

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

Case No.: \_\_\_\_\_

IN THE MATTER OF THE ADOPTION OF

Bar Code Label

\_\_\_\_\_  
{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 {city} \_\_\_\_\_ {county} \_\_\_\_\_  
{state} \_\_\_\_\_. The following are the dates and places of my  
dissolution of marriage, if any:

|    | Date  | Place |
|----|-------|-------|
| a. | _____ | _____ |
| b. | _____ | _____ |

6. 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.

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

8. 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)* \_\_\_\_\_

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

10. 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 |
|-------|---------|---------------------|
| _____ | _____   | _____               |
| _____ | _____   | _____               |
| _____ | _____   | _____               |

11. 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, fill out this  
form.