The Family Court of the State of Delaware In and For New Castle Kent Sussex County

CONSENT TO TERMINATE AND TRANSFER PARENTAL RIGHTS

Petitioner	v. Respondent	
Name	Name	File Number
Street Address	Street Address	
Apt. or P.O. Box Number	Apt. or P.O. Box Number	Petition Number
City State Zip Code	City State Zip Code	
Attorney Name and Phone Number	Attorney Name and Phone Number	

1.	I	am the Mother Father of the following children:	
		, Born on , Born on	
		, Born on , Born on	
		_/	

I consent to the termination and transfer of my parental rights in my child(ren) named in paragraph 1 2. above for the purpose of adoption to:

The individual(s) selected by the Dept. of Services for Children, Youth and Their Families or an approved adoption agency; namely:

- I understand the importance of my decision and fully realize the effects of the termination of my parental 3. rights in this child (these children).
- I understand that by terminating my parental rights, all of my rights and obligations to this child (these 4. children) will be extinguished, except for any arrearages of child support.
- 5. I understand that after this consent is signed by me, this consent is final and may not be revoked by me for any reason except:

(a) within fourteen days of executing this consent, I notify in writing the agency or the individual to whom the parental rights have been transferred that I revoke my consent;

(b) I comply with the following instruction for revocation

(c) the agency or individual that accepted the consent and I agree to its revocation.

I also understand that the Court may set aside my consent if I establish: 6.

(a) By clear and convincing evidence, before a decree of adoption is issued, that my consent was obtained by fraud or duress; or

(b) By a preponderance of the evidence, that a condition permitting revocation, as expressly provided for in this consent, as set forth in Paragraph 5(b) above, has occurred.

- 7. I understand that this consent may be revoked if a court of competent jurisdiction decides not to terminate the other parent's rights to this child (these children).
- 8. I have read and/or have had read to me the seven statements set forth on an attachment to this form and fully understand and agree with each statement.

⁽Chosen Adopted Parents:

Form 140 (Rev. 06/09)

- 9. I understand that I have a right to file a written notarized statement with the Department of Health and Social Services, Division of Vital Statistics, denying the release of any identifying information. I am aware that, notwithstanding any other provision in the Delaware Code to the contrary, an adoptee 21 years of age or older may obtain a copy of his or her original record of birth from the State Registrar, even if that record has been impounded, unless the birth parent has, within the most recent three-year period, filed a written notarized statement with the Department of Health and Social Services, Division of Vital Statistics, denying the release of any identifying information.
- 10. I know and understand that I have the right to be served with a copy of the petition for termination of my parental rights and to attend a hearing on my important decision to terminate my parental rights in my child(ren). I understand that the Family Court may conduct a hearing on this matter, which I have a right to attend. I waive the rights following any box that I have checked:

my right to service of process;

my right to notice of such a hearing;

and my right to attend the hearing.

- 11. I would like to receive a copy of the final order of the Court
 - □Yes □No
- 12. The attorney who has represented me in regards to this consent is _________, Esq. who has answered any questions I have had about this consent. If I do not have an attorney, I understand that if I could not afford to pay for an attorney, if I were determined by the Court to be indigent and if I had wanted to have an attorney represent me in this matter, an attorney would have been appointed to represent me at no cost to me. I knowingly and voluntarily waive any right I might have to an attorney by checking this box: ______
- 13. I understand that I will receive a copy of my signed consent once I have signed it.
- 14. I have signed this consent voluntarily and of my own free will. I have not been promised nor have I received any money or anything else of value in exchange for this consent.

am/pm

_____ 2009 at ___ Date and Time Signed

Signature of Consenting Parent

Printed Name of Consenting Parent

Mailing Address of Consenting Parent

Street Address

Apt. or P.O. Box Number

City

State Zip Code

Location of Signing

TERMINATION OF PARENTAL RIGHTS
CONSENT PARTY STATEMENT

l, _	, the mother father of				
wno	o was born on do state that I:				
1.	Believe that placement of my child for adoption by, In the child's best interest.	would be			
2.	Know that the decision to terminate my parental rights is an important one.				
3.					
4.	Know and understand that when I terminate my parental rights in my child that I give up all rights.				
5.	5. Know and understand that when I terminate my parental rights in my child and child is adopted, the				
	child becomes the child ofand	,			
_	and as a result the child's name may be changed.				
6.	me and I lose the right to inherit from him/her. This shall not in any way limit my right to provide for the				
7.	disposition of my estate by will. Know and understand that I have the right to be represented by an attorney in this matter, and may be	ontitled to			
1.	have the Court appoint an attorney to represent me for free.	e entitied to			
	Consenting Party Date				
	CONFIRMATION STATEMENT				
	ne undersigned, hereby certify the following:				
1.		ause I am			
	A judge of a court of record;				
	An individual designated by a judge to take consents;				
	An employee designated by an agency to take consents;	antal righta			
	 A lawyer other than a lawyer who is representing an adoptive parent or the agency to which parental rights will be transferred; A commissioned officer on active duty in the military service of the United States, if the individual executin the consent is in the military service; or 				
	An officer of the Foreign Service or a consular officer of the United States in another country, if	the			
	individual executing the consent is in that country.				
2.	I have explained the contents and consequences of the consent to the consenting party				
3.	To the best of my knowledge and belief, the consenting party understands that he/she has the right to	be			
	represented by an attorney;				
4.	To the best of my knowledge and belief, the consenting party read/ was read				
5.	To the best of my knowledge and belief, the individual executing the consent entered into the consent	voluntarily;			
6.	To the best of my knowledge and belief, the individual is: (check one)				
	☐ Not a minor, of ☐ Is a minor parent and was advised by a lawyer who is not representing an adoptive parent or the a	dency to			
	which parental rights are being transferred;	igency to			
7.					

Date	Authorized Person (printed name)	Authorized Person (signature)
	Agency: Address:	