

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

IN THE INTEREST OF:

_____,
Date of Birth: _____

Case No. _____

Date of Birth: _____

Division: A @

**WAIVER OF PERSONAL APPEARANCE ON FINAL JUDGMENT
FOR TEMPORARY LEGAL CUSTODY**

I/We, *{full legal name(s)}* _____ _ being
sworn, certify that the following information is true:

1. I/We have filed a Verified Petition for Legal Custody pursuant to Chapter 751, Florida Statutes.
2. I/We am/are qualified to petition for this action for temporary custody.
3. (a) The child's name is _____.
(b) The child's date of birth is _____.
4. The current address of the child is _____
5. The names and addresses of the child(ren)'s parents are:

Mother	Father
Street Address	Street Address
City, State, Zip Code	City, State, Zip Code
6. The child's parent(s) have filed a Consent to give Temporary Custody of the child to me/us or a Default was entered by the Court.
7. All of the information stated in the Verified Petition for Temporary Legal Custody is true and accurate.
8. I/We understand that the the parent(s) may request that the Court return custody to them at any time.
9. I/We have no information of any custody proceeding pending in a court of this state or any other state concerning the child(ren) subject to this proceeding.
10. I/We respectfully request that the Court waive the requirement that I/We personally appear or testify before the Court on this matter. **I/We understand that the effect of the waiver is that the Final Judgment will be entered without further evidence or testimony.**
11. I/We respectfully request that a copy of the Final Judgment be mailed to me/us at the address(es) 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
Printed Name: _____
Address: _____

STATE OF FLORIDA
COUNTY OF ESCAMBIA

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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Dated: _____

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