

FLORIDA STATUTES CHAPTER 751 PROCEEDINGS WORKSHEET

Please complete the following questions as specifically as possible

Full Name:

Last	First	M. I.
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Address:

Street Address	Apt. #
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City	State	Zip Code
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Mailing Address (If different from above):

Are you expecting to leave the state or county: (select one) **YES** **NO**

If yes, please explain:

Date of Birth: _____

SSN: _____

Check the box which most accurately defines your relationship to the child and state relationship:

Relative of minor child within 3rd degree by blood or marriage to the parent. Describe:

Stepparent of minor child (if stepparent is currently married to parent of child and no pending dissolution of marriage or domestic violence or civil or criminal proceeding involving the child's parents.)

Fictive Kin (Means a person unrelated by birth, marriage, or adoption who has an emotionally significant relationship, which possesses the characteristics of a family relationship, to a child.)
Please describe your relationship to the child and why you would be considered a Fictive Kin:

Other Relationship. Describe:

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Please complete the following questions as specifically as possible

Have you been convicted of a crime: (select one) YES NO

If yes, please explain:

Are you currently being investigated by the Department of Children and Families:

(select one) YES NO

If yes, please explain:

Have there been any temporary or permanent orders for protection of or against either the parent, you, or the child: (select one) YES NO

If yes, which county, state, and case #:

If yes, give a brief explanation:

Have you participated as a party, witness, or in some other capacity in other litigation or custody proceeding litigation or custody proceedings in this or some other state, concerning custody of the child subject to proceeding: (select one) YES NO (If yes must provide order)

If yes, which county, state, and case #:

What is the period of time that you have the child and why:

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Please complete the following questions as specifically as possible

Is there more than one child that you wish to add in the above proceedings:

(select one) **YES** **NO** (If yes, you will need to complete a separate worksheet for each child)

Child's Name:

Last

First

M.I.

Child's Sex: (select one) **MALE** **FEMALE**

Child's Current Address:

Street Address

Apt. #

City

State

Zip Code

Mailing Address (If different from above):

Child's DOB:

Child's SSN:

Name of Child's Mother:

Will Mother Consent: (select one) **YES** **NO** *If not, explain below.

Mother's Address:

Name of Child's Father:

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Please complete the following questions as specifically as possible

Will Father Consent: (select one) **YES** **NO** *If not, explain below.

**Father's
Address:**

IS THE FATHER'S NAME ON THE BIRTH CERTIFICATE: (select one) **YES** **NO**

If Father or Mother does not consent, state specific acts or omission of Mother or Father which demonstrate that the parent(s) have abused, neglected, or abandoned the child:

CHILD'S RESIDENCE FOR THE PAST 5 YEARS (If more space needed see last sheet):

Dates (From/To)	Address (including city and state) where child lived	Name and present address of person child lived with	Relationship to child

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Please complete the following questions as specifically as possible

Is there or have there been any custody proceedings in any state regarding the child:

(select one) **YES** **NO** (If yes, you must provide the order establishing custody)

**If yes, which
County, State,
Case #:**

**Name/Address
of Person
Involved:**

Has physical custody Claims custody rights Claims visitation rights

**Name/Address
of Person
Involved:**

Has physical custody Claims custody rights Claims visitation rights.

Has child support been ordered: (select one) **YES** **NO** (If yes, you must provide the Order)

If yes, please explain how much/how often, as well as county, state, and case #:

Do you know anyone not a party in this matter who claims custody or visitation rights to the child:

(select one) **YES** **NO**

If yes, please provide their names and addresses:

I have read the foregoing and the facts alleged are true to the best of my knowledge and belief.

Signature:

Print Name:

Date:
