RULES

OF TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES SOCIAL SERVICES DIVISION

CHAPTER 0250-7-13 ADOPTION PROCESS FORMS

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to Prospective Adoptive Parents before a United States Foreign Service Officer or Officer of the United States Armed Forces in a Foreign Country		Foreign Country		Information
States Foreign Service Officer or Officer of theAdoption of a ChildUnited States Armed Forces in a Foreign CountryAdoption of a Child	0250-7-1308	Surrender Documents for Use in Surrenders Directly	0250-7-1321	Consent by a Licensed Child-Placing Agency or by
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	0250-7-1309	Surrender Documents for Use in Surrenders to a		
Licensed Child-Placing Agency or the Tennessee		Licensed Child-Placing Agency or the Tennessee		
Department of Children's Services in these matters,		Department of Children's Services in these matters,		
by an Inmate of a State or Federal Penitentiary		by an Inmate of a State or Federal Penitentiary		

0250-7-13-.01 PURPOSE, SCOPE AND FORMAT OF RULES.

- (1) These rules establish the mandatory forms promulgated by the Department of Children's Services pursuant to Executive Order #6, January 12, 1996 and Public Chapter 532 (1995), required: for use in obtaining medical social/histories of children being surrendered; for surrenders of children for adoption in Tennessee Courts or in another State or Territory or a foreign country or by an inmate of State or Federal correctional facility; for the use of parental consents to the adoption of children utilized in adoption petitions in Tennessee; for revocation of surrenders and parental consents; for vetoes of contact in the future by the adopted person with the surrendering person or others; for payment and fee disclosure requirements; for certification of social and legal counseling which may be requested by the surrendering or consenting parent or legal guardian; for consents for adoption by minors fourteen (14) years of age and by guardians ad litem of such minors and disabled adults; and for releases of information for updated medical information. These forms may be modified by the Department of Children's Services in these matters, pursuant to further Executive Orders or legislation.
- (2) The forms established by these rules are mandatory for use by the courts, the clerks, attorneys, prospective adoptive parents, state and private agencies and other persons or entities who may be involved in the adoption process; provided, however, that surrenders by a person residing in another

state or territory of the United States and in conformity with the laws of another state or territory shall be accepted in Tennessee.

- (3) These forms may be reproduced in any page length or type size or style for use by any persons or entities who may need to use them, but must contain, without alteration, the language which is contained in the forms, except where otherwise noted in these rules or on the form itself.
- (4) (a) Copies of the forms necessary for use in the adoption process may be obtained from the Clerks of Courts in Tennessee which have authority pursuant to T.C.A. § 36-1-111 to accept surrenders, from the local county office of the Department of Children's Services in these matters, the Regional Offices of the Department's Legal Staff, or the Central Office Adoption Services office in the Cordell Hull Building, 8th Floor, 436 6th Avenue North, Nashville, TN. 37243-1290, (615) 532-5637. Copies will also be supplied to licensed child-placing agencies in Tennessee.
 - (b) Copies of the entire set of forms may be obtained on diskette in Microsoft Word from the Central Office by submitting two (2) formatted disks to this address with a self-addressed, postage paid return envelope suitable for mailing diskettes, or by requesting full copies from the above address. A charge will be made for providing a full set of hard copies from the Central Office.

Authority: T.C.A. §§4-5-201, et seq., 36-1-101 et seq., Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. *Administrative History:* Original rule filed September 7, 2001; effective November 21, 2001.

0250-7-13-.02 MEDICAL/ SOCIAL HISTORY OF CHILD'S FAMILY FORM.

- (1) This form must be completed pursuant to T.C.A § 36-1-111(k)(1) under oath before the judge or other person authorized to conduct the surrender proceeding or at the judge's or person's direction, the clerk or an employee of the court or person conducting the surrender, prior to the execution of the surrender of a child or prior to the confirmation of the parental consent pursuant to T.C.A. § 36-1-117(g).
- (2) The completed form shall be kept in a separate file designated for the purpose of maintaining the form until it is forwarded to the court where the adoption petition is filed. The information contained in the form shall be confidential and shall not be disclosed to any other person without the written approval of the court; provided, however, a copy of the information with all identifying information deleted shall be furnished to the adoptive parent(s) or their attorney.
- (3) Form:

MEDICAL/SOCIAL HISTORY FOR CHILD AND CHILD'S FAMILY TENNESSEE CODE ANNOTATED, § 36-1-111(k)

This form must be completed under oath <u>prior</u> to execution of the surrender, or prior to confirmation of the parental consent. T.C.A. § 36-1-111(k).

When being completed by both the birth mother and birth father, a form is required to be completed by each parent.

When one birth parent is completing this form, information about the other birth parent should be completed when that parent is unavailable or refuses to complete the form for her/himself.

The legal parents or legal guardians who are not the birth parents of the child should complete information known to them about the birth parents.

This form shall be kept by the court in a separate file designated for that purpose until it is forwarded to the court when the adoption petition is filed. The Medical/Social History for Child and Child's Family shall be confidential and shall not be inspected by any person without the written approval of the court.

A copy of this form, with all identifying information deleted shall be given to the prospective adoptive parents or their attorney. T.C.A. 36-111(k)(1).

<u>NOTE</u>: This form may be modified for use outside the State of Tennessee as long as the information requested is provided in the modified form.

STATE OF TENNESSEE OR OTHER LOCATION (_____)

COUNTY OF _____ OR OTHER CITY OR PROVINCE (_____)

Being duly sworn according to law, affiant would state:

The following information is true and correct to the best of my knowledge:

PERSON COMPLETING THIS FORM:
() BIRTH () LEGAL MOTHER'S NAME:
() BIRTH () LEGAL FATHER'S NAME:
GUARDIAN(S) NAME:
ADDRESS:
STREET/RURAL ROUTE/P.O. BOX CITY/TOWN STATE ZIP
HOME TELEPHONE NO WORK TELEPHONE NO
BIRTH MOTHER'S RACE NATIONALITY
BIRTH FATHER'S RACE NATIONALITY
BIRTH MOTHER'S SOCIAL SECURITY #
DRIVER'S LICENSE #
BIRTH FATHER'S SOCIAL SECURITY #
DRIVER'S LICENSE #
CHILD'S NAMED.O.B SEX RACE
(To indicate race, please use codes of AA (African American), AI (American Indian), AS (Asian), CA (Caucasian),
HI (Hispanic) or other (specify) To indicate a mixed racial heritage, write in more than one code, for example a child
who is African American and Caucasian heritage, write in "AACA.")

IF NATIVE AMERICAN HERITAGE IS INDICATED, PLEASE SPECIFY: TRIBE: ______ LOCATION: _____

THE PARENT IS REGISTERED () ELIGIBLE TO BE, BUT NOT REGISTERED () WITH THE ABOVE TRIBE. THE CHILD IS REGISTERED () ELIGIBLE TO BE, BUT NOT REGISTERED () WITH THE ABOVE TRIBE.

MARRIAGES:

(IF PARENT HAS BEEN MARRIED, COMPLETE THE FOLLOWING INFORMATION)

NAME OF SPOUSE (INCLUDE MAIDEN NAME)	DATE OF MARRIAGE	CITY/STATE WHERE MARRIAGE OCCURRED	COUNTY OF LICENSE

DIVORCES:

INCLUDE ANNULMENTS/SEPARATIONS/ANY TYPE DISSOLUTIONMENTS OF MARRIAGE)

NAME OF SPOUSE	DATE AND TYPE OF DISSOLUTIONMENT	CITY/STATE OF DIVORCE DECREE	COURT

IF MARRIAGE ENDED WITH THE DEATH OF A SPOUSE, PLEASE COMPLETE THE FOLLOWING INFORMATION:

NAME OF SPOUSE	DATE OF DEATH	CITY/COUNTY/STATE WHERE DEATH OCCURRED

(Rule 0250-7-13-.02, continued)

BACKGROUND INFORMATION FOR _

(NAME OF CHILD)

INFORMATION	CHILD'S BIRTH MOTHER	CHILD'S BIRTH FATHER
FULL LEGAL NAME		
ADDRESS		
STREET/RR/P.O. BOX		
CITY/TOWN/STATE/ZIP		
DATE OF BIRTH		
RACE/ETHNICITY		
HAIR COLOR		
EYE COLOR		
SKIN COLOR		
WEIGHT		
HEIGHT		
EDUCATION (HIGHEST		
GRADE COMPLETED,		
VOCATIONAL/ASSOC.		
COLLEGE DEGREES)		
PRESENT OCCUPATION:		
NAME/ADDRESS OF		
EMPLOYER		
MILITARY SERVICE:		
BRANCH OF SERVICE		
YEARS SERVED		
DATE OF DISCHARGE		
TYPE OF DISCHARGE		
RANK		
SPECIAL CHARACTERISTICS		
HOBBIES, INTERESTS		
AND TALENTS		
PERSONALITY		
RELIGION		
GENERAL HEALTH/HISTORY		
IF DECEASED CAUSE OF		
DEATH		

BACKGROUND INFORMATION FOR

(NAME OF CHILD)

INFORMATION	BIRTH MOTHER'S MOTHER	BIRTH MOTHER'S FATHER
FULL LEGAL NAME		
ADDRESS		
STREET/RR/P.O. BOX		
CITY/TOWN/STATE/ZIP		
DATE OF BIRTH		
RACE/ETHNICITY		
HAIR COLOR		
EYE COLOR		
SKIN COLOR		
WEIGHT		
HEIGHT		
EDUCATION (HIGHEST		
GRADE COMPLETED,		
VOCATIONAL/ASSOC.		
COLLEGE DEGREES)		

TYPE EMPLOYMENT		
MILITARY SERVICE:		
BRANCH OF SERVICE		
YEARS SERVED		
DATE OF DISCHARGE		
TYPE OF DISCHARGE		
RANK		
SPECIAL CHARACTERISTICS		
HOBBIES, INTERESTS		
AND TALENTS		
PERSONALITY		
RELIGION		
GENERAL HEALTH/HISTORY		
IF DECEASED CAUSE OF		
DEATH		
AWARE OF PLAN FOR	YES NO	YES NO
ADOPTIVE PLACEMENT		

BACKGROUND INFORMATION FOR ______ (NAME OF CHILD)

INFORMATION	BIRTH FATHER'S MOTHER	BIRTH FATHER'S FATHER
FULL LEGAL NAME		
ADDRESS		
STREET/RR/P.O. BOX		
CITY/TOWN/STATE/ZIP		
DATE OF BIRTH		
RACE/ETHNICITY		
HAIR COLOR		
EYE COLOR		
SKIN COLOR		
WEIGHT		
HEIGHT		
EDUCATION (HIGHEST		
GRADE COMPLETED,		
VOCATIONAL/ASSOC.		
COLLEGE DEGREES)		
TYPE EMPLOYMENT		
MILITARY SERVICE:		
BRANCH OF SERVICE		
YEARS SERVED		
DATE OF DISCHARGE		
TYPE OF DISCHARGE		
RANK		
SPECIAL CHARACTERISTICS		
HOBBIES, INTERESTS		
AND TALENTS		
PERSONALITY		
RELIGION		
GENERAL HEALTH/HISTORY		
IF DECEASED CAUSE OF		
DEATH		
AWARE OF PLAN FOR	YES NO	YES NO
ADOPTIVE PLACEMENT		

BACKGROUND INFORMATION FOR __________(NAME OF CHILD)

INFORMATION	BIRTH MOTHER'S MATERNAL	BIRTH MOTHER'S MATERNAL
FULL LEGAL NAME	GRANDMOTHER	GRANDFATHER
ADDRESS		
STREET/RR/P.O. BOX		
CITY/TOWN/STATE/ZIP		
DATE OF BIRTH		
RACE/ETHNICITY		
HAIR COLOR		
EYE COLOR		
SKIN COLOR		
WEIGHT		
HEIGHT		
EDUCATION (HIGHEST		
GRADE COMPLETED,		
VOCATIONAL/ASSOC.		
COLLEGE DEGREES)		
TYPE EMPLOYMENT		
MILITARY SERVICE:		
BRANCH OF SERVICE		
YEARS SERVED		
DATE OF DISCHARGE		
TYPE OF DISCHARGE		
RANK		
SPECIAL CHARACTERISTICS		
HOBBIES, INTERESTS		
AND TALENTS		
PERSONALITY		
RELIGION		
GENERAL HEALTH/HISTORY		
IF DECEASED CAUSE OF DEATH		
AWARE OF PLAN FOR	YES NO	YES NO
ADOPTIVE PLACEMENT		

BACKGROUND INFORMATION FOR _____

(NAME OF CHILD)

INFORMATION	BIRTH FATHER'S MATERNAL GRANDMOTHER	BIRTH FATHER'S MATERNAL GRANDFATHER
FULL LEGAL NAME		
ADDRESS STREET/RR/P.O. BOX CITY/TOWN/STATE/ZIP		
DATE OF BIRTH		
RACE/ETHNICITY		
HAIR COLOR		
EYE COLOR		
SKIN COLOR		
WEIGHT		
HEIGHT		
EDUCATION (HIGHEST		

(Rule 0250-7-13-.02, continued)

GRADE COMPLETED,		
VOCATIONAL/ASSOC.		
COLLEGE DEGREES)		
TYPE EMPLOYMENT		
MILITARY SERVICE:		
BRANCH OF SERVICE		
YEARS SERVED		
DATE OF DISCHARGE		
TYPE OF DISCHARGE		
RANK		
SPECIAL CHARACTERISTICS		
HOBBIES, INTERESTS		
AND TALENTS		
PERSONALITY		
RELIGION		
GENERAL HEALTH/HISTORY		
IF DECEASED CAUSE OF		
DEATH		
AWARE OF PLAN FOR	YES NO	YES NO
ADOPTIVE PLACEMENT		

BACKGROUND INFORMATION FOR

(NAME OF CHILD)

INFORMATION	BIRTH MOTHER'S PATERNAL	BIRTH MOTHER'S PATERNAL
	GRANDMOTHER	GRANDFATHER
FULL LEGAL NAME		
ADDRESS		
STREET/RR/P.O. BOX		
CITY/TOWN/STATE/ZIP		
DATE OF BIRTH		
RACE/ETHNICITY		
HAIR COLOR		
EYE COLOR		
SKIN COLOR		
WEIGHT		
HEIGHT		
EDUCATION (HIGHEST		
GRADE COMPLETED,		
VOCATIONAL/ASSOC.		
COLLEGE DEGREES)		
TYPE EMPLOYMENT		
MILITARY SERVICE:		
BRANCH OF SERVICE		
YEARS SERVED		
DATE OF DISCHARGE		
TYPE OF DISCHARGE		
RANK		
SPECIAL CHARACTERISTICS		
HOBBIES, INTERESTS		
AND TALENTS		
PERSONALITY		
RELIGION		
GENERAL HEALTH/HISTORY		
IF DECEASED CAUSE OF		
DEATH		
AWARE OF PLAN FOR	YES NO	YES NO
ADOPTIVE PLACEMENT		

(Rule 0250-7-13-.02, continued)

BACKGROUND INFORMATION FOR

(NAME OF CHILD)

INFORMATION	BIRTH FATHER'S PATERNAL	BIRTH FATHER'S PATERNAL
	GRANDMOTHER	GRANDFATHER
FULL LEGAL NAME		
ADDRESS		
STREET/RR/P.O. BOX		
CITY/TOWN/STATE/ZIP		
DATE OF BIRTH		
RACE/ETHNICITY		
HAIR COLOR		
EYE COLOR		
SKIN COLOR		
WEIGHT		
HEIGHT		
EDUCATION (HIGHEST		
GRADE COMPLETED,		
VOCATIONAL/ASSOC.		
COLLEGE DEGREES)		
TYPE EMPLOYMENT		
MILITARY SERVICE:		
BRANCH OF SERVICE		
YEARS SERVED		
DATE OF DISCHARGE		
TYPE OF DISCHARGE		
RANK		
SPECIAL CHARACTERISTICS		
HOBBIES, INTERESTS		
AND TALENTS		
PERSONALITY		
RELIGION		
GENERAL HEALTH/HISTORY		
IF DECEASED CAUSE OF		
DEATH		
AWARE OF PLAN FOR	YES NO	YES NO
ADOPTIVE PLACEMENT		

BACKGROUND INFORMATION FOR

(NAME OF CHILD)

BIRTH MOTHER'S SIBLINGS

FULL LEGAL NAME	
RELATIONSHIP	
ADDRESS	
STREET/RR/P.O. BOX	
CITY/TOWN/STATE/ZIP	
DATE OF BIRTH	
RACE/ETHNICITY	
HAIR COLOR	
EYE COLOR	
SKIN COLOR	
WEIGHT	
HEIGHT	
EDUCATION (HIGHEST	
GRADE COMPLETED,	

VOCATIONAL/ASSOC.		
COLLEGE DEGREES)		
TYPE EMPLOYMENT		
MILITARY SERVICE:		
BRANCH OF SERVICE		
YEARS SERVED		
DATE OF DISCHARGE		
TYPE OF DISCHARGE		
RANK		
SPECIAL CHARACTERISTICS		
HOBBIES, INTERESTS		
AND TALENTS		
PERSONALITY		
RELIGION		
GENERAL HEALTH/HISTORY		
IF DECEASED CAUSE OF		
DEATH		
AWARE OF PLAN FOR	YES NO	YES NO
ADOPTIVE PLACEMENT		

BACKGROUND INFORMATION FOR _____

(NAME OF CHILD)

BIRTH FATHER'S SIBLINGS

FULL LEGAL NAME		
RELATIONSHIP		
ADDRESS		
STREET/RR/P.O. BOX		
CITY/TOWN/STATE/ZIP		
DATE OF BIRTH		
RACE/ETHNICITY		
HAIR COLOR		
EYE COLOR		
SKIN COLOR		
WEIGHT		
HEIGHT		
EDUCATION (HIGHEST		
GRADE COMPLETED,		
VOCATIONAL/ASSOC.		
COLLEGE DEGREES)		
TYPE EMPLOYMENT		
MILITARY SERVICE:		
BRANCH OF SERVICE		
YEARS SERVED		
DATE OF DISCHARGE		
TYPE OF DISCHARGE		
RANK		
SPECIAL CHARACTERISTICS		
HOBBIES, INTERESTS		
AND TALENTS		
PERSONALITY		
RELIGION		
GENERAL HEALTH/HISTORY		
IF DECEASED CAUSE OF		
DEATH		
AWARE OF PLAN FOR	YES NO	YES NO
ADOPTIVE PLACEMENT		

(Rule 0250-7-13-.02, continued)

BACKGROUND INFORMATION FOR _____

(NAME OF CHILD)

OTHER CHILDREN BORN TO THE BIRTH MOTHER

FULL LEGAL NAME		
RELATIONSHIP		
ADDRESS		
STREET/RR/P.O. BOX		
CITY/TOWN/STATE/ZIP		
DATE OF BIRTH		
RACE/ETHNICITY		
HAIR COLOR		
EYE COLOR		
SKIN COLOR		
WEIGHT		
HEIGHT		
EDUCATION (HIGHEST		
GRADE COMPLETED,		
VOCATIONAL/ASSOC.		
COLLEGE DEGREES)		
TYPE EMPLOYMENT		
MILITARY SERVICE:		
BRANCH OF SERVICE		
YEARS SERVED		
DATE OF DISCHARGE		
TYPE OF DISCHARGE		
RANK		
SPECIAL CHARACTERISTICS		
HOBBIES, INTERESTS		
AND TALENTS		
PERSONALITY		
RELIGION		
GENERAL HEALTH/HISTORY		
IF DECEASED CAUSE OF		
DEATH		
AWARE OF PLAN FOR	YES NO	YES NO
ADOPTIVE PLACEMENT		

BACKGROUND INFORMATION FOR __________(NAME OF CHILD)

OTHER CHILDREN BORN TO THE BIRTH FATHER

FULL LEGAL NAME	
RELATIONSHIP	
ADDRESS	
STREET/RR/P.O. BOX	
CITY/TOWN/STATE/ZIP	
DATE OF BIRTH	
RACE/ETHNICITY	
HAIR COLOR	
EYE COLOR	
SKIN COLOR	
WEIGHT	
HEIGHT	
EDUCATION (HIGHEST	
GRADE COMPLETED,	
VOCATIONAL/ASSOC.	

