis, is a sweet-natured young girl. If she experienced trauma of any kind from either of her parents or from someone else, today, at least, she seems to be doing well. She is happy and kind around this AAL, even when having an unexpected, unannounced visit.

This AAL cannot definitively determine if this child has suffered trauma. The parents are diabolically opposed to each other regarding their beliefs surrounding the trauma Karis has allegedly experienced.

The mother does not support the father and the father seems unaware as to why the mother claims sexual abuse trauma has occurred. The father continues to claim his innocence and states that he has never harmed or traumatized his child.

This AAL can only state that this family should not continue in litigation surrounding time-sharing. From review of the court docket it appears this family has been in litigation since the child was less than one year old and she will be five years old next month. Regardless of the validity of claimed sexual trauma, litigation of this nature, in and of itself, seems to be a stressor on both parents.

Should the Court be so inclined to grant time-sharing back to the father this AAL would recommend, in an abundance of caution, and because it has been so long since the child last saw her father and no longer associates him as even being her father, a gradual transition for the father and child to return to time-sharing to incorporate therapeutic input. This child is currently in therapy so this AAL would recommend the child be introduced back to her father in a therapeutic setting as long as the child is not traumatized by the experience. Perhaps incorporating the mother in some family therapy sessions would be appropriate if this Court determines the mother has been responsible for coaching the child's testimony or fabricating sexual abuse allegations, as this family transitions into time-sharing with both parents. Ultimately, if the counselor who knows this child best agrees and approves the father's unsupervised visits then, and only then, would this AAL recommend the father's time-sharing resume as originally ordered.

This AAL further recommends the Mother's Verified Emergency Motion to Suspend Father's Timesharing (docket #138.5) be promptly recalled for hearing.

Respectfully submitted this 22nd day of August 2019.

RACHEL D. MYERS, ESQUIRE
Florida Bar Number: 93902
100 West Indiana Avenue
DeLand, Florida 32720
(386) 873-7835
Rachel@DeLandLegal.com
Robin@DeLandLegal.com
Attorney ad Litem for Minor Child

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a copy of the foregoing has been furnished to CAMILLE R. MARTIN, ESQ via eservice, CHRISTOPHER R. DITSLEAR, ESQ. via eservice and RAYFIELD MERINE, 901 Roseman Court, Orlando, Florida 32811 U.S. Mail.

RACHEL D. MYERS, ESQUIRE
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Rachel@DeLandLegal.com
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Attorney ad Litem for Minor Child

IN THE CIRCUIT COURT OF THE SEVENTH JUDICIAL CIRCUIT
IN AND FOR VOLUSIA COUNTY, FLORIDA

IN RE: THE MARRIAGE OF
JAYSON RICHARDSON
Petitioner/Husband
and

CASE NUMBER: 2018 12596 FMDL
DIVISION: 04

ANGELA RICHARDSON
Respondent/Wife

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CLERK OF THE CIRCUIT
& CTY. COURT VOLUSIA CTY., FL
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FILED

FINAL JUDGMENT OF DISSOLUTION OF MARRIAGE

THIS CAUSE came to be heard on December 11, 2018 upon the *Petition for Dissolution of Marriage* filed by Husband. The Husband appeared at the hearing and his attorney, Rachel D. Ebert, Esquire was present. The Wife appeared at the hearing. After taking testimony and other evidence in open Court and reviewing the Court file, the Court FINDS as follows:

- A. The Court has jurisdiction of the parties and the subject matter herein.
- B. The Petitioner has been a resident of the State of Florida for at least six (6) months prior to the filing of the *Petition for Dissolution of Marriage*.
- C. Irreconcilable differences exist and have caused the irretrievable breakdown of the marriage, and all efforts and hope of reconciliation would be impracticable and not in the best interests of the parties.
- D. The parties have two minor children in common to Wit: ZOEY ELIZABETH RICHARDSON, born October 30, 2009 and CHLOE JADE RICHARDSON, born February 8, 2011, and no further issue is expected.
- E. The Court finds that this Court has continuing jurisdiction over the children pursuant to the applicable Florida Statutes and the Uniform Child Custody Jurisdiction and Enforcement Act.

