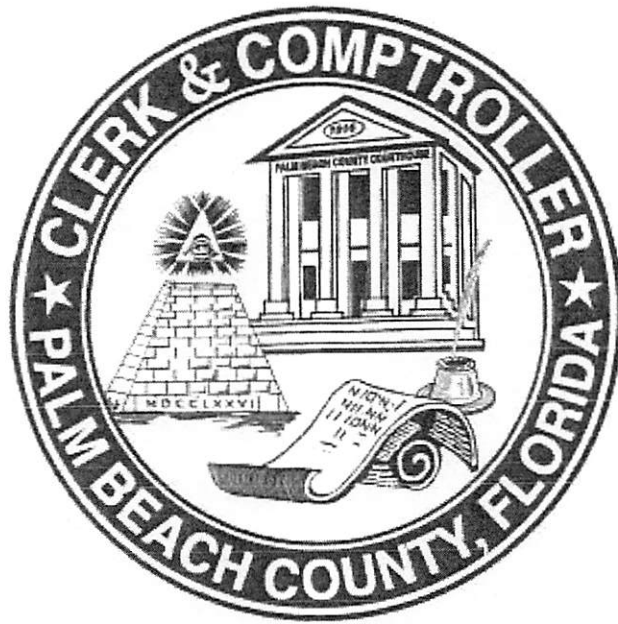


Sharon R. Bock
CLERK & COMPTROLLER
SELF SERVICE CENTER

Your Guide Through The Courts



Packet # 62

Revised 06/2014
09/2014

PETITION FOR ADOPTION
INFORMATION

NON-REFUNDABLE

(13 PAGES)

\$4.00

SELF SERVICE CENTER SERVICES

All instructions and forms distributed by the Clerk & Comptroller are provided as a public service to persons seeking to represent themselves in court without the assistance of an attorney. These documents are meant to serve as a guide only, and to assist *pro se* (self-represented) litigants with their cases. Any person using these instructions and/or forms does so at his or her own risk, and the Clerk shall not be responsible for any losses incurred by any person in reliance on the instructions and/or forms.

Attorney Consultation *	\$15.00/15 minutes
Attorney Consultation *	\$30.00/30 minutes
Attorney Consultation *	\$60.00/60 minutes
Deputy Clerk Signing	\$3.50/signature
Notary signing	\$10.00/signature
Copies prior to filing	\$.15/page
Single Forms	\$1.00/page
Fax Services	\$1.00/page
Community Resource Referral- pamphlets	NO FEE

* Attorneys do not provide legal advice - will assist on procedural matters/filling out legal forms

****FEES ARE SUBJECT TO CHANGE WITHOUT NOTICE****

You may file and obtain information at the following locations:

Palm Beach County Courthouse
205 N. Dixie Highway, Rm #3.2200
West Palm Beach, Florida 33401
561-355-7048

North County Courthouse
3188 PGA Blvd
Palm Beach Gardens, Florida 33410
561-624-6650

South County Courthouse
200 W. Atlantic Ave.
Delray Beach, Florida 33444
561-274-1588

West County Courthouse
2950 State Road 15, Rm. #S-100
Belle Glade, Florida 33430
561-996-4843

The Self Service Information Line
Unified Family Court Dept. (for information regarding an existing case)
Visit us at our web site
Legal Aid Society (if you can't afford an attorney)
Lawyer Referral Service of the PBC Bar Association

(561) 355-7048
(561) 355-6511
www.mypalmbeachclerk.com
(561) 655-8944
(561) 687-3266
Revised 05/2013

PETITION FOR ADOPTION INFORMATION

Packet # 62

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).

The Petitioner must complete and file the following forms:

✓ Petition for Adoption Information 12.981(d)(1) - 03/28/2002

Page

6

Please bring the following forms with you to the final hearing: (Do Not File With Clerk)

✓ Order Releasing Adoption Information 12.981(d)(2) - 03/28/ 2002

8

These forms should be completed and filed, IF APPLICABLE

✓ Designation of Current Mailing and E-Mail Address and Directions to
Provide E-Mail Address to Court Administration, A.O. 2.310 (04/13)

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Fees

Reopening fee

\$ 50.00

* Fees may be paid by cash, credit card, your personal check or money order payable to Sharon R. Bock, Clerk & Comptroller, Palm Beach County.

If you do not have the money to pay the filing fee, you may obtain an Application for Determination of Civil Indigent Status from the clerk, fill it out, and the clerk will determine whether you are eligible to have filing fees deferred.

