

**INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW  
FORM 12.981(d)(1),  
PETITION FOR ADOPTION INFORMATION  
(03/15)**

**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.

**IMPORTANT INFORMATION REGARDING E-FILING**

The Florida Rules of Judicial Administration now require that all petitions, pleadings, and documents be filed electronically except in certain circumstances. **Self-represented litigants may file petitions or other pleadings or documents electronically; however, they are not required to do so.** If you choose to file your pleadings or other documents electronically, you must do so in accordance with Florida Rule of Judicial Administration 2.525, and you must follow the procedures of the judicial circuit in which you file. **The rules and procedures should be carefully read and followed.**

**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 FIRST JUDICIAL  
CIRCUIT, IN AND FOR OKALOOSA 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:  
*{choose 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:  
*{indicate 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 Petitioner \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Designated E-mail Address(es): \_\_\_\_\_

\_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF OKALOOSA

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] This form was prepared for the: *{choose only one}* ( ) adult adoptee

( ) adoptive parent ( ) adult birth sibling ( ) other *{specify}* \_\_\_\_\_.

This form was completed with the assistance of:

*{name of individual}* \_\_\_\_\_,

*{name of business}* \_\_\_\_\_,

*{address}* \_\_\_\_\_,

*{city}* \_\_\_\_\_, *{state}* \_\_\_\_\_, *{zip code}* \_\_\_\_\_, *{telephone number}* \_\_\_\_\_.

# **INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW FORM 12.915, DESIGNATION OF CURRENT MAILING AND E-MAIL ADDRESS (11/15)**

## **When should this form be used?**

This form should be used to inform the clerk and the other **party** of your current mailing and e-mail address(es) or **any change of address**. It is very important that the court and the other party in your case have your correct address.

A party not represented by an attorney may choose to designate e-mail address(es) for **service**. A primary and up to two secondary e-mail addresses can be designated. If you do so and the other party is represented by an attorney or has also designated e-mail address(es) for service, e-mail will be the **exclusive means of service**.

If there is any change in your mailing or e-mail address(es), you must complete a new form, file it with the clerk, and serve a copy on any other party or parties in your case.

## **What should I do next?**

This form should be typed or printed in black ink. After completing this form, you should **file** the original with the **clerk of the circuit court** in the county where your case is filed and keep a copy for your records. A copy of this form must be served on any other party in your case. **Service** must be in accordance with Florida Rule of Judicial Administration 2.516.

## **IMPORTANT INFORMATION REGARDING E-FILING**

The Florida Rules of Judicial Administration now require that all petitions, pleadings, and documents be filed electronically except in certain circumstances. **Self-represented litigants may file petitions or other pleadings or documents electronically; however, they are not required to do so.** If you choose to file your pleadings or other documents electronically, you must do so in accordance with Florida Rule of Judicial Administration 2.525, and you must follow the procedures of the judicial circuit in which you file. **The rules and procedures should be carefully read and followed.**

## **IMPORTANT INFORMATION REGARDING E-SERVICE ELECTION**

After the initial service of process of the petition or supplemental petition by the Sheriff or certified process server, the Florida Rules of Judicial Administration now require that all documents required or permitted to be served on the other party must be served by electronic mail (e-mail) except in certain circumstances. **You must strictly comply with the format requirements set forth in the Rules of Judicial Administration.** If you elect to participate in

electronic service, which means serving or receiving pleadings by electronic mail (e-mail), or through the Florida Courts E-Filing Portal, you must review Florida Rules of Judicial Administration 2.516. You may find this rule at [www.flcourts.org](http://www.flcourts.org) through the link to the Rules of Judicial Administration provided under either Family Law Forms Getting Started, or Rules of Court in the A-Z Topical Index.

**SELF-REPRESENTED LITIGANTS MAY SERVE DOCUMENTS BY E-MAIL; HOWEVER, THEY ARE NOT REQUIRED TO DO SO.** If a self-represented litigant elects to serve and receive documents by e-mail, the procedures must always be followed once the initial election is made.

To serve and receive documents by e-mail, you must designate your e-mail addresses by using the **Designation of Current Mailing and E-mail Address**, Florida Supreme Court Approved Family Law Form 12.915, and you must provide your e-mail address on each form on which your signature appears. Please **CAREFULLY** read the rules and instructions for: **Certificate of Service (General)**, Florida Supreme Court Approved Family Law Form 12.914; **Designation of Current Mailing and E-mail Address**, Florida Supreme Court Approved Family Law Form 12.915; and Florida Rule of Judicial Administration 2.516.

### **Where can I look for more information?**

**Before proceeding, you should read General Information for Self-Represented Litigants found at the beginning of these forms.** The words that are in **bold underline** in these instructions are defined there.

### **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 FIRST JUDICIAL CIRCUIT,  
IN AND FOR OKALOOSA COUNTY, FLORIDA

Case No.: \_\_\_\_\_

Division: \_\_\_\_\_

\_\_\_\_\_  
Petitioner

and

\_\_\_\_\_  
Respondent.

**DESIGNATION OF CURRENT MAILING AND E-MAIL ADDRESS**

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): \_\_\_\_\_  
\_\_\_\_\_

**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.**

I certify that a copy of this document was (    ) 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: \_\_\_\_\_  
Designated E-mail Address(es): \_\_\_\_\_  
\_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Party

STATE OF FLORIDA  
COUNTY OF OKALOOSA

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}* \_\_\_\_\_, *{zipcode}* \_\_\_\_\_, *{telephone number}* \_\_\_\_\_.

IN THE CIRCUIT COURT OF THE FIRST JUDICIAL  
CIRCUIT, IN AND FOR OKALOOSA 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: \_\_\_\_\_  
\_\_\_\_\_.

DONE and ORDERED on \_\_\_\_\_, in \_\_\_\_\_, Florida.

\_\_\_\_\_  
CIRCUIT JUDGE

I certify that a copy of the {*name of document(s)*} \_\_\_\_\_  
was( ) mailed ( ) faxed and mailed ( ) e-mailed ( ) hand-delivered to the parties and to any other  
persons or entities listed below on {*date*} \_\_\_\_\_.

\_\_\_\_\_  
By: Clerk of Court, Designee, or Judicial Assistant

Petitioner (or his or her attorney)  
Respondent (or his or her attorney)  
Other: \_\_\_\_\_