F. The Court finds that Florida is the home state and the state of habitual residence of the children. Accordingly, Florida is the sole jurisdictional state to determine child custody, parental responsibility, time-sharing, rights of custody, and rights of access concerning the children under the Parental Kidnapping Prevention Act (PKPA), under the International Child Abduction Remedies Act (ICARA), and under the Convention on the Civil Aspects of International Child Abduction enacted at The Hague on October 25, 1980.

G. The Wife was served with this action September 7, 2018.

H. The Wife has not filed an Answer or any other pleading in this matter, including a Financial Affidavit. The Wife receives \$136.00 per month as a Military Disability Benefit and is able to work full-time and minimum wage is imputed in addition to the above monthly benefit for calculating Child Support herein. The parties agree the Wife does not owe any retroactive Child Support.

I. The Wife is able to work full time. In addition to the \$136.00 per month she receives in Military Benefits, minimum wage for the Wife is imputed to calculate Child Support. The Husband's Gross Monthly Income is \$4,264.00.

J. The Court finds it is in the best interest of the minor children to enter the Parenting Plan herein. The parties shall have Shared Parental Responsibility.

K. The parties have already divided the marital assets and liabilities as they separated prior to the initiation of this dissolution of marriage action. The parties shall maintain ownership of the assets currently in their possession or control.

L. The Husband has been making all payments on the 2011 Hyundai Sonata since the separation. The Wife is in possession of the vehicle. The Wife shall remain in her possession of the vehicle and take over the payments and incur all of the remaining debt on the vehicle. The

Husband shall execute any necessary documentation to have his name removed from the title. The Wife shall save and hold harmless the Husband on any liability he may have on the Hyundai Sonata vehicle. The Husband will stop paying any insurance payments on the Wife's Hyundai Sonata vehicle. The Husband shall maintain possession and ownership of the Dodge Charger. The Husband shall save and hold harmless the Wife on any liability she may have on the Dodge Charger vehicle.

M. The Husband shall provide health insurance on behalf of the minor children herein so long as said health insurance is reasonably available to him at a reasonable cost.

N. The Wife shall purchase a Life Insurance policy.

O. The Husband will utilize the dependency tax exemption on behalf of the minor children for the 2018 tax year. As long as the Wife is up to date on her child support obligations then the Wife may utilize the dependency tax exemption for the older child each year and the Husband shall utilize the dependency tax exemption for the younger child each year. If the Wife is not up to date with her child support obligations, then the Husband may utilize the dependency tax exemption for both children.

IT IS, therefore, **ORDERED** and **ADJUDGED** as follows:

1. The parties are awarded Judgment for Dissolution of Marriage, and the bonds of matrimony heretofore existing between **JAYSON RICHARDSON** (hereinafter referred to as "Husband" or as "Father") and **ANGELA RICHARDSON** (hereinafter referred to as "Wife" or as "Mother") are hereby dissolved.

2. The Parenting Plan, attached hereto as Exhibit "A" and incorporated herein by reference for all purposes, shall govern the rights and responsibilities of the parents and the minor children herein.

3. The parties shall maintain ownership and possession of all assets currently in their possession or control. The Husband shall execute any proper documents relinquishing any ownership he may have in the 2011 Hyundai Sonata and the Wife shall save and hold harmless the Husband on any liabilities on said vehicle. The Wife shall execute any proper documents relinquishing any ownership she may have in the Dodge Charger and the Husband shall save and hold harmless the Wife on any liabilities on said vehicle

4. The parties shall be responsible for any liability held in their respective name and shall not incur any liability in the name of the other.

5. The Wife shall be obligated to pay child support to the Father, commencing January 1, 2019, at the rate of Four Hundred Seventy-nine Dollars and no cents (\$479.00) per month per the child support guideline worksheet (Exhibit "B"). The Wife shall be required to pay no back-child support. Wife shall make all payments through the State Disbursement Unit on the 1st of every month. When the first child: (a) reaches the age of 18, (b) becomes emancipated, (c) marries, (d) joins the armed services, (e) dies, or (f) become self-supporting; or until if by order of the Court or by written agreement of the parties approved by the Court shall step down to three hundred five dollars and fifty cents (\$305.50) which will continue until the youngest child (a) reaches the age of 18, (b) becomes emancipated, (c) marries, (d) joins the armed services, (e) dies, or (f) become self-supporting; or until if by order of the Court or by written agreement of the parties approved by the Court. The child support obligation shall continue beyond the age of 18 and until high school graduation if either child is (a) dependent in fact; (b)

between the ages of 18 and 19; and (c) still in high school, performing in good faith with a reasonable expectation of graduation before the age of 19.

