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

CASE NO.: 05 - - DR - - XXXX-XX

IN THE INTEREST OF:

CLOCK IN

Minor Child(ren)

AFFIDAVIT OF PARENTAL CONSENT TO TEMPORARY PARENTAL RESPONSIBILITY BY EXTENDED FAMILY PURSUANT TO CHAPTER 751, FLORIDA STATUTES

STATE OF FLORIDA COUNTY OF BREVARD

THE UNDERSIGNED, BEING DULY SWORN HEREBY STATES:

1.	My name is	
	-	

- 2. My current address is _____
- 3. I am the (___) Mother (___) Father of:

CHILD(REN)'S NAME(S)

DATE OF BIRTH

- 4. I hereby give my consent for _______to have temporary legal parental responsibility of my child.
- 5. I understand that this consent will be filed with the Circuit Court of the Eighteenth Judicial Circuit In and For Brevard County, Florida.
- 6. I understand that at any time after the Court enters an Order awarding temporary legal parental responsibility of my child to _______, I may request that the Court terminate the Order and return legal parental responsibility to me if the Court finds that I am a fit parent.
- - A. Authorize and consent to all reasonable and necessary medical and dental care, including nonemergency surgery and psychiatric care;

AFFIDAVIT OF PARENTAL CONSENT TO TEMPORARYCUSTODY BY EXTENDED FAMILY PURSUANT TO CHAPTER 751, FLORIDA STATUTES Page 2

- B. Secure copies of the child(ren)'s records held by third parties that are necessary to the care of the child, including but not limited to: medical, dental, psychiatric records, birth certificates and educational records;
- C. Enroll the child(ren) in school and grant or withhold consent for the child(ren) to be tested or placed in special school programs, including exceptional education;
- D. Do all other things necessary for the care of the child(ren).
- 8. I have given this consent freely and voluntarily.

Dated:	
	Signature of Parent
	Printed Name
	Address
	City, State, Zip
	Telephone Number:
STATE OF FLORIDA COUNTY OF BREVARD	
Sworn to (or affirmed) and subscribed before r by	ne this day of, 20,
Signature of Notary Public-State of Florida	
Signature of Notary Public-State of Florida	Print, type or stamp Commissioned Name
Check one only:Personally knownP	roduced I.D. Type of I.D. produced
IF A NONLAWYER HELPED YOU FILL C BELOW: [∥ fill in all blanks]	OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS
I, {full legal name and trade name of n	oonlawyer},
a nonlawyer, located at {street}	, {city}
{state}, {phone}	, helped { name }
who [$$ one only]petitioner or	_ respondent, fill out this form.

Law 1038 - Rev. 05/26/2015