COLLEGE DEGREES)	
TYPE EMPLOYMENT	
MILITARY SERVICE:	
BRANCH OF SERVICE	
YEARS SERVED	
DATE OF DISCHARGE	
TYPE OF DISCHARGE	
RANK	
SPECIAL CHARACTERISTICS	
HOBBIES, INTERESTS	
AND TALENTS	
PERSONALITY	
RELIGION	
GENERAL HEALTH/HISTORY	
IF DECEASED CAUSE OF	
DEATH AWARE OF PLAN FOR	YES NO YES NO
	IES NO IES NO
ADOPTIVE PLACEMENT	
USE ADDITIONAL PAGES, IF NEEDED	, TO DESCRIBE OTHER CHILDREN BORN TO THE BIRTH MOTHER OR BIRTH FATHER
PRENATAL HISTORY:	
MONTH PRENATAL CARE BEGAN	
DURING THIS PREGNANCY DID YOU	
 TAKE ANY MEDICATION 	
 EXPERIENCE PHYSICAL 0 	COMPLICATIONS? Yes () No ()
 HAVE ANY X-RAY, ELEC 	TROCARDIOGRAM OR RADIATION EXPOSURE? Yes () No ()
IF YES TO ANY OF THE A	BOVE, PLEASE EXPLAIN:
DID YOU HAVE ANY OF THE FOLLOW	/ING DURING THIS PREGNANCY?
GERMAN MEASLESVENEREAL DISEASE	Yes () No () DATE Yes () No () DATE
GERMAN MEASLESVENEREAL DISEASE	Yes () No () DATE Yes () No () DATE
GERMAN MEASLESVENEREAL DISEASE	
 GERMAN MEASLES VENEREAL DISEASE VIRUS TYPE INFECTIONS TYPE 	Yes () No () DATE
GERMAN MEASLES VENEREAL DISEASE VIRUS TYPE INFECTIONS TYPE WERE YOU INVOLVED IN ANY ACCII	Yes () No () DATE
GERMAN MEASLES VENEREAL DISEASE VIRUS TYPE INFECTIONS TYPE WERE YOU INVOLVED IN ANY ACCII Yes () No ()	Yes () No () DATE
GERMAN MEASLES VENEREAL DISEASE VIRUS TYPE INFECTIONS TYPE WERE YOU INVOLVED IN ANY ACCII Yes () No () WERE YOU SEXUALLY OR PHYSICAL	Yes () No () DATE
GERMAN MEASLES VENEREAL DISEASE VIRUS TYPE INFECTIONS TYPE WERE YOU INVOLVED IN ANY ACCII Yes () No ()	Yes () No () DATE
GERMAN MEASLES VENEREAL DISEASE VIRUS TYPE INFECTIONS TYPE WERE YOU INVOLVED IN ANY ACCII Yes () No () WERE YOU SEXUALLY OR PHYSICAL	Yes () No () DATE
GERMAN MEASLES VENEREAL DISEASE VIRUS TYPE INFECTIONS TYPE WERE YOU INVOLVED IN ANY ACCII Yes () No () WERE YOU SEXUALLY OR PHYSICAL	Yes () No () DATE
GERMAN MEASLES VENEREAL DISEASE VIRUS TYPE INFECTIONS TYPE WERE YOU INVOLVED IN ANY ACCII Yes () No () WERE YOU SEXUALLY OR PHYSICAL IF YES TO EITHER OF THESE QUESTIC	Yes () No () DATE
GERMAN MEASLES VENEREAL DISEASE VIRUS TYPE INFECTIONS TYPE WERE YOU INVOLVED IN ANY ACCII Yes () No () WERE YOU SEXUALLY OR PHYSICAL IF YES TO EITHER OF THESE QUESTIC DELIVERY HISTORY:	Yes () No () DATE
GERMAN MEASLES VENEREAL DISEASE VIRUS TYPE INFECTIONS TYPE WERE YOU INVOLVED IN ANY ACCII Yes () No () WERE YOU SEXUALLY OR PHYSICAL IF YES TO EITHER OF THESE QUESTIC DELIVERY HISTORY: DURATION OF LABOR	Yes () No () DATE
GERMAN MEASLES VENEREAL DISEASE VIRUS TYPE INFECTIONS TYPE WERE YOU INVOLVED IN ANY ACCII Yes () No () WERE YOU SEXUALLY OR PHYSICAL IF YES TO EITHER OF THESE QUESTIC DELIVERY HISTORY:	Yes () No () DATE
GERMAN MEASLES VENEREAL DISEASE VIRUS TYPE INFECTIONS TYPE WERE YOU INVOLVED IN ANY ACCII Yes () No () WERE YOU SEXUALLY OR PHYSICAL IF YES TO EITHER OF THESE QUESTIC DELIVERY HISTORY: DURATION OF LABOR TYPE OF DELIVERY	Yes () No () DATE
GERMAN MEASLES VENEREAL DISEASE VIRUS TYPE INFECTIONS TYPE WERE YOU INVOLVED IN ANY ACCII Yes () No () WERE YOU SEXUALLY OR PHYSICAL IF YES TO EITHER OF THESE QUESTIC DELIVERY HISTORY: DURATION OF LABOR TYPE OF DELIVERY WERE THERE OTHER PREGNANCIES OF	Yes () No () DATE
GERMAN MEASLES VENEREAL DISEASE VIRUS TYPE INFECTIONS TYPE WERE YOU INVOLVED IN ANY ACCII Yes () No () WERE YOU SEXUALLY OR PHYSICAL IF YES TO EITHER OF THESE QUESTIC DELIVERY HISTORY: DURATION OF LABOR TYPE OF DELIVERY WERE THERE OTHER PREGNANCIES IF YES, PLEASE DESCRIBE THE PREG	Yes () No () DATE
GERMAN MEASLES VENEREAL DISEASE VIRUS TYPE INFECTIONS TYPE WERE YOU INVOLVED IN ANY ACCII Yes () No () WERE YOU SEXUALLY OR PHYSICAL IF YES TO EITHER OF THESE QUESTIC DELIVERY HISTORY: DURATION OF LABOR TYPE OF DELIVERY WERE THERE OTHER PREGNANCIES OF	Yes () No () DATE
GERMAN MEASLES VENEREAL DISEASE VIRUS TYPE INFECTIONS TYPE WERE YOU INVOLVED IN ANY ACCII Yes () No () WERE YOU SEXUALLY OR PHYSICAL IF YES TO EITHER OF THESE QUESTIC DELIVERY HISTORY: DURATION OF LABOR TYPE OF DELIVERY WERE THERE OTHER PREGNANCIES IF YES, PLEASE DESCRIBE THE PREG	Yes () No () DATE
GERMAN MEASLES VENEREAL DISEASE VIRUS TYPE INFECTIONS TYPE WERE YOU INVOLVED IN ANY ACCII Yes () No () WERE YOU SEXUALLY OR PHYSICAL IF YES TO EITHER OF THESE QUESTIC DELIVERY HISTORY: DURATION OF LABOR TYPE OF DELIVERY WERE THERE OTHER PREGNANCIES IF YES, PLEASE DESCRIBE THE PREG	Yes () No () DATE
GERMAN MEASLES VENEREAL DISEASE VIRUS TYPE INFECTIONS TYPE WERE YOU INVOLVED IN ANY ACCII Yes () No () WERE YOU SEXUALLY OR PHYSICAL IF YES TO EITHER OF THESE QUESTIC DELIVERY HISTORY: DURATION OF LABOR TYPE OF DELIVERY WERE THERE OTHER PREGNANCIES IF YES, PLEASE DESCRIBE THE PREG	Yes () No () DATE
GERMAN MEASLES VENEREAL DISEASE VIRUS TYPE INFECTIONS TYPE WERE YOU INVOLVED IN ANY ACCII Yes () No () WERE YOU SEXUALLY OR PHYSICAL IF YES TO EITHER OF THESE QUESTIC DELIVERY HISTORY: DURATION OF LABOR TYPE OF DELIVERY WERE THERE OTHER PREGNANCIES IF YES, PLEASE DESCRIBE THE PREG	Yes () No () DATE
GERMAN MEASLES VENEREAL DISEASE VIRUS TYPE INFECTIONS TYPE WERE YOU INVOLVED IN ANY ACCII Yes () No () WERE YOU SEXUALLY OR PHYSICAL IF YES TO EITHER OF THESE QUESTIC DELIVERY HISTORY: DURATION OF LABOR TYPE OF DELIVERY WERE THERE OTHER PREGNANCIES IF YES, PLEASE DESCRIBE THE PREG	Yes () No () DATE
GERMAN MEASLES VENEREAL DISEASE VIRUS TYPE INFECTIONS TYPE WERE YOU INVOLVED IN ANY ACCII Yes () No () WERE YOU SEXUALLY OR PHYSICAL IF YES TO EITHER OF THESE QUESTIC DELIVERY HISTORY: DURATION OF LABOR TYPE OF DELIVERY WERE THERE OTHER PREGNANCIES IF YES, PLEASE DESCRIBE THE PREG	Yes () No () DATE
GERMAN MEASLES VENEREAL DISEASE VIRUS TYPE INFECTIONS TYPE WERE YOU INVOLVED IN ANY ACCII Yes () No () WERE YOU SEXUALLY OR PHYSICAL IF YES TO EITHER OF THESE QUESTIC DELIVERY HISTORY: DURATION OF LABOR TYPE OF DELIVERY WERE THERE OTHER PREGNANCIES IF YES, PLEASE DESCRIBE THE PREG ETC.)	Yes() No() DATE
GERMAN MEASLES VENEREAL DISEASE VIRUS TYPE INFECTIONS TYPE WERE YOU INVOLVED IN ANY ACCII Yes () No () WERE YOU SEXUALLY OR PHYSICAL IF YES TO EITHER OF THESE QUESTIC DELIVERY HISTORY: DURATION OF LABOR TYPE OF DELIVERY WERE THERE OTHER PREGNANCIES OF IF YES, PLEASE DESCRIBE THE PREGE ETC.)	Yes() No() DATE
GERMAN MEASLES VENEREAL DISEASE VIRUS TYPE INFECTIONS TYPE WERE YOU INVOLVED IN ANY ACCII Yes () No () WERE YOU SEXUALLY OR PHYSICAL IF YES TO EITHER OF THESE QUESTIO DELIVERY HISTORY: DURATION OF LABOR TYPE OF DELIVERY WERE THERE OTHER PREGNANCIES OF IF YES, PLEASE DESCRIBE THE PREGETC.) MEDICAL HISTORY FOR NAME OF BIRTH MOTHER () BIRTH	Yes () No () DATE DENTS DURING THIS PREGNANCY? No () NS, PLEASE EXPLAIN:
GERMAN MEASLES VENEREAL DISEASE VIRUS TYPE INFECTIONS TYPE WERE YOU INVOLVED IN ANY ACCII Yes () No () WERE YOU SEXUALLY OR PHYSICAL IF YES TO EITHER OF THESE QUESTIC DELIVERY HISTORY: DURATION OF LABOR TYPE OF DELIVERY WERE THERE OTHER PREGNANCIES IF YES, PLEASE DESCRIBE THE PREG ETC.) MEDICAL HISTORY FOR MEDICAL HISTORY FOR	Yes () No () DATE DENTS DURING THIS PREGNANCY? No () NS, PLEASE EXPLAIN:

PLEASE INDICATE BY A CHECK MARK (X) IF <u>YOU</u> OR ANY BIRTH RELATIVE LISTED ON PAGES 3 THROUGH 13 HAVE EVER BEEN DIAGNOSED WITH THE FOLLOWING MEDICAL PROBLEMS. EXPLAIN IN THE "COMMENTS" SECTION THE SPECIFICS OF THE ILLNESS, THE SEVERITY OF THE ILLNESS, AGE AT ONSET OF ILLNESS, TYPE OF TREATMENT AND OUTCOME.

MEDICAL CONDITION	SE	LF	YES - OTHER RELATIVE	COMMENTS
	YES	NO	(SPECIFY)	
ACQUIRED				
IMMUNE				
DEFICIENCY				
SYNDROME				
(AIDS)				
ALCOHOLISM				
ALLERGIES				
ALLEKUIES				
ARTHRITIS				
BONE DISEASE				
CANCER				
CEREBRAL PALSY				
CLEFT PALATE				
CONGENITAL DEFECTS				
CORONARY (HEART) PROBLEMS				
CYSTIC FIBROSIS				
DEAFNESS				
DEAI NESS				
MEDICAL	SE	LF	YES - OTHER	COMMENTS
CONDITION			RELATIVE	
	YES	NO	(SPECIFY)	
DIABETES				
EAR INFECTIONS				
ECZEMA				
ECZEMA EPILEPSY/ SEIZURES				
EPILEPSY/ SEIZURES GONORRHEA/ SYPHILIS				
EPILEPSY/ SEIZURES GONORRHEA/ SYPHILIS HAY FEVER/				
EPILEPSY/ SEIZURES GONORRHEA/ SYPHILIS HAY FEVER/ ASTHMA				
EPILEPSY/ SEIZURES GONORRHEA/ SYPHILIS HAY FEVER/ ASTHMA HEARING PROBLEMS				
EPILEPSY/ SEIZURES GONORRHEA/ SYPHILIS HAY FEVER/ ASTHMA HEARING PROBLEMS HEART PROBLEMS				
EPILEPSY/ SEIZURES GONORRHEA/ SYPHILIS HAY FEVER/ ASTHMA HEARING PROBLEMS				
EPILEPSY/ SEIZURES GONORRHEA/ SYPHILIS HAY FEVER/ ASTHMA HEARING PROBLEMS HEART PROBLEMS				
EPILEPSY/ SEIZURES GONORRHEA/ SYPHILIS HAY FEVER/ ASTHMA HEARING PROBLEMS HEART PROBLEMS HEMOPHILIA				
EPILEPSY/ SEIZURES GONORRHEA/ SYPHILIS HAY FEVER/ ASTHMA HEARING PROBLEMS HEART PROBLEMS HEMOPHILIA HERPES				
EPILEPSY/ SEIZURES GONORRHEA/ SYPHILIS HAY FEVER/ ASTHMA HEARING PROBLEMS HEART PROBLEMS HEMOPHILIA HERPES HODGKIN'S				
EPILEPSY/ SEIZURES GONORRHEA/ SYPHILIS HAY FEVER/ ASTHMA HEARING PROBLEMS HEART PROBLEMS HEMOPHILIA HERPES HODGKIN'S HORMONE DISORDER HYPERTENSION KIDNEY DISEASE				
EPILEPSY/ SEIZURES GONORRHEA/ SYPHILIS HAY FEVER/ ASTHMA HEARING PROBLEMS HEART PROBLEMS HEMOPHILIA HERPES HODGKIN'S HORMONE DISORDER HYPERTENSION				
EPILEPSY/ SEIZURES GONORRHEA/ SYPHILIS HAY FEVER/ ASTHMA HEARING PROBLEMS HEART PROBLEMS HEMOPHILIA HERPES HODGKIN'S HORMONE DISORDER HYPERTENSION KIDNEY DISEASE MENTAL ILLNESS MENTAL RETARDATION				
EPILEPSY/ SEIZURES GONORRHEA/ SYPHILIS HAY FEVER/ ASTHMA HEARING PROBLEMS HEART PROBLEMS HEMOPHILIA HERPES HODGKIN'S HORMONE DISORDER HYPERTENSION KIDNEY DISEASE MENTAL ILLNESS				

MEDICAL	VEG OFFIER	
NARCOTIC ADDICTION		
MUSCULAR DYSTROPHY		

MEDICAL CONDITION	SE	LF	YES - OTHER RELATIVE	COMMENTS
CONDITION	YES	NO	(SPECIFY)	
OTHER PARALYSIS				
OTHER MEDICAL CONDITION: (SPECIFY)				
OTHER SUBSTANCE ABUSE				
RESPIRATORY DISEASE				
SPEECH PROBLEMS				
SICKLE-CELL ANEMIA				
STROKE				
VISUAL PROBLEMS				

SUBSTANCE USE HISTORY - BIRTH MOTHER

TOBACCO: DO YOU SMOKE? YES () NO () IF YES, DESCRIBE HOW MUCH YOU SMOKE: ______ DID YOU SMOKE DURING THIS PREGNANCY? YES () NO () IF YES, FREQUENCY OF HABIT: _____

ALCOHOL:

DO YOU DRINK ALCOHOL? YES () NO () DID YOU DRINK DURING THIS PREGNANCY? YES () NO () IF YES TO EITHER QUESTION, DESCRIBE YOUR DRINKING HABITS, (I.E. FREQUENCY, TYPE ALCOHOL USED, HISTORY OF ALCOHOL USE)

DRUGS:

HAVE YOU EVER USED DRUGS? YES () NO () IF YES, DESCRIBE YOUR DRUG USE, (I.E. TYPE OF DRUG YOU USED, FREQUENCY OF USE, HISTORY OF DRUG USE INCLUDING EXPERIMENTAL USE).

DID YOU USE DRUGS DURING THIS PREGNANCY? YES () NO () IF YES, DESCRIBE YOUR DRUG USE (INCLUDING PRESCRIPTION DRUGS) TYPE OF DRUG, FREQUENCY OF USE AND WHEN THE DRUG WAS USED.

SUBSTANCE USE HISTORY - BIRTH FATHER

ALCOHOL:

DO YOU DRINK ALCOHOL? YES () NO () IF YES, DESCRIBE YOUR DRINKING HABITS, (I.E., FREQUENCY, TYPE ALCOHOL USED, HISTORY OF ALCOHOL USE).

DRUGS:

HAVE YOU EVER USED DRUGS? YES () NO () IF YES, DESCRIBE YOUR DRUG USE, (I.E. TYPE OF DRUG YOU USE, FREQUENCY OF USE, HISTORY OF DRUG USE) DESCRIBE SPECIFIC DRUGS AND TIME FRAMES OF YOUR USE OF EACH DRUG. (INCLUDE EXPERIMENTAL USE.)

<u>PSYCHIATRIC HISTORY</u>: BIRTH MOTHER () BIRTH FATHER () HAVE YOU EVER RECEIVED PSYCHOLOGICAL OR PSYCHIATRIC TREATMENT? YES () NO () HAVE YOU EVER TAKEN PSYCHIATRIC MEDICATION? YES () NO () IF YES TO EITHER QUESTION, DESCRIBE TREATMENT ISSUES, DIAGNOSIS, LENGTH OF TREATMENT AND LIST MEDICATIONS USED DURING TREATMENT: ______

OTHER INFORMATION YOU WOULD LIKE TO SHARE ABOUT YOURSELF, YOUR SOCIAL/MEDICAL HISTORY, YOUR BIRTH RELATIVES OR ABOUT THE CIRCUMSTANCES IMPACTING YOUR DECISION TO PLACE YOUR CHILD FOR ADOPTION.

(IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH SHEETS.)

Birth/Legal Mother:

Birth/Legal Father:

Legal Guardian(s):

FURTHER AFFIANT SAITH NOT.	
This day of, 20	
Signature	Parent or Legal Guardian
Sworn to and subscribed before me this day of	_, 20
NOTARY PUB	BLIC
My Commission Expires:	
OR	
Please Pri	nt: ChancellorCircuit JudgeJuvenile Court Judge Warden orJudge orClerk of Court of Record In another State; orU.S. Foreign Service Officers or Officers of The United States Armed Forces Authorized to Administer Oaths
Signature	

When this form is being completed by DCS staff for pre-placement information purposes, and not as a part of the surrender process, the person completing the form should sign and date the form.

Signature: _____ County: _____ Date: _____

Authority: T.C.A. §§4-5-201, et seq., 36-1-111(k) and 36-117(g), Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. Administrative History: Original rule filed September 7, 2001; effective November 21, 2001.

0250-7-13-.03 SURRENDER DOCUMENTS FOR USE IN SURRENDERS TO A TENNESSEE LICENSED CHILD-PLACING AGENCY OR THE TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES IN THESE MATTERS, IN A TENNESSEE COURT.

- (1) The following form is composed of four (4) Parts making a complete package which must be used at the time of surrender of a child for adoption in a Tennessee court to a Licensed Child-Placing Agency (LCPA) or the Tennessee Department of Children's Services in these matters, (TDCS). Parts I, II, and III must be completed at the time of the surrender. Copies of Parts I and II should be given to the person executing the surrender and to the Department or LCPA. Copies of Part III should be given to the person executing the surrender and sent directly to the Department's Central Office by the Clerk. Part IV, the revocation of surrender, which is part of the package, must be given to the parent or guardian at the time of the surrender.
- (2) The requirements for execution and processing of the forms are contained in T.C.A. §§ 36-1-111 and 36-1-112 and are noted in summary manner on the forms.
- (3) The information in these forms is confidential and is not to be released without the written approval of the court.
- (4) Form:

FORMS FOR SURRENDER IN TENNESSEE OF A CHILD TO TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES OR A LICENSED CHILD-PLACING AGENCY BY A PARENT OR GUARDIAN IN TENNESSEE

PART I

PRE-SURRENDER INFORMATION

The following information is required by Tennessee Code Annotated § 36-1-111 and must be obtained under oath by the Court prior to execution of the surrender in PART II by the parent or legal guardian:

Note: Pseudonyms must not be used nor may spaces for the identities of persons whose names are known be left blank. The court shall require the persons executing these documents to prove their identities satisfactorily to the court. T.C.A. § 36-1-111(g).

STATE OF)
COUNTY O	F)

Being duly sworn according to law, affiant would state:

1. I am:

a.	Mother:	(Date of Birth), or
b.	Father:	(Date of Birth), or
c.	Legal Guardian:	(Date of Birth), of:

2. a. Child's Name_

- b. Child's Date of Birth_____
- c. Child's Place of Birth _____
- d. Child's Sex _____
- e. Child's Race _____

3. This child was born in wedlock \Box / out of wedlock \Box .

4. State the names and relationships of any other legal/biological parent, legal guardian or possible biological parent for this child:

a.	(1)	Name:
	(2)	Relationship to the child:

(Rule 0250-7-13-.03, continued)

5.

6.

7.

	(3)	Address		
		City, State Zi	D	
	(5)	Telephone Nu	mber: Home:Work:	
	(6)	Other identify	ing information concerning the above identified other legal or biological parent/legal guar	
				and
b.	(1)	Name:		
0.		Relationship to	o the child:	
	(4)	City. State Zi	p	
	(5)	Telephone Nu	mber: Home:Work:	
	(6)	Other identify	ing information concerning the above identified other legal or biological parent or legal gu	ardian.
				and
с.	(1)	Name:		
C.	· · ·		o the child:	
	(2) (3)			
		City State Zi		
	(5)	Telephone Nu	pwork:work:	
	(6)	Other identify:	ing information concerning the above identified other legal or parent/legal guardian.	
				_
				_
The		ity is unknown f		
a.			Yes 🗆 No 🗖	
b.	Biol	logical parent	Yes 🗆 No 🗆	
c.	Lega	al guardian	Yes 🗖 No 🗖 Yes 🗖 No 🗖	
d.	Not	applicable	Yes D No D	
The	where	eabouts is unkno	own for the other:	
a.	Lega	al parent	Yes 🗖 No 🗖	
b.	Biol	logical parent	Yes 🗆 No 🗖	
c.	Lega	al guardian	Yes 🗖 No 🗖	
d.	Not	applicable	Yes 🗆 No 🗖 Yes 🗖 No 🗖	
bio	logical	l parent/legal gu	on concerning the identity, whereabouts, and social and medical history concerning the ardian has been () or will be given () to the Tennessee Department of Children's whom the above child is being surrendered.	

8. Information Concerning Child's Native American Heritage:

a.	Are you or the child of Native American heritage?	Yes 🗖	No 🗖	
	If no, go to # 9.			
b.	If yes, are you eligible for tribal membership?	Yes 🗖	No 🗖	
c.	If yes, give name of tribe.			
d.	Are you registered with a Native American tribe?	Yes 🗖	No 🗖	
e.	If yes, give name of tribe.			
f.	Is your child eligible for tribal membership?	Yes 🗖	No 🗖	
g.	If yes, give name of tribe.			
ĥ.	Has your child been registered with a Native America	n tribe?	Yes 🗖	No 🗖
i.	If yes, give name of tribe.			
j.	This information is unknown.	Yes 🗖	No 🗖	
•				

9. a. Will this child be sent out of Tennessee to another state or country for adoption? Yes D No D If no, go to #10

b. If yes, name of state or country.

c. If yes, I understand Tennessee law will govern the interpretation of this surrender.

Have you been paid, received or been promised any money or other remuneration of thing of value in connection with the birth of the above-named child or placement of this child for adoption?
 Yes
 No
 No

If no, go to #11. If yes, please complete the following:

		Amount Paid	To Whom	By Whom	Date Received/Paid	Type Service/Cost	
1.	a.	Does the child own any revalue:			yes, please describe the prop	perty owned and give the p	
	b.	Is it expected that the child					
		If, yes please describe pro give the property value:	perty, who currently o	owns the property, the t	me and circumstances under	r which the child becomes	owner and
2.	a.	Do you currently have:					
			of the child? Yes \Box				
		Only physical custo Both legal and phy	ody of the child? Yes viscal custody of the ch	ild? Yes 🗖 No 🕻			
	b.	Only physical cust Both legal and phy If another person(s) hold	ody of the child? Yes rsical custody of the ch ls legal custody of the	s □ No □ hild? Yes □ No □ child at this time, give	the following information:		
	b.	Only physical cust Both legal and phy If another person(s) hold Name: Relationship, if any, to y	ody of the child? Yes rsical custody of the ch ls legal custody of the rou or the child:	ild? Yes 🗖 No 🕻 child at this time, give	the following information:		
	b.	Only physical cust Both legal and phy If another person(s) hold Name: Relationship, if any, to y Address: (Street, RR, F	ody of the child? Yes rsical custody of the ch ls legal custody of the rou or the child: P.O. Box) (7	s □ No □ nild? Yes □ No □ child at this time, give 	(State) (Zip)		
	b. c.	Only physical cust Both legal and phy If another person(s) hold Name: Relationship, if any, to y Address: (Street, RR, F Telephone Number (Hor If another person(s) hold	ody of the child? Yes sical custody of the ch is legal custody of the rou or the child:	ild? Yes D No C child at this time, give Com/City) Work) the child at this time, g	the following information: (State) (Zip) ive the following informatio	n:	
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(Rule 0250-7-13-.03, continued)

- 14. a. Do you desire to be represented by legal counsel at this surrender proceeding? Yes 🗖 No 🗖
 - b. If not, do you desire to consult with legal counsel prior to the execution of the surrender of the child?
 Yes No
 - c. Has such counseling been made available to you? Yes \Box No \Box
- 15. Do you understand that if you sign the following surrender of the above-named child that you will have no right to act as parent of the child in any manner forever, that your rights and responsibilities to and with the child will be terminated and that the child will become the legal child of other persons? Yes INO
- 16. a. If you sign the surrender of the above-named child, do you understand that within ten (10) days from the date you sign the surrender, you may revoke or cancel this surrender by signing a paper called a <u>REVOCATION OF SURRENDER</u> before the judge who is here today, or his or her successor? Yes **I** No **I**
 - b. By signing the surrender of the above named child on this date, (Mo/Day/Yr) ______, the period of revocation of the surrender will begin on the day following the signing of the surrender, or (Mo/Day/Yr) ______. The revocation period is ten (10) calendar days and will expire on the tenth (10th) day or (Mo/Day/Yr) ______. If the tenth (10th) day falls on a Saturday, Sunday or legal holiday, the last day for revocation will be the next day which is not a Saturday, Sunday or legal holiday. If this is the situation in this case, that date will be (Mo/Day/Yr) ______ Do you understand this? Yes Do
 - c. Do you understand that if you do sign the Revocation of Surrender form within the ten (10) day period, the Tennessee Department of Children's Services or Licensed Child-Placing Agency will be required to return the child, <u>if</u> you currently have custody of the child, <u>unless</u> the court finds that to do so will likely result in immediate harm to the health and safety of the child, and that you may contest this decision not to return the child to you and you may have legal counsel to represent you in that proceeding? Yes \Box No \Box
- 17. Knowing the above, do you freely, voluntarily and without duress or pressure by any other person(s) desire to surrender the abovenamed child so that the child may be placed for adoption and adopted by other persons? Yes D No D

FURTHER, AFFIANT SAITH NOT.

ignature:	Biological Legal M	other
		other
		ather
	Legal Guardian	01
	Name of Child	
worn to and subs	cribed before me this the da	ay of, 20
Please	Print:	
	Cha	ncellor,Circuit Judge, orJuvenile Court Judge
		County, Tennessee
Signat		it Judge, or Juvenile Court Judge
		PART II

A. SURRENDER BY PARENT OR GUARDIAN TO THE TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES OR A LICENSED CHILD-PLACING AGENCY AND ACCEPTANCE OF THE SURRENDER BY THE TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES OR LICENSED CHILD-PLACING AGENCY

STATE OF TENNESSEE

Being duly sworn according to law, affiant would state:

1. I am:

a. Mother: ______ or

(Rule 0250-7-13-.03, continued)

- b. Father: _____, or Legal Guardian: ____ _ of: c.
- Child's Name: 2. a.
 - Child's Date of Birth:____ b.
 - c. Child's Place of Birth:
 - d. Child's Sex:_
 - Child's Race: e.
- I understand that by my signature to this document, all of my parental or guardianship rights to the child named above will be forever 3. terminated and ended; that this child will be placed for adoption by _ . a Licensed Child-Placing Agency, or ____ by the Tennessee Department of Children's Services and that the child will be adopted by other persons, and that I will have no further right to see this child, or to act as parent of this child, or to otherwise be involved in the life of this child.
- I understand that by signing this document, I will not be entitled to any notice, legal or otherwise, of any other legal proceedings for the 4 adoption of my child by other persons.
- I have read and fully understand Part I of this document and fully understand that if I change my decision to surrender this child I must 5. a. do so by _____ (Date from # 16b. of Part I) by presenting the Revocation of Surrender Form, attached to this document, to the judge who is conducting this proceeding, or his or her successor.
 - b. By my signature to this part, I acknowledge receipt of a copy of the Revocation of Surrender form.

6.	I FREELY AND VOLUNTARILY, WITHOUT DURE	SS OF ANY KIND, SURRENDER ALL OF
	MY PARENTAL OR GUARDIANSHIP RIGHTS TO	
	TO:	(CHILD'S NAME)

Licensed Child-Placing Agency_ __ (Name of LCPA) a. ___Tennessee Department of Children's Services (Please check if applicable.) b.

FURTHER A	FFIANT	SAITH NOT.

This the day of _	,20
Signature:	Biological, LegalMother
0	Biological, LegalFather
	Legal Guardian

, 20 . Sworn to and subscribed before me this the _____ day of ____

Please Print:			
-	_Chancellor,	Circuit Judge,	or Juvenile Court Judge

____County, Tennessee

Signature:_

_Chancellor, __ Circuit or __ Juvenile Court Judge

NOTES TO THE COURT:

*See Note Below Before Signing

- 1. Please see T.C.A. 36-1-110 and 36-1-111(b), (c), (d), and (e) for capacity to execute and receive surrenders and requirements for validity.
- 2. A separate medical/social history form for the child and the child's parent(s) and biological relatives must be completed under oath prior to execution of the surrender. T. C. A. § 36-1-111(k).
- When applicable, as noted above, all provisions of Section B. must be completed as directed prior to acceptance of the surrender and before 3. entry of an Order of Full or Partial Guardianship. T.C.A. 36-1-111(k), (m) and (o). Section B.4. does not have to be completed by the Department of Children's Services. T.C.A. 36-1-111(n).
- The surrender itself is not sufficient to vest custodial or guardianship authority with the Licensed Child-Placing Agency or the Department 4. of Children's Services. T.C.A. 36-1-111(r)(2). Upon satisfactory completion of the above necessary requirements in Section B. and execution of the Pre-Surrender Form in Part I and Section A. of Part II by the parent or legal guardian, the Court shall enter an Order of Full or Partial Guardianship for the Licensed Child-Placing Agency or the Tennessee Department of Children's Services. T.C.A. 36-1-111 (r)(6)(C). This should be done within thirty (30) days of the execution of the surrender. T.C.A. § 36-1-111(u).

(Rule 0250-7-13-.03, continued)

NOTES TO THE CLERK:

- 1. Certified copies of Parts I and II must be given to the person(s) executing the surrender and to the Licensed Child Placing Agency or the county office of Tennessee Department of Children's Services. Costs of the copies may be taxed to the LCPA or the Department. Certify these copies on the page following Part II. T.C.A § 36-1-111(p).
- 2. The originals of Parts I and II shall be entered on a special docket for Surrenders and shall be styled "In Re: ________" (Child's Name) and shall be permanently filed by the court in a separate file for that purpose, and shall be confidential and shall not be inspected by anyone else without the written approval of the court. T. C. A. 36-1-111(p).
- 3. Within five (5) days of the execution of the surrender, a certified copy of Parts I, II and III shall be sent, without cost, to: Adoptions Services, Tennessee Department of Children's Services, 436 6th Avenue North, Nashville, TN 37243-1290. T.C.A. 36-1-111(p)(1), (2) and (4). Please provide certifications for these on the pages following Parts II and III.

PART II

B. ACCEPTANCE OF SURRENDER BY LICENSED CHILD-PLACING AGENCY OR TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES

STATE OF_____)
COUNTY OF_____)

Being duly sworn according to law, affiant would state:

1. I, _____, an authorized representative of:

a. Licensed Child-Placing Agency_____; or the

b. _____ County Tennessee Department of Children's Services accept the surrender of:

c. Name of Child______. DATE:_____

Please Print: ____

Name and Title of Authorized Representative

Signature: ____

Signature of Authorized Representative

SUBSECTIONS 2a.-2d. <u>MUST</u> BE MARKED TO DESIGNATE THE APPLICABLE SITUATION. ONE OF THESE SUBSECTIONS <u>MUST</u> EXIST BEFORE THE SURRENDER CAN BE RECEIVED BY THE COURT:

2	
2.	

Ι

_____certify on behalf of:

Licensed Child-Placing Agency_____ (Name of Agency); or the

Tennessee Department of Children's Services:

- a. _____ That my agency has physical custody of this child; or
- b. ____ That my agency has received the affidavit required by § 36-1-111 (d)(6) concerning the right to receive custody from the surrendering parent or guardian within five (5) days of the date of this surrender. The affidavit of the custodial parent or guardian to that effect has been presented to the court at this time; or
- c. _____ My agency has the right to receive physical custody of the child upon his or her release from a hospital or health care facility, and the affidavit of the custodial parent or guardian to this effect required by § 36-1-111 (d)(6) has been presented to the court at this time; or
- d. _____ That another person or agency has physical custody of the child. The affidavit of that person or agency required by § 36-1-111 (d)(6) which indicates their waiver of the right to custody of the child upon entry of an order of guardianship pursuant to § 36-1-136(r) has been presented to this court at this time.

SUBSECTIONS 3. AND 4. <u>MUST</u> BE ANSWERED "YES" OR <u>MUST</u> BE MARKED "NOT APPLICABLE" BEFORE THE SURRENDER IS COMPLETED BY THE COURT.

3. Yes □ No □ That if the Indian Child Welfare Act, 25 U.S.C. § 1901 et seq., applies because of the child's Native American heritage, there has been compliance with the Act. □ Not Applicable

(Rule 0250-7-13-.03, continued)

4. Yes □ No □ (Licensed Child-Placing Agency Only) I have presented to the court a copy of the Interstate Compact on the Placement of Child Form 100A for a child brought into Tennessee for adoption or foster care. If the ICPC Form 100A is not available, explain why this is not required.

□ Not Applicable FURTHER AFFIANT SAITH NOT. This _____ day of _____, 20____. Signature: _ Authorized Representative of Licensed Child-Placing Agency or the Tennessee Department of Children's Services Sworn to and subscribed before me this the _____ day of _____, 20____. Please Print:___ __ Chancellor,__ Circuit or__ Juvenile Court Judge of _____County, Tennessee Signature: __Chancellor,__ Circuit or__ Juvenile Court Judge **CERTIFICATION** _____, Clerk of the ______ County, Tennessee hereby certify the foregoing copies of Parts I and II of the I, _ Court for Surrender Forms to be true and accurate copies of the documents filed with the court. Clerk of the _____ Court ... Court ... _____ Court of (Seal) PART III CONTACT VETO REGISTRATION T.C.A. § 36-1-111(k)(3) STATE OF COUNTY OF ____ Being duly sworn according to law affiant would state: I am: 1. a. Mother: ______ _, or b. Father: _____, or c. Legal Guardian: ______ of: 2. a. Child's Name:__ b. Child's Date of Birth:_____ c. Child's Place of Birth: d. Child's Sex: ____ Child's Race: _ e.

3. a. I understand that contact with me may be requested by the child I am surrendering (adopted person) and by certain other classes of eligible persons who, as may be permitted by law, may have access to the sealed records, sealed adoption records or post adoption

records and those records in any other information. Those eligible persons currently include the adopted person twenty-one (21) years of age or older or their legal representative, the adopted person's birth or adopted parents or step-parents, the birth or adopted siblings or lineal descendants twenty-one years of age or older of the adopted person, or their legal representatives. [T.C.A. § 36-1-127(c)]. The class of eligible persons may be revised periodically by changes to the law.

- b. I understand that no contact, whether by personal contact, correspondence or otherwise shall be made in any manner whatsoever by those requesting persons or any agent or other person acting in concert with those requesting persons, with any person eligible to file a contact veto except as permitted by law. The sealed adoption record or post-adoption record requested by eligible persons shall be made available to the requesting party only after completion by the requesting party of a sworn statement agreeing that he or she shall not contact or attempt to contact, in any manner, by themselves or in concert with any other persons or entities, any of the persons eligible to file a contact veto until the Department has completed a search of the Contact Veto Registry to determine the willingness of the person sought to have contact with the requesting party. [T.C.A. §§ 36-1-127(f); 36-1-130 and 36-1-131]. The person making contact in violation of the law shall be guilty of a Class B misdemeanor [T.C.A. § 36-1-132]. I also understand that should I be contacted after filing a contact veto, I shall have a cause of action in the Circuit or Chancery Court for injunctive relief and damages, including both compensatory and punitive damages, and attorneys fees against any person who has contacted, attempted to contact, or caused me to be contacted [T.C.A. § 36-1-132].
- 4. I understand that contact with me by an eligible person is governed by filing my intentions with the Contact Veto Registry.
- 5. By filing with the execution of this surrender, I understand there is no fee for filing with the Contact Veto Registry. However, should I choose not to file a contact veto at this time, but wish to do so later, I understand I may do so, but will be required to pay the necessary fees [T.C.A. § 36-1-129(b)]. I understand that should there be a request for contact with me and I have vetoed contact with any eligible person, I will be contacted and informed by the Department of Children's Services to determine my desires for contact at that time and will be given the opportunity to vary or modify my request. [T.C.A. § 36-1-130(b)(1)].
- 6. I understand that I may vary this contact veto by indicating my desires for contact, if any, with the eligible persons and the means of contact I wish to have with particular eligible persons. [T.C.A. § 36-1-111(k)(3)(B); § 36-1-127-36-1-131]. In doing so, I understand I must write to the address below and request the necessary forms to complete and file with the Contact Veto Registry:

CONTACT VETO REGISTRY POST ADOPTION SERVICES TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES 436 6TH AVENUE NORTH NASHVILLE, TENNESSEE 37243-1290

7. a. PLEASE COMPLETE THE FOLLOWING SO THAT YOU MAY BE LOCATED IN THE FUTURE BY THE DEPARTMENT CONCERNING YOUR INTENTIONS REGARDING CONTACT:

THIS INFORMATION MUST BE UPDATED WITH THE DEPARTMENT TO ENSURE THAT FUTURE CONTACT CAN BE MADE.

Name (Including Birth & Married Names)	(Street/Rural Route/P. O.	Box)
(Town/City)	,, (State) ,	(Zip Code)
(Home Telephone No.)	(Work Telephone No.)	

b. Is this address an address the department may use to write to you concerning your wishes regarding contact.
 Yes □ No □ If no, please share address to be used:

(Street/Rural Route/P. O. Box)		(Town/City)	.,(State)
(Zip Code) (Work Telephone)		., (Home T	elephone)

Is this address an address a person requesting contact may use to write to you?
 Yes □ No □. If no, please share the address to be used:

(Street/Rural Route/P. O. Box)		(Town/City), (State)	-
(Zip Code) (Work Telephone)		(Home Telephone)	-•

Are the telephone numbers the numbers the department may use to contact you? YES □ NO □.
 If no, may the listed telephone numbers be shared with eligible persons requesting contact? YES □ NO □. If no, please list telephone number(s), if any, that might be shared and used to contact you.

(Work Telephone No.)

(Home Telephone No.)

- 8. a. I wish to **veto** contact with the adopted person and all other classes of eligible persons, who may, as may be permitted by law, to have access to the sealed records, sealed adoption records or post adoption record to have contact with me.
 - b. The filing of a contact veto by you makes the contact veto automatically applicable to your siblings, lineal descendants, lineal ancestors, and the spouses of those persons so that they cannot be contacted by a person eligible to have the records opened. You may, however, exclude persons in those classes from this automatic coverage so that they will have to register a contact veto themselves or, upon location by the department, pursuant to a search request, they will have to register a contact veto at the time. [T.C.A. § 36-1-130(a)(6)]. Please indicate whether you wish to exclude any of these persons.
 - c. I wish to exclude from the automatic contact veto the following:
 - (1) My siblings: Yes 🗖 No 🗖
 - (2) My lineal descendants: Yes \Box No \Box
 - (3) My lineal ancestors: Yes \Box No \Box
 - (4) The spouses of:
 - (a) siblings Yes 🗖 No 🗖
 - (b) lineal descendants Yes \Box No \Box
 - (c) lineal ancestors Yes \Box No \Box

Please complete the following for any known individuals:

Name	Relationship To Surrendering Person	Address Street. RR, P. O. Box, Town, State, Zip

- d. I wish to veto contact with: [T.C.A. § 36-1-128(c)]
 - Any future siblings of the adopted person.
 A current spouse Yes □ No □

Yes D No D Name of current spouse

- (3) Future spouse of mine Yes \Box No \Box
- (4) Any of my lineal descendants $Yes \square$ No \square
- 4) Any of my lineal descendants Y es \Box N

Please complete the following for any known individuals:

Relationship To Surrendering Person	Address Street. RR, P. O. Box, Town, State, Zip
_	Kelationship 10 Surrendering Person

9. a. I give **consent** for the child I am surrendering (adopted person) and <u>ALL</u> other classes of eligible persons who, as may be permitted by law, to have access to the sealed records, sealed adoption records or post adoption record to have contact with me.

b. I wish to limit consent to certain persons and only give consent for contact with the following classes of people:

- (1) The adopted person $Yes \square$ No \square
- (2) The adopted person's adoptive parents Yes 🗆 No 🗖
- (3) The adopted person's adoptive siblings Yes \Box No \Box
- (4) The adopted person's lineal descendants $Yes \square$ No \square
- (5) The legal representatives of any of these persons $Yes \square$ No \square

c. If contact is limited to the legal representative of certain classes of persons, please describe:

(Rule 0250-7-13-.03, continued)

10.	I wish the following types of contact by those persons requesting contact with me: (Please check all that apply and indicate any limitations
	or qualifications to these methods of contact)

	Telephone 🗖	
	Personal contact, unannounced Personal contact, prearranged with me , either via phone or Personal contact through another person. Please give name, relati contact:	
11.	I. Other information I wish to have released about me to any eligib be provided)	le persons (please identify to whom and the contents of the information to
12.	 Should you wish no contact with any other eligible persons but your decision, please share that information here: 	wish to share a statement of your feelings, or circumstances which impact
	Children's Services	Veto Registry at the Post Adoption Services Unit of the Department of
	URTHER, AFFIANT SAITH NOT.	
	his the day of, 20 ignature: Biological LegalMother Biological LegalFather Legal Guardian	
Swo	worn to and subscribed to before me this day of	, 20
		hancellor,Circuit Judge,Juvenile Court Judge of County, Tennessee
	Signature:	ncellor, Circuit Judge, Juvenile Court Judge
	CERTI	FICATION
	I,, Clerk of the ennessee, certify the foregoing copy of Part III of the Surrender Form ourt.	Court ofCounty, s to be a true and accurate copy of the document executed before this
		Clerk of the Court of County, Tennessee

(Seal)

PART IV

REVOCATION OF SURRENDER BY A PARENT OR GUARDIAN

		OF TENNESSEE Y OF	
Bei	ng du	ly sworn according to law affiant would state:	
1.	I an	1:	
	a.	Mother:	, or
	b.	Father:	, or
	c.	Legal Guardian:	
2.	a.	Child's Name:	
	b.	Child's Date of Birth:	
	c.	Child's Place of Birth:	
	d.	Child's Sex:	
	e.	Child's Race:	
3.	On	(Date), I executed a surr	render of my parental or guardianship rights to the child named in #2 to:
	a.	Prospective Adoptive Parent(s)	
	b.	Licensed Child-Placing Agency	
	c.	Tennessee Department of Children's Services	·
4.	The	surrender was executed before:	
			(Name of Judge and Name of Court)
5.	I he	reby revoke and void the surrender of the above-named	child.
		•	
FU	RTHE	ER AFFIANT SAITH NOT.	
Thi	s the _	day of, 20	
c :~	noturo	:: Biological Legal Mother	
Sig	nature	Biological Legal Father	
		Legal Guardian:	
Sw	orn to	and subscribed before me this day of	, 20
Thi	s Rev	ocation of Surrender was received by me on the d	ay of, 20
		Please Print:	
			Chancellor,Circuit Judge, orJuvenile Court Judge
			of County, Tennessee
		Signature (See notes below):	
			Chancellor,Circuit Judge, orJuvenile Court Judge

NOTES TO COURT, OR OTHER PERSON AUTHORIZED TO RECEIVE A REVOCATION, AND TO THE CLERK:

- 1. If the judge or other person who received the surrender is unavailable or absent, the successor or substitute to that judge or person may accept the revocation, or in the absence of the judge or his or her successor, another judge with jurisdiction to receive a surrender (in another state or territory this would be the chancellor, judge, or clerk of a court of record) may accept the revocation. In the event the surrender was taken in another state or country, or before the warden of a state or federal penitentiary and there is no authorized successor to the person who received the surrender or that person is unavailable, the revocation may be taken by a court in Tennessee which is qualified to receive a surrender or by a court in another state, territory, or country with domestic relations jurisdiction to accept the revocation. T.C.A. § 36-1-112(a)(1).
- 2. The surrender must be revoked within ten (10) days including Saturdays, Sundays and legal holidays following the original execution of the surrender. T.C.A. § 36-1-112(a)(1). The revocation period will begin on the day following the signing of the surrender and will expire on the tenth (10th) day. If the tenth (10th) falls on a Saturday, Sunday or legal holiday, the last day for revocation will be the next day which is not a Saturday, Sunday or legal holiday.
- 3. The court or person receiving the revocation shall maintain the originals in the office of the clerk or the person receiving the surrender together with the original of the surrender or the adoption petition containing the parental consent, if available, and shall personally give, or

by certified mail, return receipt requested, send certified copies of the revocation to the child's parent(s) or legal guardian(s), and to the prospective adoptive parents or the local office of the Tennessee Department of Children's Services or the licensed child-placing agency to whom the child was surrendered. See, T.C.A. 36-1-112(c)(1).

4. a. A certified copy of the revocation shall be attached to a certified copy of the surrender or the petition for adoption containing the parental consent, and the clerk shall send these, within three (3) days by certified mail, return receipt requested to:

Tennessee Department of Children's Services Central Office Adoption Services 436 6th Avenue North Nashville, TN 37243-1290

See, T.C.A. § 36-1-112(c)(2).

- b. Please provide the certification on the page following this Revocation form.
- 5. If the revocation must be executed before a court or person before whom the surrender was not executed or in which the adoption petition was not filed, the original of the revocation shall be sent within three (3) days to the court or person before whom the surrender was executed or where the adoption petition was filed and that court or person shall be responsible for sending the forms to the Tennessee Department of Children's Services Central Office and to the persons or agencies in #3 entitled to copies of the revocation. See, T.C.A. § 36-112(c)(2)(B).

CERTIFICATION

I, ______, Clerk of the ______ Court of ______ County, Tennessee, certify the foregoing copy of the Revocation of Surrender to be a true and accurate copy of the Revocation of Surrender executed before this Court.

Clerk of the _____ Court of _____ County, Tennessee

(Seal)

Authority: T.C.A. §§ 4-5-201, et seq., 36-1-111, 36-1-112, 36-1-125(a), 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. Administrative History: Original rule filed September 7, 2001; effective November 21, 2001.

0250-7-13-.04 SURRENDER DOCUMENTS FOR USE IN SURRENDERS DIRECTLY TO PROSPECTIVE ADOPTIVE PARENTS IN A TENNESSEE COURT.

- (1) The following form is composed of four (4) Parts making a complete package which must be used at the time of surrender of a child for adoption in a Tennessee court directly to prospective adoptive parents. Parts I, II, and III must be completed at the time of the surrender. Copies of Parts I and II should be given to the person executing the surrender and to the prospective adoptive parents. Copies of Part III should be given to the person executing the surrender and should be sent directly to the Department by the Clerk. Part IV, the revocation of surrender, which is part of the package, must be given to the parent or guardian at the time of the surrender.
- (2) The requirements for execution and processing of the forms are contained in T.C.A. §§ 36-1-111 and 36-1-112 and are noted in summary manner on the forms.
- (3) The information in these forms is confidential and is not to be released without the written approval of the court.

and

and

(Rule 0250-7-13-.04, continued)

(4) Form:

FORMS FOR SURRENDER OF CHILD IN TENNESSEE DIRECTLY TO ADOPTIVE PARENTS BY A PARENT OR GUARDIAN

PART I

PRE-SURRENDER INFORMATION

The following information is required by Tennessee Code Annotated § 36-1-111 and must be obtained under oath by the Court prior to execution of the surrender in PART II by the parent or legal guardian:

Note: Pseudonyms must not be used nor may spaces for the identities of persons whose names are known be left blank. The court shall require the persons executing these documents to prove their identities satisfactorily to the court. T.C.A. § 36-1-111(g).

STATE OF)
COUNTY OF)

Being duly sworn according to law, affiant would state:

1. I am:

a.

a.	Mother:	_ (Date of Birth),or
b.	Father:	_ (Date of Birth),or
c.	Legal Guardian:	_ (Date of Birth),of:

2.	a.	Child's Name

- Child's Date of Birth_____ b.
- Child's Place of Birth _____ c.
- d. Child's Sex _____
- Child's Race _ e.
- This child was born in wedlock \Box / out of wedlock \Box . 3.

State the names and relationships of any other legal/biological parent, legal guardian or possible biological parent for this child: 4.

- (1) Name: (2) Relationship to the child:
- (3) Address _____
- (4) City, State Zip ____
- (6) Other identifying information concerning the above identified other legal or biological parent/legal guardian.

b. (1) Name: ____

- (2) Relationship to the child: _____
- (3) Address _____
- (4) City, State Zip ____
- Other identifying information concerning the above identified other legal or biological parent/legal guardian. (6)

(1) Name: c.

- Relationship to the child: _____ (2)
- (3) Address

- Other identifying information concerning the above identified other legal or biological parent/legal guardian. (6)

- 5. The identity is unknown for the other:
 - a. Legal parent Yes 🗖 No 🗖
 - b. Biological parent Yes 🗖 No 🗖
 - c.Legal guardianYes □No □d.Not applicableYes □No □
- 6. The whereabouts is unknown for the other:
 - a. Legal parent Yes 🗖 No 🗖
 - b. Biological parent Yes 🗖 No 🗖
 - c. Legal guardian Yes 🗖 No 🗖
 - d. Not applicable Yes 🗖 No 🗖
- 7. I state that all information concerning the identity, whereabouts, and social and medical history concerning the other legal or biological parent/legal guardian has been(__) or will be given(__) to the prospective adoptive parents to whom the above child is being surrendered, to the agency conducting the adoptive home study, or to the attorney for the prospective adoptive parents.
- 8. Information Concerning Child's Native American Heritage:
 - a. Are you or the child of Native American heritage? Yes □ No □ If no, go to # 9.
 - b. If yes, are you eligible for tribal membership? Yes \Box No \Box
 - c. If yes, give name of tribe. _
 - Are you registered with a Native American tribe? Yes No 🗖 d. If yes, give name of tribe. e. Is your child eligible for tribal membership? Yes 🗆 No 🗖 f. If yes, give name of tribe. g. Has your child been registered with a Native American tribe? h. Yes 🗆 No 🗖 i If yes, give name of tribe. This information is unknown. Yes 🗆 No 🗖 j.
- 9. a. Will this child be sent out of Tennessee to another state or country for adoption? Yes □ No □ If no, go to #10.
 - b. If yes, name of state or country.
 - c. If yes, Tennessee law will govern the interpretation of this surrender.
- 10. Have you been paid, received or been promised any money or other remuneration of thing of value in connection with the birth of the above-named child or placement of this child for adoption?
 - Yes 🗖 No 🗖
 - If no, go to #11.

If yes, please complete the following:

Amount Paid	To Whom	By Whom	Date Received/Paid	Type Service/Cost

11 a. Does the child own any real or personal property? value: ______

Yes 🗖 No 🗖 If yes, please describe the property owned and give the property

b. Is it expected that the child will become possessed of any real or personal property? Yes □ No □
 If yes, please describe property, who currently owns the property, the time and circumstances under which the child becomes owner and give the property value:

12.	a.	Do you currently have:						
		Only legal custody of the child? Yes 🗖 No 🗖						
		Only physical custody of the child? Yes 🗖 No 🗖						
		Both legal and physical custody of the child? Yes 🗖 No 🗖						
	b.	If another person(s) holds legal custody of the child at this time, give the following information:						
		Name: Relationship, if any, to you or the child:						
		Address:						
		(Street, RR, P.O. Box) (Town/City) (State) (Zip)						
		(Street, RR, P.O. Box) (Town/City) (State) (Zip) Telephone Number (Home) (Work) (Vork) (Zip)						
	c.	If another person(s) holds physical custody of the child at this time, give the following information:						
		Name:						
		Relationship, if any, to you or the child:						
		Address:						
		(Street, RR, P.O. Box) (Town/City) (State) (Zip)						
		Telephone Number (Home) (Work)						
	d.	Is the person(s) who holds custody the prospective adoptive parent? Yes \Box No \Box						
	e.	If a licensed child placing agency, the Department of Children's Services or another State agency holds physical and/or legal custody of your child, give the following information:						
		Name of Agency:						
		Street/Rural Route/P.O. Box:						
		Town/City: State: Zip:						
	f.	Do you intend to give custody to the prospective adoptive parents? Yes 🗖 No 🗖						
	g.	Explain any other circumstances regarding the custody status of this child:						
		· · · · · · · · · · · · · · · · · · ·						
13	a.	Are you aware of assistance which may be available to you to care for the child should you desire to parent this child? Yes 🗆 No 🗆						
	b.	Do you desire counseling regarding such assistance which may be available to you or regarding other issues concerning adoption or parenting from the Tennessee Department of Children's Services a licensed child-placing agency, or a licensed clinical social worker						
		concerning the decision to place this child for adoption? Yes \Box No \Box						
	c.	Have you requested the prospective adoptive parents to provide such counseling for you?						
		Yes 🗖 No 🗍 If not, go to #14.						
	d.	If so, has such counseling been made available to you by the prospective adoptive parents?						
		Yes 🗆 No 🗖						
14.	a.	Do you desire to be represented by legal counsel at this surrender proceeding? Yes \Box No \Box						
	b.	If not, do you desire to consult with legal counsel prior to the execution of the surrender of the child? Yes 🗆 No 🗖						
	c.	Have you requested the prospective adoptive parents to provide such counseling for you?						
	d.	Yes I No I If not, go to #15. If so, has such counseling been made available to you by the prospective adoptive parents?						
	u.	Yes \square No \square						
15.	Do	you understand that if you sign the following surrender of the above-named child that you will have no right to act as parent of						
		child in any manner whatsoever forever, that your rights and responsibilities to and with the child will be terminated and that						
	the	child will become the legal child of other persons? Yes 🗖 No 🗇						
17								
16.	a.	If you sign the surrender of the above-named child, do you understand that within ten (10) days from the date you sign the surrender, you may revoke or cancel this surrender by signing a paper called a REVOCATION OF SURRENDER before the						
		surrender, you may revoke or cancel this surrender by signing a paper cancel a <u>KEVOCATION OF SURRENDER</u> before the judge who is here today, or his or her successor? Yes \Box No \Box						
	b.	By signing the surrender of the above named child on this date, (Mo/Day/Yr), the period of revocation of						
		the surrender will begin on the day following the signing of the surrender, or (Mo/Day/Yr) <u>The</u>						
		revocation period is ten (10) calendar days and will expire on the tenth (10th) day or (Mo/Day/Yr) If						
		the tenth (10th) day falls on a Saturday, Sunday or legal holiday, the last day for revocation will be the next day which is not a						
		Saturday, Sunday or legal holiday. If this is the situation in this case, that date will be (Mo/Day/Yr) Do						
		you understand this? Yes 🗆 No 🗖						
		Do you understand that if you do sign the Departies of furning to forme within the tar (10) to a set 1 of						
	c.	Do you understand that if you do sign the Revocation of Surrender form within the ten (10) day period, the prospective adoptive parents will be required to return the child, <u>if</u> you currently have custody of the child, <u>unless</u> the court finds that to						
		aspente parentes and be required to return the child, in you currently have custous of the child, unless the court filles that to						

do so will likely result in immediate harm to the health and safety of the child, and that you may contest this decision not to return the child to you and you may have legal counsel to represent you in that proceeding? Yes \Box No \Box