READ THE INSTRUCTIONS/INFORMATION BEFORE COMPLETING THE FORMS FOR FILING

DO NOT SIGN ANY DOCUMENTS THAT REQUIRE A NOTARY OR DEPUTY CLERK UNTIL YOU ARE IN FRONT OF THE NOTARY OR DEPUTY CLERK

INSTRUCTIONS FOR FILING

- The forms should be typed or printed in black ink.
 - Both parties must sign before a Notary or Deputy Clerk before filing with the clerk
-
- ☐ The petitioner should file the originals with the Clerk & Comptroller's office.
 - ☐ If you want your copies stamped with the date of filing, make sure you give the Clerk your copies. (If you mail your documents, make sure you provide an extra pre-addressed stamped envelope so they may return your copies)
 - ☐ **IT IS YOUR RESPONSIBILITY TO KEEP TRACK OF YOUR CASE**

CAUTION:

Forms are to be completed in block letters or typed; NO EXCEPTIONS! Names must be the same on all forms completed by the parties; no full names on one document and initials on another. This packet may not contain all the forms you may need to file your case. Additional forms are available in the Clerk & Comptroller's Self Service Center at each courthouse location. The Clerk & Comptroller's Clerks can not suggest specific information to be included in the blanks on your forms or fill out forms for you.

REMEMBER !

BRING OR SEND PRE-ADDRESSED (PRINT NAME AND ADDRESS) STAMPED ENVELOPES WITH YOUR PAPERS FOR EACH PARTY ON YOUR CASE


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

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 **notary public** or **deputy clerk**. You should **file** the original with the **clerk of the circuit court** in the county where the adoption took place and keep a copy for your records.

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.

IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT,
IN AND FOR PALM BEACH COUNTY, FLORIDA

Case No.: _____
Division: _____

IN RE: THE ADOPTION OF

_____,
Adoptee(s).

PETITION FOR ADOPTION INFORMATION

1. I, *{full legal name}* _____, am interested in this matter as:
[☒ **one** only]
____ adult adoptee (over 18).
____ adoptive parent.
____ adult birth sibling.
____ other: *{specify}* _____.
2. The adoptee(s), *{name(s)}* _____
was (were) born on *{date}* _____.
3. I request nonidentifying information as to family medical history and social history of the adoptee(s) as follows:
[☒ **all** that apply]
____ If available, to be furnished to adoptive parents before finalization of the adoption.
____ If available, to be furnished to adoptee upon request after adoptee reaches majority.
4. The reason I am requesting disclosure of this information is: _____

_____.

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this petition and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: _____

Signature of Party
Printed Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____

STATE OF FLORIDA
COUNTY OF PALM BEACH

Sworn to or affirmed and signed before me on _____ by _____.

NOTARY PUBLIC or DEPUTY CLERK

Florida Supreme Court Approved Family Law Form 12.981(d)(1), Petition for Adoption Information (03/02)

[Print, type, or stamp commissioned name of notary
or deputy 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: [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 _____, fill out this form.

IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT,
IN AND FOR PALM BEACH COUNTY, FLORIDA

Case No.: _____

Division: _____

IN RE: THE ADOPTION OF

_____,
Adoptee(s).

ORDER RELEASING ADOPTION INFORMATION

This case came before the Court upon the Petition for Adoption Information, and the Court being fully advised in the premises, it is ORDERED:

- ____ 1. The Petitioner shall receive
- ____ a. nonidentifying information as to: _____.
- ____ b. identifying information as to: _____.
- ____ c. all records relating to the adoption proceedings.
- ____ 2. The petition is denied in whole or in part because: _____.

ORDERED on _____.

CIRCUIT JUDGE

COPIES TO:

Petitioner (or his or her attorney)

Respondent (or his or her attorney)



THE
15TH JUDICIAL CIRCUIT
OF FLORIDA
ADMINISTRATIVE OFFICE OF THE COURT

E-SERVICE INSTRUCTIONS FOR SELF REPRESENTED PARTIES

Pursuant to the Florida Rule of Judicial Administration 2.516, self-represented parties involved in any type of case in any Florida court, may, but are not required to, serve on the opposing party's attorney court documents by e-mail.

E-mail Service to/from an Opposing Party: Self-represented parties opting to serve court documents by e-mail may do so by designating a primary e-mail address (and up to 2 secondary e-mail addresses) for receiving service in that proceeding. This designation only informs the other side of your email address. Once a party has filed an e-mail address designation in a proceeding, all court documents required or permitted to be served on a party must be served by e-mail unless the parties otherwise agree or a court orders otherwise.

E-Mail Service from Participating Judges: Self-represented parties who want to receive court orders and other court documents from judges who use e-mail service **MUST** register with the 15th Judicial Circuit's online services system at **www.15thcircuit.com/html/online services**. You will NOT receive court documents from participating judges unless and until you register with the 15th Judicial Circuit's online system.

