

**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

_____	DOB: __/__/____
_____	DOB: __/__/____
_____	DOB: __/__/____
_____	DOB: __/__/____

Minor child(ren).

_____ /

**MOTHER’S / FATHER’S WRITTEN CONSENT
TO THE PETITION FOR TERMINATION OF PARENTAL RIGHTS**

- ___1. I, _____, the mother / father of the above listed child(ren), enter this written consent to the Petition for Termination of Parental Rights 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 terminating my parental rights 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 the petition seeking termination of my parental rights to the child(ren). 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 Termination of Parental Rights 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 Termination of Parental Rights by clear and convincing 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 permanently committed to the Department for the purposes of adoption, and the Court will make factual findings on grounds to terminate my parental rights to my child(ren) as set forth in the Petition for

Termination of Parental Rights.

- ___7. I understand that by consenting to the Petition for Termination of Parental Rights, I may lose my parental rights to the child(ren) without a trial.
- ___8. My lawyer has explained, and I fully understand, that if the Court accepts my consent, I:
- Will be a stranger to the child(ren).
 - Will have no right to see or talk to the child(ren).
 - Will have no right to visit the child(ren).
 - Will have no right to ask questions about how the child(ren) is/are doing.
 - Will have no right to know where the child(ren) is/are living.
 - Will have no right to know if the child(ren) move(s).
- ___9. 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.
- ___10. 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:_____.
- ___11. I do not have any physical or mental illness that would keep me from understanding this consent form and its consequences.
- ___12. 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.
- ___13. I understand that this is an important decision. I understand that once I consent, I cannot change my mind and take it back.
- ___14. I understand that under the law, after my consent is entered, it can only be withdrawn after a finding by the court that the consent was obtained by fraud or entered under duress.
- ___15. I understand that I have no control over who adopts the child(ren).
- ___16. I understand that I may update my address with the Department in the event the child(ren) want(s) to seek me out later. However, I do not have the right to compel the child(ren) to be given my address.
- ___17. I understand that I may write a letter to the child(ren) that will be held until the child(ren) reach(es) adulthood. However, I do not have the right to compel the child(ren) to respond to my letter nor do I have the right to have the letter delivered before the child(ren) reach(es) the age of eighteen.

Case No. ____-DP-____

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