17. Knowing the above, do you freely, voluntarily and without duress or pressure by any other person(s) desire to surrender the abovenamed child so that the child may be placed for adoption and adopted by the prospective adoptive parents? Yes \Box No \Box

FURTHE	R, AFFIANT SAITH N	JT.		
This the _	day of	, 20		
Signature:	Biological Legal_	Father		of
Sworn to	and subscribed before m	e this the day	Name of Child of, 20	
		Please Print:	Chancellor,Circuit Judge, or of O	Ę
	;	Signature: Chancel	lor, Circuit Judge, or Juvenile Court Jud	ge

PART II

A. SURRENDER BY PARENT OR GUARDIAN DIRECTLY TO PROSPECTIVE ADOPTIVE PARENTS

STATE OF TENNESSEE)
COUNTY OF	_)

Being duly sworn affiant would state:

- 1. I am:
 - a. Mother: _____ or
 - b. Father: ______, or c. Legal Guardian: ______ of:
- 2. a. Child's Name:___
 - b. Child's Date of Birth:_____
 - c. Child's Place of Birth:_____
 - d. Child's Sex:_____
 - e. Child's Race:____
- 3. I understand that by my signature to this document, all of my parental or guardianship rights to the child named above will be forever terminated and ended; that this child will be adopted by______[Name(s) of prospective adoptive parent(s)], and that I will have no further right to see this child, or to act as parent of this child, or to otherwise be involved in the life of this child.
- 4. I understand that by signing this document, I will not be entitled to any notice, legal or otherwise, of any other legal proceedings for the adoption of my child by other persons.
- 5. a. I have read and fully understand Part I of this document and fully understand that if I change my decision to surrender this child I must do so by ______(Date from # 16b. of Part I) by presenting the Revocation of Surrender Form, attached to this document, to the judge who is conducting this proceeding, or his or her successor.
 - b. By my signature to this part, I acknowledge receipt of a copy of the Revocation of Surrender form.
- 6. I FREELY AND VOLUNTARILY, WITHOUT DURESS OF ANY KIND, SURRENDER ALL OF MY PARENTAL OR GUARDIANSHIP RIGHTS TO ______

(CHILD'S NAME)

(Rule 0250-7-13-.04, continued)

TO:	
a. Prospective Adoptive Motherb. Prospective Adoptive Father	
FURTHER AFFIANT SAITH NOT.	
This the day of, 20	
Signature: BiologicalLegalMother BiologicalLegalFather Legal Guardian	
Sworn to and subscribed before me this the day of	,20
	Please Print:Chancellor,Circuit orJuvenile Court Judge ofCounty, Tennessee
*See Note Below Before Signing	Signature: Chancellor, Circuit or Juvenile Court Judge

NOTES TO COURT:

- 1. Please see T.C.A. § 36-1-110 and 36-1-111(b), (c), (d), and (e) for capacity to execute and receive surrenders and requirements for validity.
- 2. A separate medical/social history form for the child, the child's parent(s), and biological relatives must be completed under oath prior to execution of the surrender. T. C. A. § 36-1-111(k).
- 3. <u>When applicable</u>, as noted above, all provisions of Section B. <u>must</u> be completed as directed <u>prior</u> to acceptance of the surrender and before entry of an Order of Full or Partial Guardianship. T.C.A. § 36-1-111(k)(m) and (o).
- 4. The surrender itself is not sufficient to vest custodial or guardianship authority with the prospective adoptive parents. T.C.A. § 36-1-111 (r)(2). Upon satisfactory completion of the above necessary requirements and execution of the Pre-Surrender Form in Part I and Section A. of Part II by the parent(s) or legal guardian, the Court may enter an Order of Full or Partial Guardianship for the Prospective Adoptive Parent. T.C.A. § 36-1-111(r)(6)(C). This should be done within thirty (30) days of the execution of the surrender. T.C.A. § 36-1-111(u).
- 5. If a full home study of the prospective adoptive parent(s)' home has not been conducted within six (6) months of the date of the execution of this surrender, the court shall, if the surrender is to persons who are not related [T.C.A. § 36-1-102(39)] to the child, issue an Order of Reference for such home study to, and shall order supervision of the child in the home of the prospective adoptive parents by, a licensed child-placing agency, a licensed clinical social worker, or if the prospective adoptive parents are indigent under Federal Poverty Guidelines, to the Tennessee Department of Children's Services. The home study is to be returned to the court within sixty (60) days. See, T.C.A. § 36-1-111(t).

NOTES TO THE CLERK:

- 1. Certified copies of Parts I and II must be given to the person(s) executing the surrender and to the prospective adoptive parents. Costs of the copies may be taxed to the prospective adoptive parents. Certify these copies on the page following Part II. T. C. A. § 36-1-111(p).
- 2. The original shall be entered on a special docket for Surrenders and shall be styled "In Re: ______" (Child's Name) and shall be permanently filed by the court in a report file for that purpose, and shall be confidential and shall not be inspected by anyone else without the written approval of the court. T. C. A. § 36-1-111(p).
- 3. Within five (5) days of the execution of the surrender, a certified copy of Parts I, II, and III shall be sent, without cost, to: Adoptions Services, Tennessee Department of Children's Services, 436 6th Avenue North, Nashville, TN 37243-1290. T.C.A. § 36-1-111(p)(1),(2) and (4). T. C. A. § 36-1-111(p). Please provide certifications on the pages following Parts II and III.

PART II

B. ACCEPTANCE OF SURRENDER BY PROSPECTIVE ADOPTIVE PARENTS

STATE OF TENNESSEE) COUNTY OF _____)

Being duly sworn, affiant(s) would state:

1.	a.	I am		. Prospe	ective Adoptive Mother.		
	b.						
	c.						
	d.	Prospective Ad	optive Mother's Address _				
2.	a.	Lam		Prospe	ective Adoptive Father		
2.	b.	Prospective Ad	optive Father's Date of Birt	, 1103pt			
	с.	Prospective Ad	optive Father's Marital Stat	tus			
	d.	Prospective Ad	optive Father's Address				
		I.					
3 agree to assume responsibility for obtaining guardianship of			of				
				through court order w	vithin thirty (30) days of the date of this		
		(Name of Child	l)				
			A. § 36-1-111(u)], and we a d spiritual training of this ch		ponsible for the care, custody, financial support, medical care,		
	euu	ication, moral, and	i spirituai training of this ci	ina.			
4.	The	e following costs	have been paid by	_ for activities involving	g the placement of this child.		
		-	(me/us)				
			T X Z				
	An	nount Paid	To Whom	Date Paid	Type Service/Cost Licensed Child Placing Agency		
					Licensed Child Placing Agency		
					Licensed Clinical Social Worker		
					Legal Counsel		
					Other Person/Organization		
					Specify:		
					Social Counseling Cost for Child's Parent/Legal Guardian		
					Legal Counseling for Child's Parent/Legal		
					Guardian		
					Hospital or Medical Costs for the Birth of the		
					Child		
					Medical Care/Other Birth Related Expenses for		
					Mother and/or Child		
					Counseling Fees for Child		
					Food, Maternity Clothing, Child's Clothing		
					Housing and/or Utilities for Parent/Guardian		
					Other Costs (Specify to Whom)		

SUBSECTIONS 5a.-5d. <u>MUST</u> BE MARKED TO DESIGNATE THE APPLICABLE SITUATION. ONE OF THE FOLLOWING <u>MUST</u> EXIST BEFORE THE SURRENDER CAN BE RECEIVED BY THE COURT:

- 5. a. _____ I/We have physical custody of this child; or
 - b. _____ I/We will receive physical custody of the child from the parent or legal guardian within five (5) days of this surrender. The affidavit required by § 36-1-111 (d)(6) of the custodial parent or guardian to this effect has been presented to the court at this time; or
 - c. _____ I/We have the right to receive physical custody of the child upon his or her release from a hospital or health care facility, and the affidavit of the custodial parent or guardian to this effect required by § 36-1-111 (d)(6) has been presented to the court at this time; or
 - d. _____ Another person or agency currently has physical control of the child. I/We have presented to the court an affidavit of the person or agency required by § 36-1-111 (d)(6) which indicates their waiver of the right to custody of the child upon entry of a guardianship order pursuant to § 36-1-136(r).

SUBSECTIONS 6-9 <u>MUST</u> BE ANSWERED "YES" OR <u>MUST</u> BE MARKED "NOT APPLICABLE" BEFORE THE SURRENDER IS COMPLETED BY THE COURT:

- 6. Yes 🗖 No 🗖 I/We have presented to the court a currently effective or updated home study or preliminary home study of my/our home conducted by a licensed child-placing agency, a licensed clinical social worker, or the Tennessee Department of Children's Services.
- 7. Yes □ No □ I/We have attached the certificate of the completion of (_)legal/(_)social counseling <u>if</u> counseling was requested by the surrendering parent. See Item #s 13 and 14 in Part I above. □Not Applicable.
- 8. Yes \square No \square If the child has been brought into Tennessee for foster care or adoption, I/we have attached a copy of the ICPC 100A or other substitute form required for ICPC compliance or a sworn statement stating why such form is not required by the ICPC. \square Not Applicable.
- 9. Yes □ No □ I/We have attached a statement that if the Indian Child Welfare Act, 25 U.S.C. § 1901 et seq. applies because of the child's Native American heritage, there has been compliance with the Act.
 □Not Applicable.

SUBSECTION 10 MUST BE ANSWERED "YES", OR ITEM b. MUST EXPLAIN HOW COMPLIANCE WILL BE EFFECTED:

- 10. Yes 🗖 No 🗖 a. If the child is to be removed from Tennessee for adoption in another state, there has been compliance with the Interstate Compact on the Placement of Children. 🗖 Not Applicable.
 - b. If not, how will it be effected?

FURTHER AFFIANT(S) SAITH NOT

This ____ day of _____, 20__.

Signature of Prospective Adoptive Mother

Signature of Prospective Adoptive Father

Sworn to and subscribed before me this _____ day of _____, 20____.

Please Print:

__Chancellor, __Circuit Judge, or __Juvenile Court Judge

of _____County, Tennessee

Signature:

__Chancellor, __Circuit Judge, or __Juvenile Court Judge

CERTIFICATION

I, _____, Clerk of the _____ Court for _____County, Tennessee hereby certify the foregoing copies of Parts I and II of the Surrender Forms to be true and accurate copies of the documents filed with the court.

Clerk of the _____ Court of

County, Tennessee

(Seal)

PART III CONTACT VETO REGISTRATION T.C.A. § 36-1-111(k)(3)

STATE OF))
COUNTY O	F)	,

Being duly sworn according to law affiant would state:

I ar	m:	
a.	Mother:	, 01
b.	Father:	
c.	Legal Guardian:	of:
a.	Child's Name:	
b.	Child's Date of Birth:	

- c. Child's Place of Birth: ______ d. Child's Sex: _____
- e. Child's Race:

1.

2.

- 3. a. I understand that contact with me may be requested by the child I am surrendering (adopted person) and by certain other classes of eligible persons who, as may be permitted by law, may have access to the sealed records, sealed adoption records or post adoption records and those records in any other information. Those eligible persons currently include the adopted person twenty-one (21) years of age or older or their legal representative, the adopted person's birth or adopted parents or step-parents, the birth or adopted siblings or lineal descendants twenty-one years of age or older of the adopted person, or their legal representatives. [T.C.A. § 36-1-127(c)]. The class of eligible persons may be revised periodically by changes to the law.
 - b. I understand that no contact, whether by personal contact, correspondence or otherwise shall be made in any manner whatsoever by those requesting persons or any agent or other person acting in concert with those requesting persons, with any person eligible to file a contact veto except as permitted by law. The sealed adoption record or post-adoption record requested by eligible persons shall be made available to the requesting party only after completion by the requesting party of a sworn statement agreeing that he or she shall not contact or attempt to contact, in any manner, by themselves or in concert with any other persons or entities, any of the persons eligible to file a contact veto until the Department has completed a search of the Contact Veto Registry to determine the willingness of the person sought to have contact with the requesting party. [T.C.A. §§ 36-1-127(f); 36-1-130 and 36-1-131]. The person making contact in violation of the law shall be guilty of a Class B misdemeanor [T.C.A. § 36-1-132]. I also understand that should I be contacted after filing a contact veto, I shall have a cause of action in the Circuit or Chancery Court for injunctive relief and damages, including both compensatory and punitive damages, and attorneys fees against any person who has contacted, attempted to contact, or caused me to be contacted [T.C.A. § 36-1-132].
- 4. I understand that contact with me by an eligible person is governed by filing my intentions with the Contact Veto Registry.
- 5. By filing with the execution of this surrender, I understand there is no fee for filing with the Contact Veto Registry. However, should I choose not to file a contact veto at this time, but wish to do so later, I understand I may do so, but will be required to pay the necessary fees [T.C.A. § 36-1-129(b)]. I understand that should there be a request for contact with me and I have vetoed contact with any eligible person, I will be contacted and informed by the Department of Children's Services to determine my desires for contact at that time and will be given the opportunity to vary or modify my request. [T.C.A. § 36-1-130(b)(1)].
- 6. I understand that I may vary this contact veto by indicating my desires for contact, if any, with the eligible persons and the means of contact I wish to have with particular eligible persons. [T.C.A. § 36-1-111(k)(3)(B); § 36-1-127-36-1-131]. In doing so, I understand I must write to the address below and request the necessary forms to complete and file with the Contact Veto Registry:

CONTACT VETO REGISTRY POST ADOPTION SERVICES TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES 436 6th AVENUE NORTH NASHVILLE, TENNESSEE 37243-1290

7. a. PLEASE COMPLETE THE FOLLOWING SO THAT YOU MAY BE LOCATED IN THE FUTURE BY THE DEPARTMENT CONCERNING YOUR INTENTIONS REGARDING CONTACT:

THIS INFORMATION MUST BE UPDATED WITH THE DEPARTMENT TO ENSURE THAT FUTURE CONTACT CAN BE MADE.

Name (Including Birth & Married Names) (Street/Rural Route/P. O. Box)

(Town/City)	,, (State) ,	(Zip Code)
(Home Telephone No.)	(Work Telephone No.)	

b. Is this address an address the department may use to write to you concerning your wishes regarding contact. Yes 🗖 No 🗖 If no, please share address to be used:

(Street/Rural Route/P. O. Box)		,,,	(State)
(Zip Code)	(Work Telephone)	_,(Home Telep	hone)

c. Is this address an address a person requesting contact may use to write to you? Yes 🗖 No 🗖. If no, please share the address to be used:

(Street/Rural Route,	/P. O. Box)	(Town/City)	(State)
(Zip Code)	(Work Telephone)	(Home	e Telephone)

__, __

Are the telephone numbers the numbers the department may use to contact you?
 YES □ NO □. If no, may the listed telephone numbers be shared with eligible persons requesting contact? YES □ NO □. If no, please list telephone number(s), if any, that might be shared and used to contact you.

(Work Telephone No.)

(Home Telephone No.)

- 8. a. I wish to **veto** contact with the adopted person and all other classes of eligible persons, who may, as may be permitted by law, to have access to the sealed records, sealed adoption records or post adoption record to have contact with me.
 - b. The filing of a contact veto by you makes the contact veto automatically applicable to your siblings, lineal descendants, lineal ancestors, and the spouses of those persons so that they cannot be contacted by a person eligible to have the records opened. You may, however, exclude persons in those classes from this automatic coverage so that they will have to register a contact veto themselves or, upon location by the department, pursuant to a search request, they will have to register a contact veto at the time. [T.C.A. § 36-1-130(a)(6)]. Please indicate whether you wish to exclude any of these persons.
 - c. I wish to exclude from the automatic contact veto the following:

(1)	My siblings:	Yes 🗖	No 🗖
(2)	My lineal descendants:	Yes 🗖	No 🗖
(3)	My lineal ancestors:	Yes 🗖	No 🗖
(4)	The spouses of:		
	(a) siblings	Yes 🗖	No 🗖
	(b) lineal descendants	Yes 🗖	No 🗖
	(c) lineal ancestors	Yes 🗖	No 🗖

Please complete the following for any known individuals:

Name	Relationship To Surrendering Person	Address Street. RR, P. O. Box, Town, State, Zip

d. I wish to veto contact with: [T.C.A. § 36-1-128(c)]

- (1) Any future siblings of the adopted person. Yes \Box No \Box
- (2) A current spouse Yes D No D Name of current spouse _____
- (3) Future spouse of mine Yes \Box No \Box
- (4) Any of my lineal descendants $Yes \square No \square$

Please complete the following for any known individuals:

Please complete the following for any known individuals:
	Relationship To	Address
Name	Surrendering Person	Street. RR, P. O. Box, Town, State, Zip

I give consent for the child I am surrendering (adopted person) and <u>ALL</u> other classes of eligible persons who, as may be permitted 9. a. by law, to have access to the sealed records, sealed adoption records or post adoption record to have contact with me.

I wish to **limit consent** to certain persons and only give consent for contact with the following classes of people: b.

- (1) The adopted person No 🗖 Yes 🗖 (2)The adopted person's adoptive parents Yes 🗖 No 🗖
- (3) The adopted person's adoptive siblings Yes \Box No 🗖 (4) The adopted person's lineal descendants Yes 🗖
- No 🗖 (5) The legal representatives of any of these persons Yes \Box No 🗖

If contact is limited to the legal representative of certain classes of persons, please describe: c.

10. I wish the following types of contact by those persons requesting contact with me: (Please check all that apply and indicate any limitations or qualifications to these methods of contact)

Ί	elephone 🗖
L	etters 🗖
Р	ersonal contact, unannounced 🗖
P	ersonal contact, prearranged with me 🗖, either via phone 🗖 or correspondence 🗖
P	ersonal contact through another person 🗖 Please give name, relationship to you, if any, and information to be released regarding how to
с	ontact:

- 11. Other information I wish to have released about me to any eligible persons (please identify to whom and the contents of the information to be provided)
- 12. Should you wish no contact with any other eligible persons but wish to share a statement of your feelings, or circumstances which impact your decision, please share that information here:

13. I hereby request that this information be filed with the Contact Veto Registry at the Post Adoption Services Unit of the Department of Children's Services.

