

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)

**AFFIDAVIT OF PARENTAL CONSENT TO TEMPORARY PARENTAL RESPONSIBILITY
BY EXTENDED FAMILY PURSUANT TO CHAPTER 751, FLORIDA STATUTES**

**STATE OF FLORIDA
COUNTY OF BREVARD**

THE UNDERSIGNED, BEING DULY SWORN HEREBY STATES:

1. My name is _____.
2. My current address is _____.
3. I am the (___) Mother (___) Father of:

CHILD(REN)'S NAME(S)

DATE OF BIRTH

<u>CHILD(REN)'S NAME(S)</u>	<u>DATE OF BIRTH</u>
_____	_____
_____	_____
_____	_____
_____	_____

4. I hereby give my consent for _____
to have temporary legal parental responsibility of my child.
5. I understand that this consent will be filed with the Circuit Court of the Eighteenth Judicial
Circuit In and For Brevard County, Florida..
6. I understand that at any time after the Court enters an Order awarding temporary legal
parental responsibility of my child to _____, I may request
that the Court terminate the Order and return legal parental responsibility to me if the Court finds that
I am a fit parent.

7. I understand that by giving this consent, the Court will authorize _____ to take all necessary steps to care for my child(ren), including but not limited to the following:
- A. Authorize and consent to all reasonable and necessary medical and dental care, including non-emergency surgery and psychiatric care;
 - B. Secure copies of the child(ren)'s records held by third parties that are necessary to the care of the child, including but not limited to: medical, dental, psychiatric records, birth certificates and educational records;
 - C. Enroll the child(ren) in school and grant or withhold consent for the child(ren) to be tested or placed in special school programs, including exceptional education;
 - D. Do all other things necessary for the care of the child(ren).
8. I have given this consent freely and voluntarily.

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

**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.