6. The Husband shall continue to maintain health insurance on behalf of the minor children herein so long as said health insurance remains reasonably available to him at a reasonable cost.

7. The Wife will purchase Life Insurance; the amount to be calculated in such a manner as to provide for full payment of the remaining child support obligation. The Husband will be named as the irrevocable beneficiary of said policy and should be provided yearly proof of the existence of said policy from the Wife.

8. The Husband will utilize the dependency tax exemption on behalf of the minor for the 2018 tax year. As long as the Wife is up-to-date with her Child Support Obligations the Wife will utilize the dependency tax exemption on behalf of the oldest child each year and the Husband shall utilize the dependency tax exemption on behalf of the younger child each year.

9. Any right, claim, demand or interest of the parties in and to the property of the other, whether real, personal or mixed, of whatever kind and nature and wherever situated, including but not limited to homestead, succession and inheritance arising out of the marital relationship existing between the parties hereto, except as expressly set forth herein, is forever barred and terminated.

10. The Court expressly retains jurisdiction of this cause for the purposes of enforcing, construing, interpreting, or modifying the terms of this Final Judgment herein.

DONE AND ORDERED in Chambers at Volusia County, Florida on the 3rd day of January, 2019.
~~December, 2018.~~


ELIZABETH A. BLACKBURN

CIRCUIT JUDGE

COPIES TO:

JAYSON RICHARDSON c/o Rachel D. Ebert, Esq., 100 W. Indiana Ave, DeLand, Florida
32720

ANGELA RICHARDSON, PRO SE, 1175 Ralphs Road, Pierson, Florida 32180

**IN THE CIRCUIT COURT OF THE SEVENTH JUDICIAL CIRCUIT
IN AND FOR VOLUSIA COUNTY, FLORIDA**

IN RE: THE MARRIAGE OF
JAYSON RICHARDSON
Petitioner/Husband
and

CASE NUMBER: 2018 12596 FMDL
DIVISION: 04

ANGELA RICHARDSON
Respondent/Wife

PARENTING PLAN

This parenting plan is a final Parenting Plan ordered by the Court.

I. PARENTS

Mother

Name: ANGELA RICHARDSON
Address: 1175 Ralphs Road
Pierson, Florida 32180

Father

Name: JAYSON RICHARDSON
Address: 108 East Rosehill Avenue
DeLand, Florida 32724

II. CHILDREN. This parenting plan is for the following minor children, born to, the parties:

ZOEY ELIZABETH RICHARDSON, born October 30, 2009
CHLOE JADE RICHARDSON, born February 8, 2011

III. JURISDICTION

The United States is the country of habitual residence of the children.

The State of Florida is the children's home state for the purposes of the Uniform Child Custody Jurisdiction and Enforcement Act.

This Parenting Plan is a child custody determination for the purposes of the Uniform Child Custody Jurisdiction and Enforcement Act, the International Child Abduction Remedies Act, 42 U.S.C. Sections 11601 et seq., the Parental Kidnapping Prevention Act, and the Convention on the Civil Aspects of International Child Abduction enacted at The Hague on October 25, 1980, and for all other state and federal laws.

IV. SHARED PARENTAL RESPONSIBILITY

1. The Parties shall have Shared Parental Responsibility.

It is in the best interest of the minor children that the parents share parental responsibility and confer with each other when making all major decisions affecting the welfare of the minor children. Major decisions include, but are not limited to, decisions about the minor children's education, healthcare, and other responsibilities unique to this family.

Both parties shall exercise, in the utmost good faith, his or her best efforts at all times to encourage and foster the maximum relations of love and affection between the minor children and their mother and father. Neither party shall in any way disparage or criticize the other parent or allow any person to do so in the presence of the minor children.