FURTHER, AFFIANT SAITH NOT.

This the day o	f, 20		
Signature:	Biological Legal Biological Legal Legal Guardian	Mother Father	
Sworn to and subscri	bed to before me this d	ay of	, 20

Please Print:

__Chancellor, __Circuit Judge, __Juvenile Court Judge of _____ County, Tennessee

Signature:

Chancellor, Circuit Judge, Juvenile Court Judge

CERTIFICATION

_____, Clerk of the ______ Court of _____ I. County, Tennessee, certify the foregoing copy of Part III of the Surrender Forms to be a true and accurate copy of the document executed before this Court.

> Clerk of the _____ Court of _____ County, Tennessee

> > (Seal)

PART IV

REVOCATION OF SURRENDER BY A PARENT OR GUARDIAN

STATE OF TENNESSEE COUNTY OF ____

Being duly sworn according to law affiant would state:

1. I am:

a.	Mother:	, or
b.	Father:	, or

c. Legal Guardian: ______, of:

a. Child's Name: 2.

- d. Child's Sex: _____
- e. Child's Race: _____

3.

(Date), I executed a surrender of my parental or guardianship rights to the child named in #2 to: On_

- a. Prospective Adoptive Parent(s)_____ b. Licensed Child-Placing Agency_____
- c. Tennessee Department of Children's Services_____
- 4. The surrender was executed before: (Name of Judge and Name of Court)
- I hereby revoke and void the surrender of the above-named child. 5.

FURTHER	AFFIANT	SAITH NOT.
TURTILR	ALLIANT	SALLINGI.

This theday	of, 20	
Signature:	Biological LegalMother Biological LegalFather Legal Guardian:	
Sworn to and sub	cribed before me this day of, 20	

This Revocation of Surrender was received by me on the _____ day of _____, 20___.

Please Print:		
	Chancellor,	Circuit Judge, orJuvenile Court Judge
	of	County, Tennessee
Signature (See notes below):		

Chancellor, Circuit Judge, or Juvenile Court Judge

NOTES TO COURT, OR OTHER PERSON AUTHORIZED TO RECEIVE A REVOCATION, AND TO THE CLERK:

- 1. If the judge or other person who received the surrender is unavailable or absent, the successor or substitute to that judge or person may accept the revocation, or in the absence of the judge or his or her successor, another judge with jurisdiction to receive a surrender (in another state or territory this would be the chancellor, judge, or clerk of a court of record) may accept the revocation. In the event the surrender was taken in another state or country, or before the warden of a state or federal penitentiary and there is no authorized successor to the person who received the surrender or that person is unavailable, the revocation may be taken by a court in Tennessee which is qualified to receive a surrender or by a court in another state, territory, or country with domestic relations jurisdiction to accept the revocation. T.C.A. § 36-1-112(a)(1).
- 2. The surrender must be revoked within ten (10) days including Saturdays, Sundays and legal holidays following the original execution of the surrender. T.C.A. § 36-1-112(a)(1). The revocation period will begin on the day following the signing of the surrender and will expire on the tenth (10th) day. If the tenth (10th) falls on a Saturday, Sunday or legal holiday, the last day for revocation will be the next day which is not a Saturday, Sunday or legal holiday.
- 3. The court or person receiving the revocation shall maintain the originals in the office of the clerk or the person receiving the surrender together with the original of the surrender or the adoption petition containing the parental consent, if available, and shall personally give, or by certified mail, return receipt requested, send certified copies of the revocation to the child's parent(s) or legal guardian(s), and to the prospective adoptive parents or the local office of the Tennessee Department of Children's Services or the licensed child-placing agency to whom the child was surrendered. See, T.C.A. § 36-1-112(c)(1).
- 4. a. A certified copy of the revocation shall be attached to a certified copy of the surrender or the petition for adoption containing the parental consent, and the clerk shall send these, within three (3) days by certified mail, return receipt requested to:

Tennessee Department of Children's Services Central Office Adoption Services 436 6th Avenue North Nashville, TN 37243-1290

See, T.C.A. § 36-1-112(c)(2).

b. Please provide the certification on the page following this Revocation form.

If the revocation must be executed before a court or person before whom the surrender was not executed or in which the adoption petition was not filed, the original of the revocation shall be sent within three (3) days to the court or person before whom the surrender was executed or where the adoption petition was filed and that court or person shall be responsible for sending the forms to the Tennessee Department of Children's Services, Central Office and to the persons or agencies in #3 entitled to copies of the revocation. See, T.C.A. § 36-112(c)(2)(B).

CERTIFICATION

__, Clerk of the _____ Court of ____

County, Tennessee, certify the foregoing copy of the Revocation of Surrender to be a true and accurate copy of the Revocation of Surrender executed before this Court.

Clerk of the _____ Court of _____ County, Tennessee

(Seal)

I.

(Rule 0250-7-13-.04, continued)

Authority: T.C.A. §§4-5-201, et seq., 36-1-111, 36-1-112, 36-1-125, 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. Administrative History: Original rule filed September 7, 2001; effective November 21, 2001.

0250-7-13-.05 SURRENDER DOCUMENTS FOR USE IN SURRENDERS TO A LICENSED CHILD-PLACING AGENCY OR THE TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES IN THESE MATTERS, IN COURT IN ANOTHER STATE OR TERRITORY.

- (1) The following form is composed of four parts (4) making a complete package which must be used at the time of surrender of child for adoption in a court in another state or territory to a Tennessee Licensed Child-Placing Agency (LCPA) or the Tennessee Department of Children's Services (TDCS), or its successor agency in these matters. Parts I, II A. and III should be completed at the time of the surrender. Part II B. should be completed by the Department or LCPA prior to sending the form to the court out of state for completion of the surrender. Copies of Parts I and II should be given to the person executing the surrender and to the Department or the LCPA. Copies of Part III should be given to the person executing the surrender and should be sent directly to the Department by the Clerk. Part IV, the revocation of surrender, which is part of the package, must be given to the parent or guardian at the time of the surrender.
- (2) The requirements for execution and processing of the forms are contained in T.C.A. §§ 36-1-111 and 36-1-112 and are noted in summary manner on the forms.
- (3) The information in these forms is confidential and is not to be released without the written approval of the court with domestic relations jurisdiction where the file is maintained.
- (4) Form:

FORM FOR SURRENDER OF CHILD BY A PARENT OR GUARDIAN IN ANOTHER STATE OR TERRITORY TO THE TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES OR A TENNESSEE LICENSED CHILD-PLACING AGENCY

PART I

PRE-SURRENDER INFORMATION

The following information is required by Tennessee Code Annotated § 36-1-111 and must be obtained under oath by the Court of Record or Clerk of Court of Record in the State or Territory where executed prior to execution of the surrender in PART II by the parent or legal guardian:

Note: Pseudonyms must not be used nor may spaces for the identities of persons whose names are known be left blank. The court shall require the persons executing these documents to prove their identities satisfactorily to the court. T.C.A. § 36-1-111(g).

STATE OF)
COUNTY OF)

Being duly sworn according to law, affiant would state:

1. I am:

a.	Mother:	(Date of Birth)	, or
b.	Father:	(Date of Birth)	, or
c.	Legal Guardian:	(Date of Birth)	. of:

2.	a.	Child's Name:	

- b. Child's Date of Birth:_____
- c. Child's Place of Birth:
- d. Child's Sex:
- e. Child's Race: ____

3. This child was born in wedlock \Box / out of wedlock \Box .

4. State the names and relationships of any other legal/biological parent, legal guardian or possible biological parent for this child:

a. (1) Name: _____

		(2) (3)	Relationship to Address	the child:					
			City, State Zir)				-	
		(5)	Telephone Nur	mber: Home:		Work:			
		(6)	Other identifyi	ng informatio	on concerning the	above identified	other legal or biolog	ical parent/legal gua	ardian.
									and
	b.	(1)	Name:						
		(2)	Relationship to	the child:					
		(3)	City State Zir					-	
		(4)	Telephone Nu	, nber: Home:		Work:			
		(6)	Other identifyi	ng informatio	n concerning the	above identified	other legal or biolog		
									_
	c.		Name:	the shild					
		(2)	Address	o the child:					
		(3)	City State Zir					-	
		(5)	Telephone Nu	, mber: Home:	I	Work			
		(6)					other legal or biolog		
		. ,	parent/legal gu	ardian.	-				
									_
									_
5.	The a.		ty is unknown fe il parent		-				
	и. b.	Biol	ogical parent	Yes 🗖 No	ī				
	с.	Lega	ogical parent al guardian	Yes 🗖 No	n				
	d.	Not	applicable	Yes 🗖 No					
6.			abouts is unkno						
	a.	Lega	al parent	Yes 🗖	No 🗖				
	b.	Biol	ogical parent	Yes 🗆					
	с.	Lega	d guardian	Yes 🗆					
	d.	Not	applicable	Yes 🗖 🗌	No 🗖				
7.									the above-named legal or Services or the Licensed
					ve child is being		ne remessee Depa		
8.	Info	matior	Concerning Ch	ild's Native A	American Heritag	ge:			
	a.		you or the child , go to # 9.	of Native Am	herican heritage?	Yes 🗖 No			
	b.		s, are you eligib	le for tribal m	embership?	Yes 🗖 No			
	c.	If ye	s, give name of	tribe					
	d. e.		you registered w s, give name of		American tribe?	Yes 🗖 No			
	f.	Is yo	our child eligible	for tribal me	mbership?	Yes 🗖 No		-	
	g.	n ye	s, give name of	uibe				-	

- h. Has your child been registered with a Native American tribe? Yes □No □ If yes, give name of tribe. i.
- This information is unknown. Yes 🛛 No 🗖 j.
- Will this child be sent out of Tennessee to another state or country for adoption? 9. a. Yes \square No \square If no, go to #10.
 - If yes, name of state or country. b.

If yes, I understand Tennessee law will govern the interpretation of this surrender. c.

(Rule 0250-7-13-.05, continued)

10. Have you been paid, received or been promised any money or other remuneration of thing of value in connection with the birth of the above-named child or placement of this child for adoption? Yes D No D If no, go to #11.

If yes, please complete the following:

Amount Paid	To Whom	By Whom	Date Received/Paid	Type Service/Cost

11. a. Does the child own any real or personal property? Yes 🗖 No 🗖 If yes, please describe the property owned and give the property value:

Do you currently have:			
Only legal custody of the child?	Yes 🗖 No 🗖		
Only physical custody of the chil	d? Yes 🗖 No 🗖		
Both legal and physical custody of			
If another person(s) holds legal custody			
Name:			
Name:	1:		
Address:			
(Street, RR, P.O. Box)	(Town/City)	(State)	(Zip)
Telephone Number (Home)			
If another person(s) holds physical cus	tody of the child at this time,	give the following inform	ation:
Name:	•		
Relationship, if any, to you or the child			
Address:	(Town/City)	(State)	(Zip)
(Street, RR, P.O. Box) Telephone Number (Home)	(Work)	(State)	(Zip)
Is the person(s) who holds custody the	prospective adoptive parent?		
If a licensed child placing agency, the			ency holds physical and/or legal cu
of your child, give the following infor		vices of another State age	ney notes physical and/or legal ed
Name of Agency:			
Street/Rural Route/P.O. Box:			
Town/City:	State:	Zip:	
	canced child placing agancy (or the Department of Chil	dren's Services?
Do you intend to give custody to the lie			

13. a. Are you aware of assistance which may be available to you to care for the child should you desire to parent this child? Yes D No D

12.

- b. Do you desire counseling regarding such assistance which may be available to you or regarding other issues surrounding adoption or parenting from a social services agency or licensed counselor concerning the decision to place this child for adoption?
 Yes
 No
 No
- c. Has such counseling been made available to you? Yes □ No □
- 14. a. Do you desire to be represented by legal counsel at this surrender proceeding? Yes 🗖 No 🗖
 - b. If not, do you desire to consult with legal counsel prior to the execution of the surrender of the child? Yes 🗖 No 🗖
 - c. Has such counseling been made available to you? Yes □ No □
- 15. Do you understand that if you sign the following surrender of the above-named child that you will have no right to act as parent of the child in any manner forever, that your rights and responsibilities to and with the child will be terminated and that the child will become the legal child of other persons? Yes I No I
- 16. a. If you sign the surrender of the above-named child, do you understand that within ten (10) days from the date you sign the surrender, you may revoke or cancel this surrender by signing a paper called a <u>REVOCATION OF SURRENDER</u> before the judge or clerk who is here today, or his or her successor? Yes INO
 - b. By signing the surrender of the above named child on this date, (Mo/Day/Yr) ______, the period of revocation of the surrender will begin on the day following the signing of the surrender , or (Mo/Day/Yr) ______. The revocation period is ten (10) calendar days and will expire on the tenth (10th) day or (Mo/Day/Yr) ______. If the tenth (10th) day falls on a Saturday, Sunday or legal holiday, the last day for revocation will be the next day which is not a Saturday, Sunday or legal holiday. If this is the situation in this case, that date will be (Mo/Day/Yr) ______ Do you understand this? Yes □ No □
 - c. Do you understand that if you do sign the Revocation of Surrender form within the ten (10) day period, the Tennessee Department of Children's Services or Licensed Child-Placing Agency will be required to return the child, <u>if</u> you currently have custody of the child, <u>unless</u> the court finds that to do so will likely result in immediate harm to the health and safety of the child, and that you may contest this decision not to return the child to you and you may have legal counsel to represent you in that proceeding? Yes No
- 17. Knowing the above, do you freely, voluntarily and without duress or pressure by any other person(s) desire to surrender the abovenamed child so that the child may be placed for adoption and adopted by other persons? Yes D No D

I his the	day of 20		
Signature:	Biological Legal Fath	ther	
	-	Name of Child	
Sworn to an	d subscribed before me this the	day of, 20	
	Please Print:		
		Chancellor,Judge, of a Court of R	
		County or Parish, of (State	e or Territory)
		(City)	
	Signature:		
		Chancellor Or Judge Of Court Of Reco	rd Named Above
Y A CLERK	OF A COURT OF RECORD:		
	Please Print:		
		Name of Clerk of Court of Record of T	
		Court of	
		(State or Territory)	(City)

OR

Signature:

Clerk of Court of Record

PART II

A. SURRENDER OF CHILD BY A PARENT OR GUARDIAN IN ANOTHER STATE OR TERRITORY TO THE TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES OR TENNESSEE LICENSED CHILD PLACING AGENCY

STATE OF	
COUNTY OF _	

Being duly sworn according to law, affiant would state:

1. Lam:

- a. Mother: _____ or
- b. Father: ____ _____, or __ of:
- c. Legal Guardian: _____
- a. Child's Name: 2.
 - b. Child's Date of Birth:_____
 - c. Child's Place of Birth:_____
 - d. Child's Sex:___ Child's Race:____
 - e.
- I understand that by my signature to this document, all of my parental or guardianship rights to the child named above will be forever 3. terminated and ended; that this child will be placed for adoption by ______, a Licensed Child-Placing Agency, or ____ by the Tennessee Department of Children's Services, and that the child will be adopted by other persons, and that I will have no further right to see this child, or to act as parent of this child, or to otherwise be involved in the life of this child.
- I understand that by signing this document, I will not be entitled to any notice, legal or otherwise, of any other legal proceedings for the 4. adoption of my child by other persons.
- I have read and fully understand Part I of this document and fully understand that if I change my decision to surrender this child I must 5. a. do so by _____(Date from # 16b. of Part I) by presenting the Revocation of Surrender Form, attached to this document, to the judge who is conducting this proceeding, or his or her successor.

b. By my signature to this part, I acknowledge receipt of a copy of the Revocation of Surrender form.

I FREELY AND VOLUNTARILY, WITHOUT DURESS OF ANY KIND, SURRENDER ALL OF MY PARENTAL OR 6. GUARDIANSHIP RIGHTS TO _________(CHILD'S NAME)

TO:	(CHILD'S NAM	E)		
10.				
a. Licensed Child-Placir	g Agency		(Name of LCPA)	
bTennessee Departn	ent of Children's Services (Plea	se check if applicable.)		
FURTHER AFFIA	NT SAITH NOT.			
This the day of	. 20			
Signature:	Biological, Legal Mothe	er		
	Legal Guardian			
Sworn to and subscribed befor	e me this the day of	, 20		
		Please Print:		
			Chancellor, Judge, of a	
				County or
			Parish, of	at

(State Or Territory)

(City)

:	*See Notes Below Before Signing	Signature: Chancellor or Judge of Court of Record Nan	
	OR BY A CLERK OF A COUR	T OF RECORD:	
	Please Print:		
	Name of Clerk of Court of Record	of The	
	Court of	, County or	
	Parish of	,	
	(State or Territory)	(City)	
	Signature:		
*See Notes Below Before Signing	Clerk of	Court of Record	

- 1. A minor may complete the surrender to any person eighteen (18) years of age or older. T. C. A. § 36-1-110.
- A separate medical/social history form for the child, the child's parent(s) and biological relatives must be completed under oath prior to 2. execution of the surrender. T. C. A. § 36-1-111-(k).
- When applicable, as noted in Section B., all provisions of B. must be completed prior to your signing of the Surrender in Section A. T. C. 3. A. § 36-1-111(k), (m) and (o). Section B.4. does not have to be completed by the Tennessee Department of Children's Services. T.C.A. § 36-1-111(n).
- Certified copies of Parts I and II must be given or sent to the person(s) executing the surrender and to the licensed child placing agency or the Tennessee Department of Children's Services as noted in the Acceptance portion in Part B. Please certify copies of Parts I, and II on the page following Part II. Costs and copies may be taxed only to the licensed child-placing agency or to the Tennessee Department of Children's Services which receives the surrender. T.C. A. § 36-1-111(p)(1). Part III should be certified on the page following Part III and sent to: Adoption Services, Tennessee Department of Children's Services, 436 6th Avenue North, Nashville, TN 37243-1290.
- The originals of the Surrender forms shall be maintained in a separate file designated for the purpose, shall be confidential and shall not be 5. inspected by anyone else without the written approval of a court with domestic relations jurisdiction where the file is maintained. T.C.A. § 36-1-111(p)(2)(B).

NOTES TO THE COURT IN TENNESSEE WHERE THE SURRENDER IS FILED:

- Parts I and II of the surrender form received pursuant to T.C.A. § 36-1-111(h) must be filed in the Chancery, Circuit, or Juvenile Court 1. where the child resides or, pursuant to T.C.A. § 36-1-111(q)(3), in the court which placed custody with the LCPA or the Tennessee Department of Children's Services within fifteen (15) days of the actual receipt of the Surrender or within fifteen (15) days of the date the child or persons to whom the child is surrendered become residents of Tennessee, whichever is earlier. T.C.A. § 36-1-111(q)(1).
- 2. When applicable, all provisions of Section B. must be completed before entry of an Order of Full or Partial Guardianship. T.C.A. § 36-1-111(k), (m) and (o). Section B.4 does not have to be completed by Tennessee Department of Children's Services. T.C. A. § 36-1-111(n).
- 3 The surrender itself is not sufficient to vest custody or guardianship authority with the Licensed Child-Placing Agency (LCPA) or the Tennessee Department of Children's Services. T.C.A. § 36-1-111(r)(2). Upon satisfactory completion of the necessary requirements in Section B. below and execution of Parts I and II A., by the parent or legal guardian, the court shall enter an Order of Full or Partial Guardianship for the LCPA or the Tennessee Department of Children's Services. T.C.A. § 36-1-111(r)(6)(c). This should be done within thirty (30) days of the filing of the surrender. T.C.A. § 36-1-111(u).

