

IN THE CIRCUIT COURT, SIXTH JUDICIAL CIRCUIT  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

IN RE: The interest of

Petition No. \_\_\_\_\_

Spn No. \_\_\_\_\_

\_\_\_\_\_  
A Child

**WAIVER AND CONSENT**

I, \_\_\_\_\_,  mother  father  legal  
custodian/Guardian (*check one*) of the above named child, having received a copy of the Petition  
for Removal of Disabilities of Nonage filed in the above action hereby waive my right to a  
hearing and hereby consent to the removal of disabilities of nonage regarding the above named  
child.

\_\_\_\_\_  
Mother

\_\_\_\_\_  
Father

\_\_\_\_\_  
Legal Custodian / Guardian

STATE OF FLORIDA  
COUNTY OF PASCO

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of  
\_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_, who personally  
appeared before me at the time of notarization, and who is personally known to me or who has  
produced \_\_\_\_\_ as identification and who did (did not) take an  
oath.

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

\_\_\_\_\_  
Notary Public – Print Name

**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.