Form of Email: E-mail service is made by attaching a copy of the document to be served in PDF format to an e-mail. The e-mail's subject line must state "SERVICE OF COURT DOCUMENT" in all capital letters, followed by the case number of the relevant proceeding. The body of the e-mail must identify the: (1) court in which the proceeding is pending; (2) case number; (3) name of the initial party on each side; (3) title of each document served with that e-mail; (4) sender's name; (5) sender's telephone number. The e-mail and attachments together may not exceed 5 megabytes in size; e-mails that exceed the size requirement must be divided into separate e-mails (no one of which may exceed 5 megabytes) and labeled sequentially in the subject line. Documents served by e-mail may be signed by "/s/", "/s/" or "s/" as long as the document filed with the Clerk's Office is signed in accordance with the applicable rule of procedure.

Service Dates: Service by e-mail is deemed complete on the date it is sent. E-mail service is treated as service by mail for the computation of time. When, in addition to service by e-mail, the sender also utilizes another means of service provided for in the Rules of Judicial Administration, the computation of time will be based on the method of service that has the shortest response time.

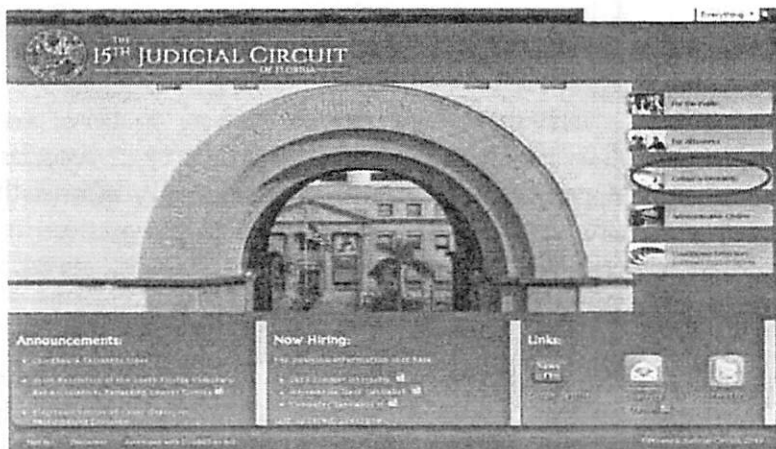
Filing of Documents: The Rules of Judicial Administration require that all documents be filed with the court either before service on the opposing party or immediately thereafter. Documents are deemed filed when they are filed with the clerk of court. If the sender learns that the e-mail did not reach the address of the person to be served, the sender must immediately send another copy by e-mail, or serve by a means authorized by subdivision (b)(2) of the Rules of Judicial Administration.

Instructions for E-Service Registration for Self Represented Litigants, (06/13)

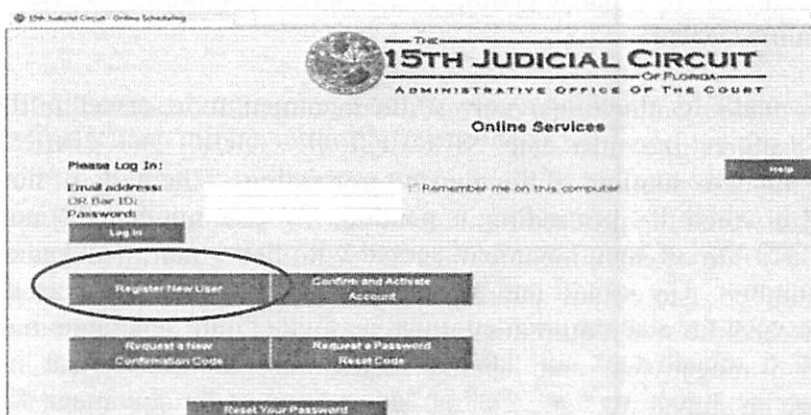


THE
15TH JUDICIAL CIRCUIT
OF FLORIDA
ADMINISTRATIVE OFFICE OF THE COURT

Instructions for E-Service Registration For Self Represented Litigants

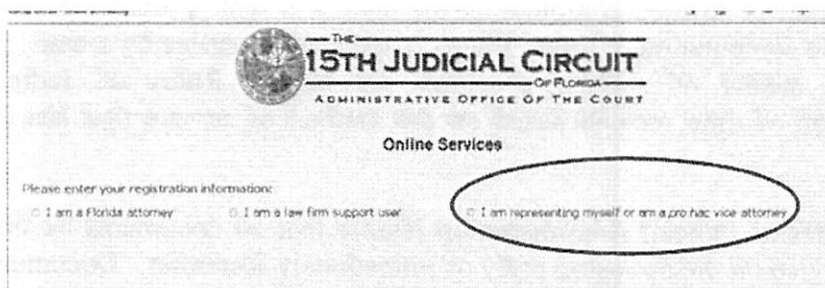


- Go to www.15thcircuit.com
- Select Online Scheduling
- Select Online Scheduling Application



This will take you to the Log In Screen.