NOTES TO THE CLERK IN TENNESSEE;

The copies of the surrender filed by the licensed child-placing agency or the Tennessee Department of Children's Services shall be entered 1. in a special docket for surrenders and shall be styled "In Re "and shall be

(Rule 0250-7-13-.05, continued)

(Child's Name)

permanently filed by the court in a separate file for that purpose, and shall be confidential and shall not be inspected by anyone else without the written approval of the court. T.C.A. 36-1-111(p)(1) and (2).

2. Within five (5) days of the filing of the surrender in Tennessee, a certified copy of Parts I and II shall be sent, without cost, to: Adoption Services, Tennessee Department of Children's Services, 436 6th Avenue North, Nashville, TN 37243-1290. T.C.A. § 36-1-111(p)(1), (2) and (4). Please certify the copies following the certifications by the out-of-state clerk.

PART II

B. ACCEPTANCE OF SURRENDER BY TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES OR A TENNESSEE LICENSED CHILD-PLACING AGENCY

STATE OF)	
COUNTY OF)	

Being duly sworn according to law, affiant would state:

1. I, _____, an authorized representative of:

- a. Licensed Child-Placing Agency_____; or the
 b. _____County Tennessee Department of Children's Services upon execution of Parts I and IIA. by the parent or guardian named therein before Judge or Clerk of the Court named therein, accept the surrender of:
- c. Name of Child______DATE:_____

Please Print:

Name and Title of Authorized Representative

Signature:

Signature of Authorized Representative

SUBSECTIONS 2a.-2d. <u>MUST</u> BE MARKED TO DESIGNATE THE APPLICABLE SITUATION. ONE OF THOSE SUBSECTIONS <u>MUST</u> EXIST BEFORE THE SURRENDER CAN BE RECEIVED BY THE COURT:

2.	Ι	certify on behalf of:	
	Licensed Child-Placing Agency		(Name of Agency);
	or the		

_____Tennessee Department of Children's Services;

- a. ____ That my agency has physical custody of this child; or
- b. ____ That my agency has received the affidavit required by § 36-1-111 (d)(6) concerning the right to receive custody from the surrendering parent or guardian within five (5) days of the date of this surrender. The affidavit of the custodial parent or guardian to that effect has been attached with the acceptance at this time; or
- c. _____My agency has the right to receive physical custody of the child upon his or her release from a hospital or health care facility, and the affidavit of the custodial parent or guardian to this effect required by § 36-1-111 (d)(6) has been attached with the acceptance at this time; or
- d. _____ That another person or agency has physical custody of the child. The affidavit of that person or agency agency required by § 36-1-111 (d)(6) which indicates their waiver of the right to custody of the child upon entry of an order of guardianship pursuant to § 36-1-136(r) has been attached to the acceptance at this time.

SUBSECTIONS 3. AND 4. <u>MUST</u> BE ANSWERED "YES" OR <u>MUST</u> BE MARKED "NOT APPLICABLE" BEFORE THE SURRENDER IS COMPLETED BY THE COURT.

- 3. Yes 🗖 No 🗖 That if the Indian Child Welfare Act, 25 U.S.C. § 1901 et seq., applies because of the child's Native American heritage, there has been compliance with the Act. 🗖 Not Applicable
- 4. Yes 🗖 No 🗖 (Licensed Child-Placing Agency Only) I have presented to the court a copy of the Interstate Compact on the Placement of Child Form 100A for a child brought into Tennessee for

(Rule 0250-7-13-.05, continued)

adoption or foster care. If the ICPC Form 100A is not available, explain why this is not required.

□ Not Applicable	
FURTHER AFFIANT SAITH NOT.	
This day of, 20	
Please Print:	
	and title of authorized representative of Tennessee Department of Children's Services r Tennessee Licensed Child-Placing Agency
Signature:	
Sworn to and subscribed before me this day of	, 20
	NOTARY PUBLIC
My commission expires:	
CERTIFI	CATION OF OUT-OF STATE CLERK
I,County	, Clerk of the Court of (Parish) (Name of State)
hereby certify the foregoing copies of Parts I and II of the	Surrender Forms to be true and accurate copies of the documents filed with the court.
	Clerk of the Court of
	County (Parish),
CERTI	(Seal) ICATION OF TENNESSEE CLERK
I, County, rue and accurate copies of the documents filed with this (, Clerk of the Court of Tennessee, certify the foregoing copies of Parts I and II of the Surrender Forms to be Court.
	Clerk of the Court of
	County, Tennessee.
	(Seal)
CO	PART III NTACT VETO REGISTRATION T.C.A. § 36-1-111(k)(3)
STATE OF)	
COUNTY OF)	
Being duly sworn according to law affiant would state: 1. I am:	
a. Mother:	, or

(Rule 0250-7-13-.05, continued)

2.

b.	Father:	, or
c.	Legal Guardian:	
a.	Child's Name:	
b.	Child's Date of Birth:	
с.	Child's Place of Birth:	
d.	Child's Sex:	
e.	Child's Race:	

- 3. a. I understand that contact with me may be requested by the child I am surrendering (adopted person) and by certain other classes of eligible persons who, as may be permitted by law, may have access to the sealed records, sealed adoption records or post adoption records and those records in any other information. Those eligible persons currently include the adopted person twenty-one (21) years of age or older or their legal representative, the adopted person's birth or adopted parents or step-parents, the birth or adopted siblings or lineal descendants twenty-one years of age or older of the adopted person, or their legal representatives. [T.C.A. § 36-1-127(c)]. The class of eligible persons may be revised periodically by changes to the law.
 - b. I understand that no contact, whether by personal contact, correspondence or otherwise shall be made in any manner whatsoever by those requesting persons or any agent or other person acting in concert with those requesting persons, with any person eligible to file a contact veto except as permitted by law. The sealed adoption record or post-adoption record requested by eligible persons shall be made available to the requesting party only after completion by the requesting party of a sworn statement agreeing that he or she shall not contact or attempt to contact, in any manner, by themselves or in concert with any other persons or entities, any of the persons eligible to file a contact veto until the Department has completed a search of the Contact Veto Registry to determine the willingness of the person sought to have contact with the requesting party. [T.C.A. §§ 36-1-127(f); 36-1-130 and 36-1-131]. The person making contact in violation of the law shall be guilty of a Class B misdemeanor [T.C.A. § 36-1-132]. I also understand that should I be contacted after filing a contact veto, I shall have a cause of action in the Circuit or Chancery Court for injunctive relief and damages, including both compensatory and punitive damages, and attorneys fees against any person who has contacted, attempted to contact, or caused me to be contacted [T.C.A. § 36-1-132].
- 4. I understand that contact with me by an eligible person is governed by filing my intentions with the Contact Veto Registry.
- 5. By filing with the execution of this surrender, I understand there is no fee for filing with the Contact Veto Registry. However, should I choose not to file a contact veto at this time, but wish to do so later, I understand I may do so, but will be required to pay the necessary fees [T.C.A. § 36-1-129(b)]. I understand that should there be a request for contact with me and I have vetoed contact with any eligible person, I will be contacted and informed by the Department of Children's Services to determine my desires for contact at that time and will be given the opportunity to vary or modify my request. [T.C.A. § 36-1-130(b)(1)].
- 6. I understand that I may vary this contact veto by indicating my desires for contact, if any, with the eligible persons and the means of contact I wish to have with particular eligible persons. [T.C.A. § 36-1-111(k)(3)(B); § 36-1-127-36-1-131]. In doing so, I understand I must write to the address below and request the necessary forms to complete and file with the Contact Veto Registry:

CONTACT VETO REGISTRY POST ADOPTION SERVICES TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES 436 6th AVENUE NORTH NASHVILLE, TENNESSEE 37243-1290

7. a. PLEASE COMPLETE THE FOLLOWING SO THAT YOU MAY BE LOCATED IN THE FUTURE BY THE DEPARTMENT CONCERNING YOUR INTENTIONS REGARDING CONTACT:

THIS INFORMATION MUST BE UPDATED WITH THE DEPARTMENT TO ENSURE THAT FUTURE CONTACT CAN BE MADE.

Name (Including Birth & Married Names)	(Street/Rural Route/P. O. Box)		
(Town/City)	(State)	,, (Zip Code),	
(Home Telephone No.)	(Work Telephone No.)	1	

b. Is this address an address the department may use to write to you concerning your wishes regarding contact.
 Yes □ No □ If no, please share address to be used:

(Street/Rural Route/P. O. Box)		(Town/City)	(State)
(Zip Code)	(Work Telephone)	, (Home Tel	ephone)

c. Is this address an address a person requesting contact may use to write to you?
 Yes □ No □. If no, please share the address to be used:

(Street/Rural Route/P. O. Box)		(Town/City)	(State)
(Zip Code)	(Work Telephone)	_, (Home Telep	

d. Are the telephone numbers the numbers the department may use to contact you?
 YES □ NO □. If no, may the listed telephone numbers be shared with eligible persons requesting contact? YES □ NO □. If no, please list telephone number(s), if any, that might be shared and used to contact you.

(Home Telephone No.)

(Work Telephone No.)

- 8. a. I wish to **veto** contact with the adopted person and all other classes of eligible persons, who may, as may be permitted by law, to have access to the sealed records, sealed adoption records or post adoption record to have contact with me.
 - b. The filing of a contact veto by you makes the contact veto automatically applicable to your siblings, lineal descendants, lineal ancestors, and the spouses of those persons so that they cannot be contacted by a person eligible to have the records opened. You may, however, exclude persons in those classes from this automatic coverage so that they will have to register a contact veto themselves or, upon location by the department, pursuant to a search request, they will have to register a contact veto at the time. [T.C.A.§ 36-1-130(a)(6)]. Please indicate whether you wish to exclude any of these persons.
 - c. I wish to exclude from the automatic contact veto the following:

(1)	My siblings:	Yes 🗖	No 🗖
(2)	My lineal descendants:	Yes 🗖	No 🗖
(3)	My lineal ancestors:	Yes 🗖	No 🗖
(4)	The spouses of:		
	(a) siblings	Yes 🗖	No 🗖
	(b) lineal descendants	Yes 🗖	No 🗖
	(c) lineal ancestors	Yes 🗖	No 🗖

Please complete the following for any known individuals:

Name	Relationship To Surrendering Person	Address Street., RR, P. O. Box, Town, State, Zip

d. I wish to veto contact with: [T.C.A. § 36-1-128(c)]

(1) Any future siblings of the adopted person. Yes \Box No \Box .

(2) A current spouse Yes 🗆 No 🗖 Name of current spouse _____

(3) Future spouse of mine Yes 🗆 No 🗖

(4) Any of my lineal descendants $Yes \square No \square$

Please complete the following for any known individuals:

Name	Relationship To Surrendering Person	Address Street., RR, P. O. Box, Town, State, Zip

- 9. a. I give **consent** for the child I am surrendering (adopted person) and <u>ALL</u> other classes of eligible persons who, as may be permitted by law, to have access to the sealed records, sealed adoption records or post adoption record to have contact with me.
 - b. I wish to limit consent to certain persons and only give consent for contact with the following classes of people:
 - (1) The adopted person $Yes \square$ No \square
 - (2) The adopted person's adoptive parents Yes \Box No \Box
 - (3) The adopted person's adoptive siblings Yes \Box No \Box
 - (4) The adopted person's lineal descendants Yes \Box No \Box
 - (5) The legal representatives of any of these persons $Yes \square$ No \square
 - c. If contact is limited to the legal representative of certain classes of persons, please describe:
- 10. I wish the following types of contact by those persons requesting contact with me: (Please check all that apply and indicate any limitations or qualifications to these methods of contact)

Telephone	_

Letters
Personal contact, unannounced

Personal contact, prearranged with me \Box , either via phone \Box or correspondence \Box

Personal contact through another person. Please give name, relationship to you, if any, and information to be released regarding how to contact:

- 11. Other information I wish to have released about me to any eligible persons (please identify to whom and the contents of the information to be provided)
- 12. Should you wish no contact with any other eligible persons but wish to share a statement of your feelings, or circumstances which impact your decision, please share that information here:
- 13. I hereby request that this information be filed with the Contact Veto Registry at the Post Adoption Services Unit of the Department of Children's Services

FURTHER AFFIANT SAITH NOT.

ē ē	Mother Father
	_ day of, 20 Print:
	Chancellor,Judge, orClerk of the Court of County or Parish, of (STATE OR TERRITORY)
	Biological Legal Legal Guardian

at ____

(CITY)

Signature:_

Chancellor, Judge or Clerk of Court of Record Named Above

CERTIFICATION

I, ______, Clerk of the _____ Court of _____ County, State of ______, certify the foregoing copy of Part III of the Surrender Forms to be a true and accurate copy of the document executed before this Court.

Clerk of the	Court of
	County.
State of	-

(Seal)

PART IV

REVOCATION OF SURRENDER BY A PARENT OR GUARDIAN

STATE OF	
COUNTY OF	

Being duly sworn according to law affiant would state:

1. I am:

a.	Mother:	, or
b.	Father: _	, or

- c. Legal Guardian: ______, of:
- 2. a. Child's Name:
 - b. Child's Date of Birth:_____
 - c. Child's Place of Birth:
 - d. Child's Sex: _____
 - e. Child's Race: _____

3. On _

_____(Date), I executed a surrender of my parental or guardianship rights to the child named in #2 to:

- a. Prospective Adoptive Parent(s)_____
- b. Licensed Child-Placing Agency______
 c. Tennessee Department of Children's Services______

4. The surrender was executed before:

(Name of Judge or Clerk and Name of Court)

5. I hereby revoke and void the surrender of the above-named child.

FURTHER AFFIANT SAITH NOT.

This theday of, 20	
Signature: Biological Legal Biological Legal Legal Guardian:	Mother Father

Sworn to and subscribed before me this _____ day of _____, 20____.

This Revocation of Surrender was received by me on the _____ day of _____, 20___.

Please Print:

___Chancellor, ___Judge, or ___Clerk of Court of Record of County, State of ____

Signature (See notes below): _

Chancellor, Judge, or Clerk of Court of Record

NOTES TO COURT, OR OTHER PERSON AUTHORIZED TO RECEIVE A REVOCATION, AND TO THE CLERK:

- 1. If the judge or other person who received the surrender is unavailable or absent, the successor or substitute to that judge or person may accept the revocation, or in the absence of the judge or his or her successor, another judge with jurisdiction to receive a surrender (in another state or territory this would be the chancellor, judge, or clerk of a court of record) may accept the revocation. In the event the surrender was taken in another state or country, or before the warden of a state or federal penitentiary and there is no authorized successor to the person who received the surrender or that person is unavailable, the revocation may be taken by a court in Tennessee which is qualified to receive a surrender or by a court in another state, territory, or country with domestic relations jurisdiction to accept the revocation. T.C.A. § 36-1-112(a)(1).
- 2. The surrender must be revoked within ten (10) days including Saturdays, Sundays and legal holidays following the original execution of the surrender. T.C.A. § 36-1-112(a)(1). The revocation period will begin on the day following the signing of the surrender and will expire on the tenth (10th) day. If the tenth (10th) falls on a Saturday, Sunday or legal holiday, the last day for revocation will be the next day which is not a Saturday, Sunday or legal holiday.
- 3. The court or person receiving the revocation shall maintain the originals in the office of the clerk or the person receiving the surrender together with the original of the surrender or the adoption petition containing the parental consent, if available, and shall personally give, or by certified mail, return receipt requested, send certified copies of the revocation to the child's parent(s) or legal guardian(s), and to the prospective adoptive parents or the local office of the Tennessee Department of Children's Services or the licensed child-placing agency to whom the child was surrendered. See, T.C.A. § 36-1-112(c)(1).
- 4. a. A certified copy of the revocation shall be attached to a certified copy of the surrender or the petition for adoption containing the parental consent, and the clerk shall send these, within three (3) days by certified mail, return receipt requested to:

Tennessee Department of Children's Services Central Office Adoption Services 436 6th Avenue North Nashville, TN 37243-1290

See, T.C.A. § 36-1-112(c)(2).

- b. Please provide the certification on the page following this Revocation form.
- 5. If the revocation must be executed before a court or person before whom the surrender was not executed or in which the adoption petition was not filed, the original of the revocation shall be sent within three (3) days to the court or person before whom the surrender was executed or where the adoption petition was filed and that court or person shall be responsible for sending the forms to the Tennessee Department of Children's Services Central Office and to the persons or agencies in #3 entitled to copies of the revocation. See, T.C.A. § 36-112(c)(2)(B).

CERTIFICATION

I, ______, Clerk of the ______ Court of ______ County, State of ______, certify the foregoing copy of the Revocation of Surrender to be a true and accurate copy of the Revocation of Surrender executed before this Court.

Clerk of the	Court of
	County,
State of	2 ·

(Seal)

(Rule 0250-7-13-.05, continued)

Authority: T.C.A. §§4-5-201, et seq., 36-1-111, 36-1-112, 36-1-125, 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. Administrative History: Original rule filed September 7, 2001; effective November 21, 2001.

0250-7-13-.06 SURRENDER DOCUMENTS FOR USE IN SURRENDERS DIRECTLY TO PROSPECTIVE ADOPTIVE PARENTS IN A COURT IN ANOTHER STATE OR TERRITORY.

- (1) The following form is composed of four parts (4) making a complete package which must be used at the time of surrender of child for adoption in a court in another state or territory directly to prospective adoptive parents. Parts I and II A. and III should be completed at the time of the surrender. Part II B. should be completed by the prospective adoptive parents prior to sending the form to the court out of state for completion of the surrender. Copies of Parts I and II should be given to the person executing the surrender and to the prospective adoptive parents. Copies of Part III should be given to the person executing the surrender and should be sent directly to the Department by the Clerk. Part IV, the revocation of surrender, which is part of the package, must be given to the parent or guardian at the time of the surrender.
- (2) The requirements for execution and processing of the forms are contained in T.C.A. §§ 36-1-111 and 36-1-112 and are noted in summary manner on the forms.
- (3) The information in these forms is confidential and is not to be released without the written approval of the court with domestic relations jurisdiction where the file is maintained.
- (4) Form:

FORMS FOR SURRENDER OF CHILD BY A PARENT OR GUARDIAN IN ANOTHER STATE OR TERRITORY DIRECTLY TO PROSPECTIVE ADOPTIVE PARENTS

PART I

PRE-SURRENDER INFORMATION

The following information is required by Tennessee Code Annotated § 36-1-111 and must be obtained under oath by the Court of Record or Clerk of Court of Record in another State or Territory where executed prior to execution of the surrender in PART II by the parent or legal guardian:

Note: Pseudonyms must not be used nor may spaces for the identities of persons whose names are known be left blank. The court shall require the persons executing these documents to prove their identities satisfactorily to the court. T.C.A. § 36-1-111(g).

