

## **INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW FORM, 12.970(d), WAIVER OF SERVICE OF PROCESS AND CONSENT FOR CONCURRENT CUSTODY BY EXTENDED FAMILY (04/11)**

This form is to be completed and signed by a parent who agrees to grant **concurrent custody** of a minor child or child(ren) to an **extended family member** and who agrees to waive **service** of process. Service of process occurs when a summons and a copy of the petition (or other pleading) that has been filed with the court are delivered by a deputy or private process server. "Concurrent custody" means that an eligible extended family member is awarded custodial rights to care for a child or children concurrently with the child(ren)'s parent or parents.

**An Extended Family Member is:**

A relative of a minor child within the third degree by blood or marriage to the parent;

OR

The stepparent of a minor child if the stepparent is currently married to the parent of the child and is not a party in a pending dissolution, separate maintenance, domestic violence, or other civil or criminal proceeding in any court of competent jurisdiction involving one or both of the child(ren)'s parents as an adverse party.

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 **Petition for Concurrent Custody by Extended Family**, Florida Supreme Court Approved Family Law Form 12.970(b) is filed and keep a copy for your records.

### ***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 a **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 **must** also 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 \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

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

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

\_\_\_\_\_  
Petitioner,

and

\_\_\_\_\_  
Respondent/Mother,

\_\_\_\_\_  
Respondent/Father.

**WAIVER OF SERVICE OF PROCESS AND CONSENT FOR CONCURRENT CUSTODY BY EXTENDED FAMILY**

I, \_\_\_\_\_, the legal  Mother  Father of

{child(ren)'s name(s)} \_\_\_\_\_, having received a copy of the  
Petition for Concurrent Custody by Extended Family filed herein and waived service of process, freely  
and voluntarily consent to the Petition filed by {Petitioner's Name} \_\_\_\_\_.

I realize that by signing this document, I am consenting to the Petitioner having temporary concurrent  
custody of the minor child(ren) and that such concurrent custody is in the best interest of the child(ren).

Upon entry of an Order, the Petitioner shall be able to:

1. Consent to all necessary and reasonable medical and dental care for the child(ren), including nonemergency surgery and psychiatric care;
2. Secure copies of the child(ren)'s records, held by third parties, that are necessary for the care of the child(ren), including, but not limited to:
  - a. Medical, dental, and psychiatric records;
  - b. Birth Certificates and other records, and
  - c. Educational records.
3. Enroll the child(ren) in school and grant or withhold consent for the child(ren) to be tested or placed in special school programs, including exceptional education; and
4. Do all other things necessary for the care of the child(ren).

I realize that the concurrent custody of my child(ren) by the Petitioner is temporary and that I may, at any time, petition the court to return legal custody to me.

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

\_\_\_\_\_  
Signature of Parent  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

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]  
I, {full legal name and trade name of nonlawyer} \_\_\_\_\_  
a nonlawyer, whose address is {street} \_\_\_\_\_,  
{city} \_\_\_\_\_, {state} \_\_\_\_\_, {phone} \_\_\_\_\_,  
helped {name} \_\_\_\_\_ who is a Respondent, fill out this form.