



INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW FORM
12.981(a)(1),
STEPPARENT ADOPTION: CONSENT AND WAIVER BY PARENT


When should this form be used?

This form is to be completed and signed by the parent who is giving up all rights to and custody of the minor child to be adopted. This consent shall not be executed before the birth of the minor child. For more information about consenting to adoption, you should refer to Chapter 63, Florida Statutes, and sections 63.062 - 63.082, Florida Statutes, in particular.

This form should be typed or printed in black ink. It must be signed in the presence of a **notary public** or **deputy clerk** and two witnesses other than the notary or clerk. You should **file** this form with the **Joint Petition for Adoption by Stepparent**,  Florida Supreme Court Approved Family Law Form 12.981(b)(1).

After completing this form, you should hand deliver a copy or duplicate original to the parent giving consent and have them sign the original saying they received a copy. Then you should file the original with the **clerk of the circuit court** in the county where the **Joint Petition for Adoption by Stepparent**,  Florida Supreme Court Approved Family Law Form 12.981(b)(1) is filed and keep a copy for your records.

Special notes...

Remember, a person who is NOT an attorney is called a nonlawyer. If a nonlawyer helps you fill out these forms, that person must give you a copy of **Disclosure from Nonlawyer**,  Florida Family Law Rules of Procedure Form 12.900 (a), before he or she helps you. A nonlawyer helping you fill out these forms also **must** put his or her name, address, and telephone number on the bottom of the last page of every form he or she helps you complete.

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

Case No.: _____

Division: _____

IN THE MATTER OF THE ADOPTION OF

_____,
Adoptee(s).

CONSENT AND WAIVER BY PARENT

1. I, *{full legal name}* _____, am the [**one** only]
() father **or** () mother of the minor child(ren) subject to this consent who is/are:

Child's Current Name	Gender	Birth date	Birthplace <i>{city, county, state}</i>
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- a. _____
b. _____
c. _____
d. _____
e. _____
f. _____

2. I relinquish all rights to and custody of this (these) minor child(ren), *{name(s)}* _____
_____, with full knowledge of the legal effect of the stepparent
adoption and consent to the adoption by the child(ren)'s stepparent whose name is: [**one**
only]
() *{name}* _____
() not required for my granting of this consent.

3. I understand my legal rights as a parent and I understand that I do not have to sign this consent and release of my parental rights. I acknowledge that this consent is being given knowingly, freely, and voluntarily. I further acknowledge that my consent is not given under fraud or duress. I understand that there is a "grace period" in Florida during which I may revoke my consent. If the child to be adopted is older than 6 months at the time of consent, this grace period is for 3 days or until the child has been placed with the prospective adoptive parents, whichever is later. I understand that, in signing this consent, I am permanently and forever giving up all my parental rights to and interest in this (these) minor child(ren) and that this consent may only be withdrawn if the Court finds it was obtained by fraud or duress. I voluntarily, permanently relinquish all my parental rights to this (these) minor child(ren).

4. I consent, release, and give up permanently, of my own free will, my parental rights to this (these) minor child(ren), for the purpose of stepparent adoption.
5. I waive any further notice of the stepparent adoption proceeding.
6. I understand that pursuant to Chapter 63, Florida Statutes, "an action or proceeding of any kind to vacate, set aside, or otherwise nullify a judgment of adoption or an underlying judgment terminating parental rights on any ground may not be filed more than 1 year after entry of the judgment terminating parental rights."
7. I understand I have the right to choose a person who does not have an employment, professional, or personal relationship with the adoption entity or the prospective adoptive parents to be present when this affidavit is executed and to sign it as a witness. The witness I selected is: *{full legal name}* _____.

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

Dated: _____

 Signature of Parent
 Printed Name: _____
 Address: _____
 City, State, Zip: _____
 Telephone Number: _____
 Fax Number: _____

 Signature of Witness
 Printed Name: _____
 Business Address: _____
 Home Address: _____
 Driver's License or
 State ID Card No.: _____

 Signature of Witness
 Printed Name: _____
 Business Address: _____
 Home Address: _____
 Driver's License or
 State ID Card No.: _____

STATE OF FLORIDA
 COUNTY OF _____

Sworn to or affirmed and signed before me on *{date}* _____ at *{time}* _____.

 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 hereby acknowledge receipt of a copy or duplicate original of this executed **Consent and Waiver**.

Signature of Parent

**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}* _____
fill out this form.