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: |       |
|  |       |
|  |       |