INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW FORM 12.981(d)(1), PETITION FOR ADOPTION INFORMATION (03/15)

When should this form be used?

This form is used to request release of relevant medical or social information on an adoptee. You cannot use this form to find out the identity of birth parent(s).

This form should be typed or printed in black ink. After completing this form, you should sign the form before a <u>notary public</u> or <u>deputy clerk</u>. You should <u>file</u> the original with the <u>clerk of the circuit court</u> in the county where the adoption took place 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.

		THE JUDICIAL CIRCUIT,		
	IN AND FOR	COUNTY, FLORIDA		
		Case No.:		
IN RE	E: THE ADOPTION OF	Division:		
	Adoptee(s).			
	PETITION FOR AD	OPTION INFORMATION		
1.	I, {full legal name}	, am interested in this matter as:		
	{choose one only}			
	adult adoptee (over 18).			
	adoptive parent.			
	adult birth sibling.			
		·		
2.				
	was (were) born on {date}			
3.	I request nonidentifying information as to as follows: {indicate all that apply}	family medical history and social history of the adoptee(s)		
		ptive parents before finalization of the adoption.		
	If available, to be furnished to ado	ptee upon request after adoptee reaches majority.		
4.	The reason I am requesting disclosure of this information is:			
petit	ion and that the punishment for knowir	der oath to the truthfulness of the claims made in this ngly making a false statement includes fines and/or		
ımpr	isonment.			
Date	d:			
		Signature of Petitioner		
		Printed Name:		
		Address:		
		City, State, Zip:		
		Fox Number:		
		Fax Number:		
	l	Designated E-mail Address(es).		

STATE OF FLORIDA COUNTY OF			
Sworn to or affirmed	d and signed be	fore me on	by:
		NOTARY	PUBLIC or DEPUTY CLERK
		{Print, ty deputy c	pe, or stamp commissioned name of notary or lerk.}
Personally kno Produced ider Type of ider	ntification	uced	
[fill in all blanks] Thi () adoptive parent	s form was prep () adult birth	pared for the: {choose sibling () other {spec	SHE MUST FILL IN THE BLANKS BELOW: only one} () adult adoptee cify}
This form was comp {name of individual} {name of business}			
{address}			, {telephone number}