

IN THE CIRCUIT COURT OF THE FIRST JUDICIAL CIRCUIT,  
IN AND FOR ESCAMBIA COUNTY, FLORIDA

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

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

IN RE: ADOPTION BY STEPPARENT OF

\_\_\_\_\_,  
Minor Child(ren).

**AFFIDAVIT OF DILIGENT SEARCH**

I, *{full legal name}* \_\_\_\_\_, being sworn, certify that the following information is true:

1. I am the child(ren)'s ( ) mother ( ) father.
2. The last known address of the child(ren)'s other parent *{name}* \_\_\_\_\_, as of *{date}* \_\_\_\_\_, was:

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Telephone No. Fax No.

His/her last known employment, as of *{date}* \_\_\_\_\_, was:

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

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Telephone No. Fax No.

3. The other parent is over the age of 18.
4. The other parent's address or location is not known and cannot be determined, although I have made a diligent search and inquiry to locate him/her through the following:  
**You must search ALL of the following sources of information and state the results.**  
\_\_\_\_ 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 data bank 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: \_\_\_\_\_

**I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this affidavit and that the punishment for knowingly making a false statement includes fines and/or imprisonment.**

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

\_\_\_\_\_  
Signature of Petitioner

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

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

City, State, Zip: \_\_\_\_\_

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, located at *{street}* \_\_\_\_\_, *{city}* \_\_\_\_\_,  
*{state}* \_\_\_\_\_, *{phone}* \_\_\_\_\_, helped *{name}* \_\_\_\_\_,  
who is the petitioner, fill out this form.