Affordable Documents, Inc.

Post Office Box 96 ~ Mascotte, Florida 34753

Phone: 352-429-7875 ~ Fax: 352-429-0466

Email: affparalegal@aol.com

Website: www.affordabledocumentsinc.com

Thank you for your call regarding your step-parent adoption matter. Enclosed you will find the questionnaire regarding same. Please fill out and return with payment your paperwork will be processed immediately. If you wish to pay by credit card, please call and I can process over the phone.

If you have any questions, please call. Thanks again for your interest in Affordable Documents.

Sincerely,

Vicki Smith

Affordable Documents, Inc.

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**STATEMENT**

Preparation of Stepparent Adoption paperwork....................$300.00\*

\* This does not include ANY filing fees, etc.

Thank you for your patronage.

Affordable Documents, Inc.

### Service Disclosure and Liability Agreement

1. I, the customer, understand and agree that Affordable Documents, Inc. hereinafter referred to as A.D.I. are not licensed attorneys and do not practice law in the State of Florida.

2. I understand that A.D.I. may not, will not, and cannot provide me with: legal advice, representation in a court of law, a description of what my rights or remedies are, or tell me how to testify in court.

3. I hereby affirm and declare that I have not received from A.D.I. or any person in it’s employ any legal advice whatsoever; any verbal or written answers as to how to complete the Stepparent Adoption Questionnaire.

4. I hereby affirm and declare that A.D.I. has not engaged in any fraudulent, unfair, or deceptive conduct and has prepared the same according to my specific instructions, strictly with the information I provided A.D.I. within this Stepparent Adoption Questionnaire.

5. I understand and agree that any word processing or typing service errors made by A.D.I. will be corrected by A.D.I. at no charge. My acceptance of the completed documents prepared by A.D.I. indicates my approval of the contents therein.

6. I understand and agree that any balance due from work performed by A.D.I. is to be paid in full and no documents will be released until said balance is paid.

7. I understand and agree that A.D.I. will not be held responsible for any completed documents that are lost or stolen.

8. I understand and agree that A.D.I. assumes no liability resulting from my use of any misleading, deceptive, ambiguous, and/or fraudulent information received from me, which is subsequently incorporated into any document I have instructed A.D.I. to prepare for my filing within a court of law.

9. I, the customer hereby direct A.D.I. to process my Stepparent Adoption paperwork from the data received from the following numbered questions. This is a service that A.D.I. offers to the public at-large, and I hereby acknowledge and affirm that I have read the foregoing statements 1 through 9 in full, and that I understand and agree with same, as evidenced by my signature below.

*Customer's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

STEPPARENT ADOPTION INFORMATION SHEET

Mother’s name: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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

Telephone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The minor child(ren) subject to this petition is/are:

CHILD #1

Child’s Full Legal Name: SS#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Birth: Date of Birth: Sex:

**Child’s Residence for the past 5 years:**

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

CHILD #2

Child’s Full Legal Name: SS#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Birth: Date of Birth: Sex:

**Child’s Residence for the past 5 years:**

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

CHILD #3

Child’s Full Legal Name: SS#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Birth: Date of Birth: Sex:

**Child’s Residence for the past 5 years:**

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

**Please attach a copy of the birth certificate(s) of the minor child(ren).**

The minor child(ren) has (have) been known by all of the following names (do not include adoptive name to be known by)

The minor child(ren) would like to be known by the following name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A description and estimate of the value of any property of the adoptee(s) is(are) as follows:

The following are the names and addresses of persons whose consent to the adoption is required, but who have not consented:

**Name Address (include city, county and state)**

a.

b.

Please give an explanation as to why the consent has not been obtained.

The last known known employment of the child(ren)’s other parent, as of *{date}* \_\_\_\_\_\_\_\_\_\_, was:

Name of Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address City State Zip

Telephone No. Fax No.

If the other parent’s address or location is not known and cannot be determined, Youmust search a reasonable amount of the following sources of information and state the results. (Minimum of at least 5 sources)

        United States Post Office inquiry through Freedom of Information Act.

