

IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT
IN AND FOR ST. LUCIE COUNTY, FLORIDA

IN THE INTEREST OF:

CASE NO.: 5620 ___ DP 000 _____

_____, DOB: _____,

A Minor Child.

_____ /

**AFFIDAVIT AND ACKNOWLEDGEMENT OF SURRENDER, CONSENT
AND WAIVER OF NOTICE**

I, _____, being duly sworn, testify and say:

1. I am the mother/father of _____, a female/male child born on _____, in _____ County, Florida;

2. I believe it is in the best interest of this child to release this child to the Department of Children and Families to be adopted.

3. I surrender this child to the Department of Children and Families, an agency willing to take this child and place this child for adoption.

4. By this surrender I give up my rights to receive notice of any and all future hearings and proceedings regarding this child, including legal adoptions hearings.

5. I HEREBY CONSENT PERMANENTLY, COMPLETELY AND FINALLY TO:

a. The permanent commitment of this child to the Department of Children and Families for subsequent adoption.

b. The permanent deprivation of my present parental rights to this child.

6. I hereby give up all rights to future information concerning the whereabouts of this child, or the identity or location of any adoptive parent of this child, and I give up my right to have any court compel the Department of Children and Families, or any of its authorized agents, to give me any such information.

7. I HEREBY ACKNOWLEDGE that I have read this form concerning this child, _____ and I clearly understand its meaning and it is correct and true to the best of my knowledge and belief, and I have freely and voluntarily signed this Affidavit and Acknowledgment of Surrender, Consent and Waiver of Notice in order to release this child for adoption.

8. I was informed of my right to an attorney in the proceeding to terminate parental rights, including the right of an indigent person to be represented by court appointed counsel, and I have, in fact, been represented by counsel through the proceedings and for the purpose of signing this affidavit.

**AFFIDAVIT AND ACKNOWLEDGEMENT OF SURRENDER, CONSENT
AND WAIVER OF NOTICE**

9. I acknowledge that by signing this affidavit I am waiving any right to pursue a claim of ineffective assistance of counsel after my parental rights are terminated.

SIGNED AND SEALED at Fort Pierce, St. Lucie County, Florida, on _____.

Signature
Name _____
Address _____

Zip Code _____
Phone (_____) _____

Signed and acknowledged in our presence:

Witness Signature
Printed Name _____
Address _____

Phone (_____) _____ E-Mail _____

Witness Signature
Printed Name _____
Address _____

Phone (_____) _____ E-Mail _____

SWORN to by the above named parent before me on _____, 20__. I find that the parent is alert, intelligent, understands the allegations and the nature and consequences of entering this Acknowledgment of Surrender, Consent, and Waiver of Notice and has entered same freely and voluntarily.

MICHAEL LINN, CIRCUIT JUDGE

FILED IN OPEN COURT ON THE ABOVE DATE

Copies provided to:

- DCF/CLS
- FATHER'S ATTORNEY
- MOTHER'S ATTORNEY
- GAL
- AAL