

**INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW
FORM 12.981(a)(2),
STEPPARENT ADOPTION: CONSENT OF ADOPTEE (03/15)**

When should this form be used?

This form must be completed and signed by the person being adopted, the adoptee, if he or she is **over 12 years of age**, unless the court, in the best interest of the minor excuses the minor's consent. It must be signed in the presence of a **notary public** or **deputy clerk** and two witnesses other than the notary public or deputy clerk.

This form should be typed or printed in black ink. After completing this form, 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.

IMPORTANT INFORMATION REGARDING E-FILING

The Florida Rules of Judicial Administration now require that all petitions, pleadings, and documents be filed electronically except in certain circumstances. **Self-represented litigants may file petitions or other pleadings or documents electronically; however, they are not required to do so.** If you choose to file your pleadings or other documents electronically, you must do so in accordance with Florida Rule of Judicial Administration 2.525, and you must follow the procedures of the judicial circuit in which you file. **The rules and procedures should be carefully read and followed.**

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 FOURTEENTH JUDICIAL CIRCUIT,
IN AND FOR JACKSON COUNTY, FLORIDA

Case No.: _____

Division: _____

IN THE MATTER OF THE ADOPTION OF

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

CONSENT OF ADOPTEE

1. I, {full legal name} _____, being over the age of 12, consent to my adoption by {name} _____, to be his/her legal child and heir at law.
2. I have been told of my right to choose a person who does not have an employment, professional, or personal relationship with the adoption entity or 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} _____.
3. {Choose only one}
() I consent to my name being legally changed to {specify} _____.
() I do **not** consent to a name change.

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

Dated: _____

Signature of Adoptee
Printed Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____
Designated E-mail Address(es): _____

Signature of Witness

Printed Name: _____

Business Address: _____

Home Address: _____

Driver's License No.: _____

State ID Card No.: _____

Signature of Witness

Printed Name: _____

Business Address: _____

Home Address: _____

Driver's License No.: _____

State ID Card No.: _____

STATE OF FLORIDA

COUNTY OF _____

Sworn to or affirmed and signed before me on
{date} _____

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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] This form was prepared for the {choose only **one**} () adoptee () stepparent

This form was completed with the assistance of:

{name of individual} _____,

{name of business} _____,

{address} _____,

{city} _____, {state} _____, {zip code} _____ {telephone number} _____.

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