

**IN THE CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT  
IN AND FOR HILLSBOROUGH COUNTY, STATE OF FLORIDA  
JUVENILE DIVISION**

**IN THE INTEREST OF:**

**Case No.:** \_\_-DP-\_\_\_\_  
**Division:** D

_____	<b>DOB:</b> __/__/____
_____	<b>DOB:</b> __/__/____
_____	<b>DOB:</b> __/__/____
_____	<b>DOB:</b> __/__/____

**Minor child(ren).**

\_\_\_\_\_/

**MOTHER’S / FATHER’S WRITTEN CONSENT  
TO THE PETITION FOR ADJUDICATION OF DEPENDENCY**

- \_\_\_1. I, \_\_\_\_\_, the mother / father of the above listed child(ren), enter this written consent to the Petition for Adjudication of Dependency filed on \_\_\_\_\_ without admitting or denying the allegations in the Petition but understanding that the Court will make factual findings relying on the Petition. I consent to this Court finding my child(ren) dependent as set forth in the shelter petition.
- \_\_\_2. My lawyer has explained, and I fully understand, that a consent is neither an admission nor a denial, but is my consent to dependency requiring me to participate in a court-approved Case Plan. I understand that if the Court accepts my consent there will be no trial or evidentiary hearing and the Court will proceed to disposition of this case based upon my consent.
- \_\_\_3. I have received the Petition for Adjudication of Dependency and my lawyer has explained it fully to me.
- \_\_\_4. My lawyer has explained, and I fully understand, that if the Court accepts my consent, **I give up the following rights:**
- To have a trial or evidentiary hearing.
  - To see and hear all witnesses testify.
  - To have my lawyer question the witnesses against me under oath.
  - To have my lawyer present witnesses and evidence in my defense.
  - To have my lawyer present any defense I might have to the Court.
  - To testify and present my side of the case and to be questioned by the other side.
  - To require the other side to prove the allegations against me in the Petition for Adjudication of Dependency by a preponderance of the evidence.
  - To appeal a decision of this Court to a higher court.
- \_\_\_5. I understand there are facts the Department of Children and Families (hereafter “Department”) could use to prove the allegations against me.
- \_\_\_6. I understand that after I consent my child(ren) may be adjudicated dependent and the Court will make factual findings that I have abused, neglected, or abandoned my child(ren) as set forth in the Petition for Adjudication of Dependency.

- \_\_\_7. I understand that a Case Plan will be prepared that I can help create. I understand that I must sign the Case Plan and the Court will have to approve it.
- \_\_\_8. I understand that my court-approved Case Plan and permanency goal are designed to remedy the issues that brought my child(ren) into the care of the Department. I also understand that my Case Plan and permanency goal may change over the course of the case based upon my progress.
- \_\_\_9. If my child(ren) is/are in an out-of-home placement, I understand what is expected of me to achieve reunification with my child(ren), including that:
- I must take action to comply with my Case Plan so permanency with my child(ren) may occur within the shortest period of time possible, but no later than 1 year after my child(ren) was/were removed or adjudicated dependent, whichever comes first. I understand this is my responsibility.
  - I must stay in contact with my lawyer and my case manager and provide updated contact information to them if my phone number, address, or e-mail address changes. I understand this is my responsibility.
  - I must notify the parties (including my lawyer, my case manager, my Guardian ad Litem (if appointed), and the Court) in writing or on the record in a hearing of any barriers I have to completing the Case Plan within a reasonable time after I discover the barrier(s). A reasonable time is generally within 72 hours. I understand this is my responsibility.
  - If I fail to substantially comply with my Case Plan, my parental rights may be terminated and my child(ren)'s out-of-home placement may become permanent.
- \_\_\_10. I understand that if I am not substantially compliant with my Case Plan, or if I materially breach my Case Plan by my action or inaction, on or before (date)\_\_\_\_\_, the Department and Guardian ad Litem Program can file a Petition for Termination of Parental Rights against me and my child(ren)'s out-of-home placement may become permanent.
- \_\_\_11. I enter this written consent voluntarily and of my own free will. I have not been threatened, forced, mistreated, lied to, or pressured to give my consent. No one has promised me anything to get me to enter a consent. I am entering this written consent because I believe it is in my own and my child(ren)'s best interests.
- \_\_\_12. At this time, I am not under the influence of drugs, alcoholic beverages, or medication that would keep me from understanding this consent form and its consequences; however, within the last 72 hours, I have taken or am taking the following medication, drugs, or alcohol:\_\_\_\_\_.
- \_\_\_13. I do not have any physical or mental illness that would keep me from understanding this consent form and its consequences.
- \_\_\_14. I have read every word in this consent form and/or my lawyer has read it to me. I have discussed the consent form with my lawyer and I fully understand it. I have discussed my case and my choices with my lawyer. I have had adequate time to ask my lawyer questions and I am satisfied with his/her representation of my interests.

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\_\_\_15. I understand that this is an important decision. I understand that once I consent, I cannot change my mind and take it back.

\_\_\_\_\_  
Parent Signature                      Parent Printed Name                      Date

\_\_\_\_\_  
Attorney Signature                      Attorney Printed Name                      Date

\_\_\_\_\_  
Circuit Judge

SIGNED IN OPEN COURT at Tampa, Hillsborough County, State of Florida

this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

(If the consent form is not signed in open court, it must be endorsed in the presence of a Notary Public)

State of \_\_\_\_\_

County of \_\_\_\_\_

This instrument was signed or acknowledged before me on \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ by

\_\_\_\_\_.

Print name of signer(s)

\_\_\_ Personally known to me

or

\_\_\_ Proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to within the instrument.

Witness my hand and official seal/stamp

\_\_\_\_\_  
Notary Signature