2. Day-to-Day Decisions

Unless otherwise specified in this plan, each parent shall make decisions regarding day-to-day care and control of the children while the children are with that parent. Regardless of the allocation of decision making in the parenting plan, either parent may make emergency decisions affecting the health or safety of the minor children when the children are residing with that parent. A parent who makes an emergency decision shall share the decision with the other parent as soon as reasonably possible.

3. Extra-curricular Activities

- a. The children enjoy certain extracurricular activities. This section is to address the activities in which they are already enrolled. As for new or additional activities the parties will confer concerning all extra-curricular activities.
- b. The parent with the minor children shall transport the minor children to and/or from all extra-curricular activities, providing all necessary uniforms and equipment within the parent's possession.
- c. The uniforms and equipment required for the extra-curricular activities shall be equally paid for by each parent.
- d. The parties agree that all extracurricular activity fees and costs; including but not limited to, after school activities, after school care, field trips, summer camps and sports and recreation, will be equally paid for by the mother and father.
- e. Both parties shall be entitled to participate in and attend special activities in which the minor children are engaged such as religious activities, school programs, sports events, other extracurricular activities, and important social events in which the minor children are in or in which they are involved.

- f. The parties agree that the parties will equally pay for school costs, including but not limited to, school supplies and class room costs.

V. TIME-SHARING SCHEDULE

The following time-sharing schedule will commence after the Mother has obtained a Substance Abuse Evaluation, provided the evaluation compliance with the Court and begun complying with all treatment recommendations by the evaluator. The treatment recommendations must be provided to the Father.

As for 2018 the Mother shall be entitled to unsupervised visitation with the children on either December 24 or December 25 from 12:00 p.m. noon to 6:00 p.m.

A. Supervised and Unsupervised Time-Sharing

Unsupervised Daytime Time-Sharing: Whenever the children have time-sharing with the Mother during the day there need be no supervisor present.

Supervised Overnight Time-Sharing: Whenever the children spend over-nights with the Mother, the supervisor shall be present.

The time-sharing schedule shall be mutually agreed upon between the parents, but not less than the schedule set forth below:

Time-sharing shall occur with the Mother in the following way:

The Mother is entitled to time-sharing with the minor children for every other weekend from Friday after school until Sunday night at 7:00 p.m. and every Wednesday evening from after school until 7:00 p.m.

B. Holiday Time-Sharing

Holiday time-sharing shall be in accordance with the following schedule. The Holiday schedule will take priority over the regular weekday, weekend, and summer schedules.

	Even Years	Odd Years
Mother's Day	Mother	Mother
Father's Day	Father	Father
President's Day	Mother	Father
M. L. King Day	Father	Mother
Easter	Mother	Father
Memorial Day Weekend	Mother	Father
4th of July	Father	Mother
Labor Day Weekend	Father	Mother
Columbus Day	Mother	Father

Halloween	Father	Mother
Thanksgiving	Father	Mother
Veteran's Day	Mother	Father

When the parents are using an alternating weekend plan and the holiday schedule would result in one parent having the children for three weekends in a row, the parents will exchange the following weekend, so that each has two weekends in a row before the regular alternating weekend pattern resumes.

C. Winter Break

Mother shall have the children from the day and time school is dismissed until December 25th at 2:00 p. m. in odd- numbered years. The other parent will have the children for the second portion of the Winter Break. The parties shall alternate the arrangement each year.

D. Spring Break

The Spring Break will be evenly divided. The first half of the Spring Break will go to the parent whose regularly scheduled weekend falls on the first half and the second half going to the parent whose weekend falls during the second half.

E. Summer Break

The parents shall follow the regular schedule through the summer.

F. Travel

Both parties must notify the other at least 14 days in advance of any out-of-state travel and at least 30 days of any international travel.

VI. SUPERVISOR AND SUPERVISION

- Supervisor:** The person supervising the Mother's overnight time-sharing shall be any of the following: Father, Jayson Richardson, and the Maternal Grandmother or any other individual pre-approved by Father through e-mail or writing no later than forty-eight (48) hours prior to visit. The Father shall approve each supervision prior to each visit.
- Restrictions or Level of Supervision:** Neither parent shall be under the influence of any type of substance during time-sharing and shall not have used any impairing substance within 48 hours of the visit. If the Mother is under the influence of any substance the Father may refuse to allow the children to leave with the Mother.

