

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

CASE NO.: \_\_\_\_\_

IN THE INTEREST OF:

Bar Code Label

\_\_\_\_\_/\_\_\_\_\_  
Minor Child(ren)

() **PETITION FOR TEMPORARY CUSTODY OF MINOR CHILD(REN) BY  
EXTENDED FAMILY**  
() **PETITION FOR EMERGENCY TEMPORARY CUSTODY OF MINOR  
CHILD(REN) BY EXTENDED FAMILY**

1. This Petition is being filed by \_\_\_\_\_  
(indicate your name and relationship to child{ren}), pursuant to Chapter 751, Florida Statutes.
2. The name(s), birth date(s) and current address(es) of the minor child(ren) is/are:

**NAME**

**BIRTH DATE**

**ADDRESS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. The name(s) and current address(es) of the parent(s) of the minor child(ren) is/are:

**NAME**

**ADDRESS**

\_\_\_\_\_  
\_\_\_\_\_

4. The name(s) and current address(es) of the person(s) the child(ren) has/have lived with during the past five (5) years is/are:

**NAME**

**CURRENT ADDRESS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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5. Petitioner(s) live(s) at the following address:

\_\_\_\_\_  
Street Address City State Zip

Petitioner(s) receive(s) mail at the following address:

\_\_\_\_\_  
Street Address City State Zip

6. List places where the child(ren) has/have lived during the past five (5) years:

**Dates Living at this Address**      **Child(ren)'s Address**

From \_\_\_\_\_ To \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

7. I (\_\_\_) have not (\_\_\_) have participated as a party, witness or in some capacity in any litigation or custody proceeding, in this or some other state, concerning custody of a child involved in these proceedings as follows:

Name of each child: \_\_\_\_\_  
Type of proceeding: \_\_\_\_\_  
Court and State: \_\_\_\_\_  
Date of Court Order: \_\_\_\_\_

8. I (\_\_\_) have no information (\_\_\_) have the following information concerning a custody proceeding pending in a court of this or another state concerning a child involved in this proceeding as set out below:

Name of each child: \_\_\_\_\_  
Type of proceeding: \_\_\_\_\_  
Court and State: \_\_\_\_\_  
Date of Court Order: \_\_\_\_\_  
Case Number: \_\_\_\_\_

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9. I (\_\_\_\_)do not know of any person (\_\_\_\_)know that the following named person(s) not a party to this proceeding has physical custody or claims to have custody or visitation rights with respect to any child involved in this proceeding:

Name of each child \_\_\_\_\_

Name of person claiming custody/visitation rights: \_\_\_\_\_

Address of person claiming custody/visitation rights: \_\_\_\_\_

(\_\_\_\_)Has physical custody                      (\_\_\_\_)Claims custody rights                      (\_\_\_\_)Claims visitation rights

10. Petitioner(s)'s relationship to the child(ren) is/are:

**PETITIONER'S NAME:**

**RELATIONSHIP TO CHILD(REN):**

\_\_\_\_\_

If Petitioner is the putative father, indicate the circumstances leading Petitioner to believe he is the natural father of the child(ren). Putative father is defined as a man who reasonably believes himself to be the biological father of the minor child(ren), but who is unable to prove paternity due to the absence of the mother of the child(ren).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. The circumstances of the child(ren)'s current living situation with Petitioner(s) and/or the reason(s)or this request for temporary custody is/are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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17. ( ) Placement of the child(ren) with Petitioner(s) is in the best interest of the minor child(ren) because:

\_\_\_\_\_

18. ( ) This is an emergency because: (State how or why the child(ren) is/are in IMMEDIATE DANGER OR HARM)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHEREFORE, Petitioner(s) respectfully request(s) that process may issue and that this Court grant the following relief:

- ( ) The Petition be granted.
- ( ) A hearing on the merits to be set.
- ( ) Petitioner be authorized to obtain necessary medical treatment for the child(ren).
- ( ) Petitioner be authorized to secure copies of the child(ren)'s records held by third parties.
- ( ) Petitioner be authorized to enroll the child(ren) in school.
- ( ) Any and all other relief deemed appropriate and in the best interest of the minor child(ren).

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

Dated: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Petitioner  
 Printed Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_

STATE OF FLORIDA  
 COUNTY OF

Sworn to or affirmed and signed before me on \_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
 NOTARY PUBLIC or DEPUTY CLERK  
 Print, type, or stamp commissioned name of notary or clerk.]

\_\_\_\_ Personally known  
 \_\_\_\_ Produced identification  
 \_\_\_\_ Type of identification produced

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**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE  
BLANKS BELOW:** [ N 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.