First time users click on "Register New User".



Select the "Pro se/ Pro hac vice" button

Enter the information requested in the fields provided.

NOTE:

The e-mail address listed here is for logging into Court e-service applications. This address is NOT FOR USE as an e-service email address unless you want it to be.

Simply type the code in the space provided and press the green submit button.

The account has now been created.

A confirmation email will be sent to registered login email address.

IMPORTANT:

The user MUST accept and login within 24 hours.

Instructions for E-Service Registration for Self Represented Litigants, (06/13)

IN THE CIRCUIT/COUNTY COURT OF THE FIFTEENTH JUDICIAL CIRCUIT
IN AND FOR PALM BEACH COUNTY, FLORIDA

CASE NO.: _____

_____,
Plaintiff/Petitioner

v.

_____,
Defendant/Respondent.

**DESIGNATION OF CURRENT MAILING AND E-MAIL ADDRESS AND
DIRECTIONS TO PROVIDE E-MAIL ADDRESS TO COURT ADMINISTRATION**

I, (full legal name) _____, being sworn, certify that my
current mailing address is: {Street} _____
{City} _____, {State} _____, {Zip} _____
{Telephone No.} _____ {Fax No.} _____

I designate as my current e-mail address(es) (up to 3 different email address): _____
_____.

1. I understand that in order to receive court orders from participating judicial divisions in the Fifteenth Judicial Circuit/Palm Beach County, I must register my email address with Court Administration by going to www.15thcircuit.com/html/oneservices.
2. I further understand that simply listing an email address on this form will NOT inform the judge or case manager of my email address and that I MUST register on line with the Court's online e-registration system.
3. Once registered, I agree to accept email service of court orders or documents sent by the court.
4. By completing this form I am authorizing participating Judicial Divisions and the Court of the Clerk, of the Fifteenth Judicial Circuit Court of Florida to send copies of orders/judgment, notices or other written communications to me by e-mail and not through regular U.S. Mail.
5. I understand that I must keep the clerk's office and the opposing party or parties notified of my current mailing and e-mail address(es) and that all future papers in this lawsuit will be served at the address(es) on record at the clerk's office.
6. I will ensure the software filters have been removed from my computer, so it does not interfere with my ability to receive any of the above documents.

Designation of Current Mailing and E-Mail Address and Directions to Provide E-mail Address to Court Administration (04/13)

I certify that a copy of this document was {check all used}: () e-mailed () mailed () faxed
() hand-delivered to the person(s) listed below on {date}_____.

Other party or his/her attorney

Name: _____
Address: _____
City, State, Zip: _____
Fax Number: _____
E-Mail Address(es): _____

Dated: _____ Signature of Party _____

STATE OF FLORIDA
COUNTY OF PALM BEACH

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:**

[fill in all blanks] This form was prepared for the: {choose only one} () Petitioner () Respondent

This form was completed with the assistance of:

{name of individual} _____
{name of business} _____
{street} _____
{city} _____, {state} _____ {telephone number} _____

Designation of Current Mailing and E-Mail Address and Directions to Provide E-mail Address to Court Administration (04/13)

INSTRUCTIONS FOR NOTICE OF CHANGE OF ADDRESS

When should this form be used?

This form should be used when a you make any changes to your mailing/e-mailing address at anytime during the course of the case.

This form should be typed or printed in black ink. You should file the original with the clerk of the circuit court in the county where the petition was filed and keep a copy for your records.

What should I do next?

A copy of this form must be mailed or hand delivered to the other party in your case.

Special notes...

It is the party's responsibility to timely update their address. If you do not update your address timely, you may not receive documents filed in your case.

IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT,
IN AND FOR PALM BEACH COUNTY, FLORIDA

Case No.: _____

Division: _____

Plaintiff/Petitioner,

V.

Defendant/Respondent.

NOTICE OF CHANGE ADDRESS

Please be advised that the undersigned has changed their mailing address to:

Address: _____

City: _____

State: _____

Zip code: _____

Phone Number: _____

Please be advised that the undersigned has changed his/her email address to the following:

Email Address: _____

Signature

Printed Name

CERTIFICATE OF SERVICE

I certify that a copy of this document was mailed to the person listed below by U.S. Mail on the following date: _____.

Other party or his/her attorney:

Name: _____

Address: _____

City, State, Zip: _____

E-Mail: _____

Signature