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 (including Apt) | | |  | Street Address (including Apt) | | |  |  |
|  | | |  |  | | |  |  |
| P.O. Box Number | | |  | P.O. Box Number | | |  | Petition Number |
|  | | |  |  | | |  |  |
| City State Zip Code | | |  | City State Zip Code | | |  |  |
|  |  |  |  |  |  |  |  |  |
| D.O.B. | | |  | D.O.B. | | |  |  |
|  | | |  |  | | |  |  |
| Email Address | | |  | Email Address | | |  |  |
|  | | |  |  | | |  |  |
| Attorney Name | | |  | Attorney Name | | |  | |
|  | | |  |  | | |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | I, |  | | | | | | , am the Mother Father  Presumed Father | | | |
| of the following children: | | | | | | | | | | |
| |  |  |  | | --- | --- | --- | |  | , born on |  | |  | , born on |  | |  | , born on |  | |  | , born on |  | | | | | | | | | | | |
| 2. | I consent to the termination and transfer of my parental rights in my child(ren) named in paragraph 1 above for the purpose of adoption to: | | | | | | | | | | |
|  | | The Department of Services for Children, Youth, and Their Families or an approved adoption agency, | | | | | | | | |
|  | | | namely: | |  | | | | | |
| Chosen Adopted Parents: | | | | | |  | | | | |
| 3. | I understand the importance of my decision and fully realize the effects of the termination of my parental rights in this child (these children). | | | | | | | | | | |
| 4. | I understand that by terminating my parental rights, all of my rights and obligations to this child (these 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 (14) days of executing this consent**, I deliver written notification of revocation to whom the parental rights are to be transferred that I revoke my consent; **OR** | | | | | | | | | | |
| (b) I comply with the following instruction for revocation: | | | | | | | |  | | |
|  | | | |  | | | | | | ; **OR** |
| (c) the agency or individual that accepted the consent and I agree to its revocation. | | | | | | | | | | |
| 6. | I also understand that the Court may set aside my consent if I establish: | | | | | | | | | | |
|  | (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 or have had read to me the Consent Party Statement set forth on an attachment to this form and fully understand and agree with each statement. | | | | | | | | | | |
| 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 my rights to the following: | | | | | | | | | | |
|  | my right to service of process;  my right to notice of such a hearing;  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 represents me regarding this consent is: | | | | | | | | |  | |
|  | Any questions that I have about this consent were answered by my attorney. | | | | | | | | | | |
|  | I do not have an attorney, I understand that if I cannot afford an attorney, an attorney may be appointed to represent me at no cost. I knowingly and voluntarily waive any right I might have to an attorney. | | | | | | | | | | |
| 13. | I understand that I will receive a copy of my signed consent. | | | | | | | | | | |
| 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. | | | | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | at |  | (AM/PM) |  |  | | |
| *Date and Time Signed* | | | |  | *Signature of Consenting Parent* | | |
|  | | | |  |  | | |
|  | | | |  | *Printed Name of Consenting Parent* | | |
|  | | | |  |  | | |
| *Location of Signing* | | | |  | *Mailing Address of Consenting Parent* | | |
|  | | | |  |  | | |
|  | | | |  | *Street Address* | | |
|  | | | |  |  | | |
|  | | | |  | *P.O. Box Number* | | |
|  | | | |  |  | | |
|  | | | |  | *City State Zip Code* | | |
|  | | | |  |  |  |  |
|  | | | |  | *Date of Birth of Consenting Parent* | | |
|  | | | |  |  | | |

TERMINATION OF PARENTAL RIGHTS

CONSENT PARTY STATEMENT

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I, |  | | | | , the  mother  father  presumed father of | | | | | | | | | | |
|  | | | | | | who was born on | | | |  | | | , do state that I: | | |
| (Child’s Name) | | | | | | | | | |  | | | | | |  |
| 1. | | Believe that placement of my child for adoption by | | | | | |  | | | | | | , would be | |
|  | | in the child’s best interest. | | | | | | |  | | | | |  | |
| 2. | | Know that the decision to terminate my parental rights is an important one. | | | | | | | | | | | | | |
| 3. | | Know and understand that when my parental rights in my child are terminated, I will no longer be the legal parent of my child. | | | | | | | | | | | | | |
| 4. | | Know and understand that when I terminate my parental rights in my child that I give up all rights. | | | | | | | | | | | | | |
| 5. | | Know and understand that when I terminate my parental rights in my child and child is adopted, the | | | | | | | | | | | | | |
|  | | child becomes the child of |  | | | | | | | | and |  | | | , |
|  | | and as a result the child’s name may be changed. | | | | | | | | | | | | | |
| 6. | | Know and understand that when I terminate my parental rights in my child, my child loses the right to inherit from me and I lose the right to inherit from him or her. This shall not in any way limit my right to provide for the disposition of my estate by will. | | | | | | | | | | | | | |
| 7. | | Know and understand that I have the right to be represented by an attorney in this matter, and may be entitled to have the Court appoint an attorney to represent me for free. | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | |
|  | |  | |  | | |  | | | | | | | | |
|  | | *Date* | |  | | | *Consenting Party* | | | | | | | | |

CONFIRMATION STATEMENT

I, the undersigned, hereby certify the following:

|  |  |
| --- | --- |
| 1. | I am a person authorized to take consents to terminate parental rights under 13 *Del. C*. § 1106(d) because I am |
| A judge or commissioner of a court of record;  An individual designated by a judge to take consents;  An employee designated by an agency to take consents;  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 executing 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 or 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 the consent and understood it; |
| 5. | To the best of my knowledge and belief, the consenting party entered into the consent voluntarily; |
| 6. | To the best of my knowledge and belief, the individual is: (check one) |
|  | Not a minor; or |
|  | Is a minor parent and was advised by a lawyer who is not representing an adoptive parent or the agency to which parental rights are being transferred; |
| 7. | The individual executing the consent signed or confirmed the consent in my presence. |

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| --- | --- | --- | --- | --- | --- |
|  |  |  | |  |  |
| *Date* |  | *Authorized Person*  *(printed name)* | |  | *Authorized Person*  *(signature)* |
|  | | | | | |
| Agency: | | |  | | |
| Address: | | |  | | |
|  | | |  | | |
|  | | |  | | |