The father may inspect, within reason, any of the residences in which the Mother intends to execute her time-sharing.

3. **Costs of Supervision:** The parties shall equally split all payments associated with supervision.

VII. DESIGNATION FOR OTHER LEGAL PURPOSES

The children named in this Parenting Plan are scheduled to reside the majority of the time with the Father. This majority designation is SOLELY for purposes of all other state and federal laws which require such a designation. **This designation does not affect either parent's rights and responsibilities under this parenting plan.**

For purposes of school-boundary determination and registration, the Father's address shall be designated.

XIII. TRANSPORTATION AND EXCHANGE OF CHILDREN

1. Transportation

The children shall not be driven in a car unless the driver has a valid driver's license, automobile insurance and seat belts as required by state law.

2. **Exchange.** The exchange of the children shall occur at the site of Father's residence or any other mutually agreed upon exchange point.

IX. COMMUNICATION

1. Between Parents

All communications regarding the children shall be between the parents. The parents shall not use the children as a messenger to convey information, ask questions, or set up schedule changes.

The parents shall communicate with each other in person, by telephone, by letter, or by e-mail.

2. Between Parent and Children

The Mother may call the children between 7:00 p.m. – 7:30 p.m. Each parent shall provide a contact address (and e-mail address if appropriate) and phone number to the other parent, unless otherwise prohibited by court order.

3. Costs of Electronic Communication

"Electronic communication" includes telephones, electronic mail or e-mail, webcams, video-conferencing equipment and software or other wired or wireless technologies or other means of communication to supplement face to face contact.

Costs of Electronic Communication shall be addressed as follows: each party shall be responsible for the cost of the party's own electronic communication with the other party or with the children.

X. ACCESS TO ACTIVITIES AND EVENTS

Mother may attend the children's school, athletic, and extra-curricular activities and events.

XI. CHILDREN'S SAFETY. The Mother shall follow the safety rule indicated below.

No alcoholic beverages or illegal substances shall be consumed by Mother within forty-eight (48) hours before the children arrive until they are returned to the Father.

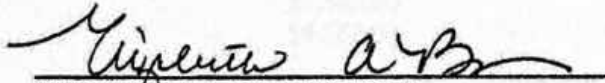
XII. CHANGES OR MODIFICATIONS OF THE PARENTING PLAN

All changes to the Parenting Plan must be pursuant to Court Order.

XIII. OTHER PROVISIONS

Once Mother has enrolled and completed a Substance Abuse Evaluation and followed all recommended treatment, including but not limited to inpatient or outpatient treatment, with proof of negative urinalysis and no positive urinalysis for the one year then the parenting plan can be modified pursuant to a Court Order.

DONE AND ORDERED in Chambers at Volusia County, Florida on the 3rd day of ~~December,~~ ^{January} ~~2018.~~ ²⁰¹⁹


ELIZABETH A. BLACKBURN
CIRCUIT JUDGE

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**IN THE CIRCUIT COURT OF THE SEVENTH JUDICIAL CIRCUIT
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IN RE: THE MARRIAGE OF
JAYSON RICHARDSON
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and

CASE NUMBER: 2018 12596 FMDL
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ANGELA RICHARDSON
Respondent/Wife

CHILD SUPPORT GUIDELINES WORKSHEET

Number of Children	2
Filing Status	Single
Custodial Parent	Father
Non-Custodial Parent	Mother

COSTS

Child Care	\$0.00
Monthly Health Insurance Cost for Children:	\$340.00

INCOME

Mother's Gross Monthly Income	\$1,540.00
Father's Gross Monthly Income	\$4,264.00

SHARED COSTS

Number of Annual Overnight Stays with Mother	55
Share of Child Care Expenses paid by Mother	\$0.00
Share of Health Insurance Cost for Children Paid my Mother	\$0.00

Monthly Support Obligation of Mother	\$479.00
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Exhibit "B"