

**IN THE CIRCUIT COURT OF THE FIRST JUDICIAL CIRCUIT,
IN AND FOR ESCAMBIA COUNTY, FLORIDA**

IN RE: THE ADOPTION OF:

_____, Adoptee(s)
Name to be given child(ren)

Case No. _____
Division: _____

WAIVER OF FINAL HEARING ON PETITION FOR STEPPARENT ADOPTION

We, the undersigned, under oath and under penalty of perjury, swear or affirm as follows:

1. The Petitioner whose full name is _____ wishes to adopt the child(ren) in this action pursuant to Chapter 63, Florida Statutes.
2. We have carefully re-read the Petition for Stepparent Adoption. Everything said in it is true and accurate to the best of our knowledge and belief.
3. The child(ren) being adopted are:

Name	Place of Birth	Birth date	Sex
(a) _____	_____	_____	_____
(b) _____	_____	_____	_____
(c) _____	_____	_____	_____
(d) _____	_____	_____	_____

4. Petitioner and () Mother () Father of the child(ren) currently live at:
{street address, city, state} _____.
5. Both parties to this action for Stepparent Adoption are of sound mind and are not mentally incapacitated.
6. We respectfully request that the Court waive the requirement that we personally appear or testify before the Court on this matter. **We understand that the effect of the waiver is that the Final Judgment of Stepparent Adoption will be entered without further evidence or testimony.**
7. We respectfully request that a copy of the Final Judgment be mailed to us at the address listed below.

I have read completely the Waiver and fully understand the document. I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this request and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: _____

Signature of Petitioner (Stepparent)
Printed Name: _____
Address: _____

STATE OF FLORIDA
COUNTY OF ESCAMBIA

Sworn to or affirmed and signed before me on _____ by

NOTARY PUBLIC

[Print, type, or stamp commissioned name of notary.]

ERNIE LEE MAGAHA, CLERK

BY: _____
Deputy Clerk

____ Personally known
____ Produced identification
Type of identification produced _____

I have read completely the Waiver and fully understand the document. I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this request and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: _____

Signature of ()Mother ()Father
Printed Name: _____
Address: _____

STATE OF FLORIDA
COUNTY OF ESCAMBIA

Sworn to or affirmed and signed before me on _____ by

NOTARY PUBLIC

[Print, type, or stamp commissioned name of notary.]

ERNIE LEE MAGAHA, CLERK

BY: _____
Deputy Clerk

____ Personally known
____ Produced identification
Type of identification produced _____