


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 _____ JUDICIAL CIRCUIT,
IN AND FOR _____ 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 _____

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

NOTARY PUBLIC or DEPUTY CLERK

[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.