

Law Office of Kimberly A. Gossett, PA

Adoption Application

Please include the following with your completed application:

- ❖ A copy of your home study

We only require the signed, notarized home study report and agency license. Please do not include any additional attachments.

- ❖ \$250 application fee

Please indicate the payment method used.

- ☐ Checks are made out to: The Law Office of Kimberly A. Gossett
- ☐ Zelle payments are sent to: kgossett@beacheselderlaw.com
- ☐ Cash accepted with mailed application packages

- ❖ At least 3 profile books

We ask that you mail your profile books to our office via trackable mail. Our address is 2850-50 Isabella Blvd. Jacksonville Beach, Florida 32250. We do accept electronic copies of profile books for your file.

Adoption applications and home studies are acceptable via email at frontdesk@beacheselderlaw.com. Please send all other materials via trackable mail.

Adoptive Family Information

Date of Application: _____

Adoptive Parent 1 Name: _____

Adoptive Parent 2 Name: _____

Street Address: _____

City: _____ State: _____ County: _____ Zip Code: _____

Adoptive Parent 1 Home / Work / Cell: _____

Adoptive Parent 2 Home / Work / Cell: _____

Email: _____

*****Please only include one preferred email to receive open expectant mother situations*****

Do you have children? YES / NO

If Yes, how many? _____

Name: _____ Age: _____ Biological / Adopted

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Are you comfortable with drug/alcohol exposure in utero? YES / NO

Specify what you are comfortable with: _____

Are you comfortable with mental illness? YES / NO

Specify what you are comfortable with: _____

Do you agree to not use corporal punishment on an adoptive child through our office and sign our agreement? YES / NO

Are you comfortable with an open adoption? YES / NO

Are you comfortable with yearly visits and direct communication? YES / NO

Specify level of openness: _____

Are you comfortable with all races and ethnicities? YES / NO

Specify: _____

Are you working with an adoption consultant? YES / NO Who? _____

How did you hear about us?

Specify: _____

Please list the adoption education / training courses you have completed:

What is your adoption budget? \$ _____

ADOPTION DISCLOSURE

THE STATE OF FLORIDA REQUIRES THAT THIS FORM BE PROVIDED TO ALL PERSONS CONSIDERING ADOPTING A MINOR OR SEEKING TO PLACE A MINOR FOR ADOPTION, TO ADVISE THEM OF THE FOLLOWING FACTS REGARDING ADOPTION UNDER FLORIDA LAW:

1. The name, address, and telephone number of the adoption entity providing this disclosure is:

Law Office of Kimberly A. Gossett
2850-50 Isabella Boulevard
Jacksonville Beach, FL 32250
904-372-0185

2. The adoption entity does not provide legal representation or advice to parents or anyone signing a consent for adoption or affidavit of nonpaternity, and parents have the right to consult with an attorney of their own choosing to advise them.

3. With the exception of an adoption by a stepparent or relative, a child cannot be placed into a prospective adoptive home unless the prospective adoptive parents have received a favorable preliminary home study, including criminal and child abuse clearances.

4. A valid consent for adoption may not be signed by the birth mother until 48 hours after the birth of the child, or the day the birth mother is notified, in writing, that she is fit for discharge from the licensed hospital or birth center. Any man may sign a valid consent for adoption at any time after the birth of the child.

5. A consent for adoption signed before the child attains the age of six months is binding and irrevocable from the moment it is signed unless it can be proven in court that the consent was obtained by fraud or duress. A consent for adoption signed after the child attains the age of six months is valid from the moment it is signed; however, it may be revoked up to three business days after it was signed.

6. A consent for adoption is not valid if the signature of the person who signed the consent was obtained by fraud or duress.

7. An unmarried biological father must act immediately in order to protect his parental rights. F.S. 63.062 prescribes that any father seeking to establish his right to consent to the adoption of his child must file a claim of paternity with the Florida Putative Father Registry maintained by the Office of Vital Statistics of the Department of Health by the date a petition to terminate

parental rights is filed with the court, or within 30 days after receiving service of a Notice of Intended Adoption Plan. If he receives a Notice of Intended Adoption Plan, he must file a claim of paternity with the Florida Putative Father Registry, file a parenting plan with the court, and provide financial support to the mother or child within 30 days following service. An unmarried biological father's failure to timely respond to a Notice of Intended Adoption Plan constitutes an irrevocable legal waiver of any and all rights that the father may have to the child. A claim of paternity registration form for the Florida Putative Father Registry may be obtained from any local office of the Department of Health, Office of Vital Statistics, the Department of Children and Families, the Internet websites for these agencies, and the offices of the clerks of the Florida circuit courts. The claim of paternity form must be submitted to the Office of Vital Statistics, Attention: Adoption Unit, P.O. Box 210, Jacksonville, FL 32231

8. There are alternatives to adoption, including foster care, relative care, and parenting the child. There may be services and sources of financial assistance in the community available to parents if they choose to parent the child.

9. A parent has the right to have a witness of his or her choice, who is unconnected with the adoption entity or the adoptive parents, to be present and witness the signing of the consent or affidavit of nonpaternity.

10. A parent 14 years of age or younger must have a parent, legal guardian, or court-appointed guardian ad litem to assist and advise the parent as to the adoption plan and to witness consent.

11. A parent has a right to receive supportive counseling from a counselor, social worker, physician, clergy, or attorney.

12. The payment of living or medical expenses by the prospective adoptive parents before the birth of the child does not, in any way, obligate the birth parent to sign the consent for adoption.

ACKNOWLEDGMENT

I, _____, hereby acknowledge that I was provided a copy of the above stated Disclosure within fourteen (14) days of contacting the adoption entity, in person or providing it with a mailing address, this _____ day of _____, 2025.

ADOPTIVE PARENT

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