Result of search:

        Last known employment of the other parent, including name and address of employer. Addresses to which W-2 Forms or other wage and earning statements were mailed, and, if a pension or profit-sharing plan exists, then to what address any pension or plan payment is to be mailed. Result of search:

        Regulatory agencies, including professional or occupational licensing, in the area where the other parent last resided. Result of search:

        Names and addresses of relatives to the extent such can be reasonably obtained from the petitioner or other sources, contacts with those relatives and inquiry as to the other parent’s last known address. You are to follow up any leads of any addresses where the other parent may have moved. Relatives include, but are not limited to: parents, brothers, sisters, aunts, uncles, cousins, nieces, nephews, grandparents, great-grandparents, former or current in-laws, stepparents, and stepchildren. Result of search: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

        Information about the other parent’s possible death and, if dead, the date and location.

        Telephone listings in the area where the other parent last resided. Result of search: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

        Law enforcement agencies in the area where the other parent last resided. Result of search: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

        Highway Patrol records in the state where the other parent last resided.

Result of search: \_\_\_\_\_\_\_\_\_\_\_\_\_

        Department of Corrections records in the state where the other parent last resided.

Result of search: \_\_\_\_\_\_\_\_\_\_\_\_\_

        Hospitals in the last known area of the other parent’s residence.

Result of search: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

        Records of utility companies, which include water, sewer, cable TV, and electric in the last known area of the other parent’s residence. Result of search: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

        Records of the Armed Forces of the U.S. and their response as to whether or not there is any information about the other parent. (See Florida Supreme Court Approved Family Law Form 12.912(a), Memorandum for Certificate of Military Service.)

Result of search: \_\_\_\_\_\_\_\_\_\_\_\_\_

        Records of the tax assessor’s and tax collector’s office in the area where the other parent last resided. Result of search: \_\_\_\_\_\_\_\_\_\_\_\_\_

Search of one Internet databank locator service. Result of search: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

        Information held by all medical providers who rendered medical treatment or care to the mother and child, including the identity and location information of all persons listed by the mother as being financially responsible for the uninsured expenses of treatment or care and all persons who made such payments. Result of search:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

        Title IV-D (child support enforcement) agency records in the state of the other parent’s last known address. Result of search:

## STEPPARENT INFORMATION

Stepparent /Relative Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stepparent /Relative Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation to the children: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The child(ren) has (have) resided in my care and custody since *{date}* .

I wish to adopt the child(ren) because I would like to legally establish the parent-child relationship already existing between the child(ren) and me. Since the above date, I have been able to provide adequately for the material needs of the child(ren) and am able to continue doing so in the future, as well as to provide for the child(ren)’s mental and emotional well-being. My facilities and resources are as described here:

a. Facilities: *{describe residence}*

b. Resources: *{describe employment, income and other financial resources}*

I am years old, and have resided at *{street address}*,

*{city}* , *{county}* *{state}* for years.

For Step-parents only:

I married the (    ) father or (    ) mother of the child(ren) on *{date}* ,

in *{city}* *{county}* , *{state}* , The following are the dates and places of my divorces, if any:

**Date of Divorce Place of Divorce**

a. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DISCLOSURE FROM NONLAWYER**

*VICKI SMITH*, told me that she is a nonlawyer and may not give legal advice, cannot tell me what my rights or remedies are, cannot tell me how to testify in court, and cannot represent me in court.

Rule 10-2.1(b) of the Rules Regulating The Florida Bar defines a paralegal as a person who works under the supervision of a member of The Florida Bar and who performs specifically delegated substantive legal work for which a member of The Florida Bar is responsible. Only persons who meet the definition may call themselves paralegals. *VICKI SMITH*  informed me that she is not a paralegal and cannot call herself a paralegal.

*VICKI SMITH*, told me that she may only type the factual information provided by me in writing into the blanks on the form. *VICKI SMITH*, may not help me fill in the form and may not complete the form for me. If using a form approved by the Supreme Court of Florida, *VICKI SMITH*,may ask me factual questions to fill in the blanks on the form and may also tell me how to file the form.

[**√** **one** only]

**\_\_\_** I can read English.

\_\_\_ I cannot read English, but this disclosure was read to me [fill in **both** blanks] by

*{name}*  in *{language}*  , which I understand.

Dated:

Signature of Party

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