

**IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT,
IN AND FOR BREVARD COUNTY, FLORIDA**

Case No.: 05 - - DR - - XXXX-XX

Clock In

IN THE MATTER OF THE ADOPTION OF

_____,
{use name to be given to child(ren)} Adoptee(s).

JOINT PETITION FOR ADOPTION BY STEPPARENT

Petitioner, {full legal name} _____, whose date of birth is _____
and whose social security number is _____, being sworn, joined by the above-named
child(ren)'s mother father, {full legal name} _____,
being sworn, files this joint petition for adoption of the above-named minor child(ren), under chapter 63, Florida
Statutes

1. This is an action for adoption of a minor child(ren) by his or her (their) stepparent.
2. I desire to adopt the following child(ren):

	Name to be given to child(ren)	Birth Date	Birthplace
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____
e.	_____	_____	_____
f.	_____	_____	_____

A certified copy of the birth certificate(s) is/are attached.

3. The child(ren) has (have) resided with me since {date} _____.
I wish to adopt the child(ren) because I would like to legally establish the parent-child relationship
already existing between the child(ren) and me. Since the above date, I have been able to provide
adequately for the material needs of the child(ren) and am able to continue doing so in the future, as
well as to provide for the child(ren)'s mental and emotional well-being.
Other reasons I wish to adopt the child(ren) are: _____

4. I am _____ years old, and have resided at {street address} _____
_____ {city} _____
{state} _____ for _____ years.

5. I married the father or mother of the child(ren) on {date} _____ in
6. {city} _____ {county} _____
{state} _____. The following are the dates and places of my dissolution of marriage, if any:

	Date	Place
a.	_____	_____
b.	_____	_____

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

8. A description and estimate of the value of any property of the adoptee(s) is as follows:

9. Consent by the adoptee(s):
is attached for: *Name(s)* _____
is not required because the adoptee(s) is/are not 12 years of age:
Name(s) _____
was excused by the Court for: *Name(s)* _____

10. The following person(s) is/are required to consent and the consent form or affidavit of non-paternity is/are attached _____.

11. The following person(s) whose consent is required has not consented. The facts/circumstances that excuse the lack of consent and would justify termination of this person's parental rights are:

Name	Address	Facts/Circumstances

12. A copy of this Petition was served on all known persons whose consent is required but did not waive notice, as well as on all persons whose consent is required but did not provide consent. Proof of service is attached.

[if applies:]

A search of the Putative Father Registry maintained by the Office of Vital Statistics of the Department of Health has been requested, and if granted, the certificate from the State Registrar will be filed in this action.

WHEREFORE, I request that this Court terminate the parental rights of _____, *{name of parent whose rights are sought to be terminated}*, enter a Final Judgment of adoption of the Minor Child(ren) by Petitioner Stepparent and, as requested, change the name of the adoptee(s).

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this petition and that the punishment of knowingly making a false statement includes fines and/or imprisonment.

Date

Signature of Stepparent

Printed Name

Address

City State Zip

Telephone Number Fax Number

STATE OF FLORIDA
COUNTY OF BREVARD

Sworn to or affirmed and signed before me on _____ by _____
_____.

NOTARY PUBLIC or DEPUTY CLERK

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

Personally known
Produced identification
Type of identification produced _____

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this petition and that the punishment of knowingly making a false statement includes fines and/or imprisonment.

_____ Date

_____ Signature of Parent

_____ Printed Name

_____ Address

_____ City State Zip

_____ Telephone Number Fax Number

STATE OF FLORIDA
COUNTY OF BREVARD

Sworn to or affirmed and signed before me on _____ by _____
_____.

_____ NOTARY PUBLIC or DEPUTY CLERK

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

Personally known
Produced identification
Type of identification produced _____

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:
[fill in **all** blanks]

I, {full legal name and trade name of nonlawyer} _____, a nonlawyer, located at {street} _____, {city} _____ {state} _____ {phone} _____, helped {name} _____ who is the _____ petitioner _____ respondent, fill out this form.