STATE OF)
COUNTY OF)

Being duly sworn according to law, affiant would state:

1. I am:

a.	Mother:	(Date of Birth),or
b.	Father:	(Date of Birth),or
c.	Legal Guardian:	(Date of Birth),of:

- 2. a. Child's Name____
 - b. Child's Date of Birth_____
 - c. Child's Place of Birth ____
 - d. Child's Sex _____e. Child's Race _____

3. This child was born in wedlock \Box / out of wedlock \Box .

4. State the names and relationships of any other legal/biological parent, legal guardian or possible biological parent for this child:

(Rule 0250-7-13-.06, continued)

	1) 2) 3)	Name:		
	4)	City, State Zip		
(5)	Telephone Number: Home:W	ork:	
(6)		Other identifying information concerning the above ide parent/legal guardian.	ntified other legal or biological	
				and
b. (1) 2)	Name:		
	3)	Address		
(-	4)	City, State Zip		
	5)	Telephone Number: Home:W	ork:	
(6)	Other identifying information concerning the above ide parent/legal guardian.	ntified other legal or biological	
c.	(1)	Name:		
	(2)	Relationship to the child:		
	(3)	Address		
	(5)	City, State Zip Telephone Number: Home:W	ork:	
	(6)	Other identifying information concerning the above ide	ntified other legal or biological	l
		parent/legal guardian.		
The a.		ity is unknown for the other:		
a. b.	Biol	al parent Yes 🗆 No 🗖 ogical parent Yes 🗖 No 🗖		
с.	Leg	al guardian Yes \Box No \Box		
d.	Not	al guardian Yes 🗖 No 🗖 applicable Yes 🗖 No 🗖		
The		eabouts is unknown for the other:		
a.		al parent Yes 🗆 No 🗖		
b. с.	B101	ogical parent Yes 🗆 No 🗖 al guardian Yes 🗖 No 🗖		
d.	Not	al guardian Yes 🗖 No 🗖 applicable Yes 🗖 No 🗖		
pare	ent/leg	al guardian has been() or will be given() to the pros y conducting the adoptive home study, or to the attorney	pective adoptive parents to wh	om the above child is being surrendered, to
Info	ormatio	on Concerning Child's Native American Heritage:		
a.		you or the child of Native American heritage? Yes y go to # 9.	□ No □	
b.	If ye	es, are you eligible for tribal membership? Yes	□ No □	
c.		es, give name of tribe.		
d.		you registered with a Native American tribe? Yes	□ No □	
e. f.		es, give name of tribe our child eligible for tribal membership? Yes	□ No □	
g.		es, give name of tribe.		
h.		your child been registered with a Native American tribe?	Yes 🗆 No 🗖	
i		es, give name of tribe.		
j.	1 1115	information is unknown. Yes	□ No □	
a.	Will	this child be sent out of Tennessee to another state or co Yes INO II If no, go to #10.	untry for adoption?	
b.	If ye	es, name of state or country.		

5.

6.

7.

8.

9.

- c. If yes, Tennessee law will govern the interpretation of this surrender.
- 10. Have you been paid, received or been promised any money or other remuneration of thing of value in connection with the birth of the above-named child or placement of this child for adoption?
 - Yes □ No □ If no, go to #11.

If yes, please complete the following:

		Amount Paid	To Whom	By Whom	Date Received/Paid	Type Service/Cost	
1	a.	Does the child own any reavalue:			If yes, please describe the	property owned and give th	ne proper
	b.	Is it expected that the child If, please describe property give the property value:				□ which the child becomes ow	ner and
2.	a.	515	ly of the child? Yes	□ No □			
	b.	Both legal and physic If another person(s) holds Name:			-		
		Relationship, if any, to you	u or the child:				
		Address:		vn/City)	(State)	(7 :n)	
		(Street, KK, P.C Telephone Number (Home	, , , , , , , , , , , , , , , , , , , ,		(State)	(Zip)	
	c.	If another person(s) holds p Name:	physical custody of the	child at this time, giv		on:	
		Relationship, if any, to you	1 or the child:				
		Address:) Dow) (Tor		(Stata)	(7:)	
		(Street, RR, P.C Telephone Number (Home		vn/City)	(State)	(Zip)	
	d.	Is the person(s) who holds			es 🗖 No 🗖		
	e.	If a licensed child placing legal custody of your child Name of Agency:	agency, the Tennessee d, give the following in	Department of Childr formation:		State agency holds physical	and/or
		Street/Rural Route/P.O. Bo					
	c	Town/City:		State:			
	f. g.	Do you intend to give cust Explain any other circums					

13 a. Are you aware of assistance which may be available to you to care for the child should you desire to parent this child?

Yes 🗖 No 🗖

- b. Do you desire counseling regarding such assistance which may be available to you or regarding other issues concerning adoption or parenting from a social services agency or licensed counselor concerning the decision to place this child for adoption?
 Yes □ No □
- c. Have you requested the prospective adoptive parents to provide such counseling for you? Yes □ No □ If not, go to #14.
- d. If so, has such counseling been made available to you by the prospective adoptive parents? Yes \Box No \Box
- 14. a. Do you desire to be represented by legal counsel at this surrender proceeding? Yes 🗖 No 🗖
 - b. If not, do you desire to consult with legal counsel prior to the execution of the surrender of the child? Yes 🗖 No 🗖
 - c. Have you requested the prospective adoptive parents to provide such counseling for you?
 - Yes □ No □ If not, go to #15.
 d. If so, has such counseling been made available to you by the prospective adoptive parents? Yes □ No □
- 15. Do you understand that if you sign the following surrender of the above-named child that you will have no right to act as parent of the child in any manner whatsoever forever, that your rights and responsibilities to and with the child will be terminated and that the child will become the legal child of other persons? Yes \Box No \Box
- 16. a. If you sign the surrender of the above-named child, do you understand that within ten (10) days from the date you sign the surrender, you may revoke or cancel this surrender by signing a paper called a <u>REVOCATION OF SURRENDER</u> before the judge or clerk who is here today, or his or her successor? Yes \Box No \Box
 - b. By signing the surrender of the above named child on this date, (Mo/Day/Yr) ______, the period of revocation of the surrender will begin on the day following the signing of the surrender , or (Mo/Day/Yr) ______. The revocation period is ten (10) calendar days and will expire on the tenth (10th) day or (Mo/Day/Yr) ______. If the tenth (10th) day falls on a Saturday, Sunday or legal holiday, the last day for revocation will be the next day which is not a Saturday, Sunday or legal holiday. If this is the situation in this case, that date will be (Mo/Day/Yr) ______ Do you understand this?
 - c. Do you understand that if you do sign the Revocation of Surrender form within the ten (10) day period, the prospective adoptive parents will be required to return the child, <u>if</u> you currently have custody of the child, <u>unless</u> the court finds that to do so will likely result in immediate harm to the health and safety of the child, and that you may contest this decision not to return the child to you and you may have legal counsel to represent you in that proceeding? Yes No
- 17. Knowing the above, do you freely, voluntarily and without duress or pressure by any other person(s) desire to surrender the abovenamed child so that the child may be placed for adoption and adopted by the prospective adoptive parents? Yes \Box No \Box

FURTHER, AFFIANT SAITH NOT.

This the	day of 20	
Signature:	Biological Legal Father	of
		Name of Child
Sworn to	and subscribed before me this the d	lay of, 20
	Please Print:	Chancellor,Judge, of a Court of Record of the Court of County or Parish, of (State or Territory)
		(City)
	Signature:	Chancellor Or Judge Of Court Of Record Named Above
	OR BY A CL	ERK OF A COURT OF RECORD:
	Please Print:	

Name Of Clerk Of Court Of Record Of The _____

(Rule 0250-7-13-.06, continued)

			Court Of		County Or	
			Parish Of		_,	
			(State Or Territo Signature:	•	(City)	
				Clerk Of Cou	irt Of Record	
				PART II		
	CT U	DENDED OF CHI				
А.			LD BY PARENT OR GUAR RECTLY TO PROSPECTIV			
STA	ATE (OF TENNESSEE)			
со	UNT	OF TENNESSEE Y OF)́			
		Being duly sworn a	ccording to law affiant would s	tate:		
1.	I an	1:				
	о. г с. L	egal Guardian:		_, or of:		
		-				
2.	a. (Child's Name: Child's Date of Birth:				
	c. (Child's Place of Birth:				
	d. (Child's Sex:				
	e. (linu s Kace				
3.	tern pros	iderstand that by my ninated and ended; the spective adoptive pare plved in the life of this	hat this child will be adopted ent(s)], and that I will have no	ll of my parental o l by further right to se	er guardianship rights to the child named above will be for [Name(ee this child, or to act as parent of this child, or to otherwise	rever s) of se be
4.		derstand that by sign ption of my child by c		be entitled to any n	notice, legal or otherwise, of any other legal proceedings for	r the
5.	a.	must do so by		Part I) by presenti	inderstand that if I change my decision to surrender this ching the Revocation of Surrender Form, attached to this docur r.	
	b.	By my signature to	this part, I acknowledge receip	t of a copy of the R	evocation of Surrender form.	
6.			LUNTARILY, WITHOUT HTS TO (CHILD'S NAM		NY KIND, SURRENDER ALL OF MY PARENTAL –	OR
	то	:				
	a.	Prospective Adoptiv	ve Mother			
	b.		ve Father			
FUI	RTHE	R AFFIANT SAITH	NOT.			
Thi	s the _	day of				
		C! 4	Distantial Land	Mathau		
		Signature:	Biological Legal Biological Legal	Father		
C			Legal Guardian			
SWO	JEII TO	and subscribed before	e me this the day of			
				Please Print:		
					Chancellor, Judge, of Court of Record of Court ofCounty or	
					Parish, of at	
					(State Or Territory)	

(City)

Signature:

*See Notes Below Before Signing

Signature:

Chancellor or Judge of Court of Record Named Above

OR BY A CLERK OF A COURT OF RECORD:

Please Print:	
Name Of Clerk Of Court Of Record Of The	
Court Of	, County Or
Parish Of	
(State Or Territory)	(City)

*See Notes Below

Clerk Of Court Of Record

Before Signing

NOTES TO COURT OR OTHER PERSONS AUTHORIZED TO TAKE THE SURRENDER IN SECTION A:

- 1. A minor may complete the surrender to any person eighteen (18) years of age or older. T.C.A. § 36-1-110.
- 2. A separate medical/social history form for the child, the child's parent(s), and biological relatives must be completed under oath prior to execution of the surrender. T. C. A. 36-1-111(k).
- 3. <u>When applicable</u>, as noted above., all provisions of Section B. <u>must</u> be completed <u>prior</u> to your signing of the Surrender in Section A. T. C. A. 36-1-111(k), (m) and (o).
- 4. Certified copies of Parts I and IIA must be given or sent to the person(s) executing the surrender. Certified copies of Parts I, IIA and B are to be given to the prospective adoptive parents as noted in the Acceptance portion in Part B. Please certify the copies of Parts I and II on the page following Part II. Costs of copies may be taxed only to the prospective adoptive parents who receive the surrender. T.C. A. § 36-1-111(p)(1). Part III should be certified on the page following Part III and sent to: Adoption Services, Tennessee Department of Children's Services, 436 6th Avenue North, Nashville, TN 37243-1290.
- 5. The originals of the Surrender forms shall be maintained in a separate file designated for the purpose, shall be confidential and shall not be inspected by anyone else without the written approval of a court with domestic relations jurisdiction where the file is maintained. T.C.A. § 36-1-111(p)(2)(B).

NOTES TO THE COURT IN TENNESSEE WHERE THE SURRENDER IS FILED:

- 1. Parts I and II of the surrender forms received pursuant to T.C.A. 36-1-111(h) must be filed in the Chancery, Circuit, or Juvenile Court where the child or the prospective adoptive parent(s) within fifteen (15) days of the actual receipt of the Surrender or within fifteen (15) days of the date the child or persons to whom the child is surrendered become residents of Tennessee, whichever is earlier. T.C.A. 36-1-111(q)(1).
- 2. <u>When applicable</u>, all provisions of Section B. <u>must</u> be completed before entry of an Order of Full or Partial Guardianship. T.C.A. 36-1-111(k), (m) and (o).
- 3. The surrender itself is not sufficient to vest custodial or guardianship authority with the prospective adoptive parents. T.C.A. 36-1-111 (r)(2). Upon satisfactory completion of the necessary requirements in Section B. and execution of Parts I and II A. by the parent(s) or legal guardian, the court may enter an Order of Full or Partial Guardianship for the Prospective Adoptive Parent. T. C. A. § 36-1-111(r)(6)(C). This should be done within thirty (30) days of the execution of the surrender. T.C.A. 36-1-111(u).
- 4. If a full home study of the prospective adoptive parent(s)' home has not been conducted within six (6) months of the date of the execution of this surrender, the court shall, if the surrender is to persons who are not related [T.C.A. 36-1-102(39)] to the child, issue an Order of Reference for such home study to, and shall order supervision of the child in the home of the prospective adoptive parents by, a licensed child-placing agency, a licensed clinical social worker, or if the prospective adoptive parents are indigent under Federal Poverty Guidelines, to the Tennessee Department of Children's Services. The home study is to be returned to the court within sixty (60) days. See, T.C.A. 36-1-111(t).

NOTES TO THE CLERK IN TENNESSEE;

1. The copies of the surrender filed by the prospective adoptive parent(s) shall be entered in a special docket for surrenders and shall be styled "In Re ______" (Child's Name) and shall be permanently filed by the court in a separate file for that purpose, and shall be confidential and shall not be inspected by anyone else without the written approval of the court. T.C.A. 36-1-111(p)(1) and (a).

(Rule 0250-7-13-.06, continued)

Within five (5) days of the filing of the surrender in Tennessee, certified copies of Parts I and II of the surrender shall be sent, without cost, to: Adoption Services, Tennessee Department of Children's Services 436 6th Avenue North, Nashville, TN 37243-1290. T.C.A. § 36-1-111(p)(1), (2) and 4. Please Certify the copies following the certification by the out-of-state clerk.

PART II

B. ACCEPTANCE OF SURRENDER BY PROSPECTIVE ADOPTIVE PARENTS

STATE OF)
COUNTY OF)

Being duly sworn according to law, affiant(s) would state:

1. a. I am ______, Prospective Adoptive Mother.

b. Prospective Adoptive Mother's Date of Birth _____

- c. Prospective Adoptive Mother's Marital Status ____
- d. Prospective Adoptive Mother's Address _____

2.

a. I am _____, Prospective Adoptive Father.

- b. Prospective Adoptive Father's Date of Birth
- c. Prospective Adoptive Father's Marital Status
- d. Prospective Adoptive Father's Address
- 3. Upon execution of Parts I and IIA. by the parent or guardian named therein before a Judge or Clerk of a Court of Record in the State or Territory where the surrender is accepted ______ agree to assume responsibility for obtaining guardianship of
 - (I/We)

_____ through court order within thirty (30) days of the date of this surrender

(Name of Child) [See, T.C.A. 36-1-111(u)], and we agree, therefore, to be responsible for the care, custody, financial support, medical care, education, moral, and spiritual training of this child.

4. The following costs have been paid by ______ for activities involving the placement of this child. (me/us)

Amount Paid	To Whom	Date Paid	Type Service/Cost
			Licensed Child Placing Agency
			Licensed Clinical Social Worker
			Legal Counsel
			Other Person/Organization Specify:
			Social Counseling Cost for Child's Parent/Legal Guardian
			Legal Counseling for Child's Parent/Legal Guardian
			Hospital or Medical Costs for the Birth of the Child
			Medical Care/Other Birth Related Expenses for Mother and/or Child
			Counseling Fees for Child
			Food, Maternity Clothing, Child's Clothing
			Housing and/or Utilities for Parent/Guardian
			Other Costs (Specify to Whom)

SUBSECTIONS 5a.-5d. <u>MUST</u> BE MARKED TO DESIGNATE THE APPLICABLE SITUATION. ONE OF THE FOLLOWING <u>MUST</u> EXIST BEFORE THE SURRENDER CAN BE RECEIVED BY THE COURT OR CLERK:

- 5. a. _____ I/We have physical custody of this child; or
 - b. _____ I/We will receive physical custody of the child from the parent or legal guardian within five (5) days of this surrender. The affidavit required by § 36-1-111 (d)(6) of the custodial parent or guardian to this effect has been attached to the acceptance at this time; or
 - c. _____ I/We have the right to receive physical custody of the child upon his or her release from a hospital or health care facility, and the affidavit of the custodial parent or guardian to this effect required by § 36-1-111 (d)(6) has been attached to the acceptance at this time; or
 - d. ______Another person or agency currently has physical control of the child. I/We have attached to the acceptance, the affidavit of the person or agency required by § 36-1-111 (d)(6) which indicates their waiver of the right to custody of the child upon entry of a guardianship order pursuant to § 36-1-136(r).

SUBSECTIONS 6-9 <u>MUST</u> BE ANSWERED "YES" OR <u>MUST</u> BE MARKED "NOT APPLICABLE" BEFORE THE SURRENDER IS COMPLETED BY THE COURT OR CLERK:

- 6. Yes 🗖 No 🗖 I/We have attached hereto a currently effective or updated home study or preliminary home study of my/our home conducted by a licensed child-placing agency, a licensed clinical social worker, or the Tennessee Department of Children's Services.
- 7. Yes \square No \square I/We have attached the the certificate of the completion of (_)legal/(_)social counseling <u>if</u> counseling was requested by the surrendering parent. See Item #s 13 and 14 in Part I. \square Not Applicable.
- 8. Yes I No I If the child is to be brought into Tennessee for foster care or adoption, I/we have attached a copy of the ICPC 100A or other substitute form required for ICPC compliance or a sworn statement stating why such form is not required by the ICPC.
 INot Applicable.
- 9. Yes I No I I/We have attached a statement that if the Indian Child Welfare Act, 25 U.S.C. § 1901 et seq. applies because of the child's Native American heritage, there has been compliance with the Act.
 INot Applicable.

SUBSECTION 10 MUST BE ANSWERED "YES", OR ITEM b. MUST EXPLAIN HOW COMPLIANCE WILL BE EFFECTED:

10. Yes 🗖 No 🗖 a. If the child is to be removed from Tennessee for adoption in another state, there has been compliance with the Interstate Compact or the Placement of Children. 🗖 Not Applicable.

b. If not, how will it be effected?

FURTHER AFFIANT(S) SAITH NOT

This _____ day of ______, 20_____.

Signature of Prospective Adoptive Mother

Signature of Prospective Adoptive Father

Sworn to and subscribed before me this _____ day of _____, 20____.

NOTARY PUBLIC

My commission expires:______.

CERTIFICATION OF OUT-OF STATE CLERK

(Rule 0250-7-13-.06, continued)

	I,	, Clerk of the		Court of
		County (Parish)	(Name of State)	
hereby	certify the foregoing copies of Pa	rts I and II of the Surrender Forms to be true and	accurate copies of the	documents filed with the court
		Clerk of th	e	Court of
				County (Parish),
				·
				(Seal)
				(Seal)
		CERTIFICATION OF TENNESSEE	CLERK	
	I,	, Clerk of the County, Tennessee, certify the foregoin		Court of
		County, Tennessee, certify the foregoin	g copies of Parts I and	II of the Surrender Forms to be
true and	accurate copies of the document	s filed with this Court.		
		Clerk of th	e	Court of
				County, Tennessee.
				(Seal)
				(Seal)
		PART III		
		CONTACT VETO REGISTRATI	ON	
		T.C.A. § 36-1-111(k)(3)		
STATI	E OF)		
COUN	TY OF)		
0	luly sworn according to law affiar	at would state:		
	am:			
a.				
b.	Father:		, or	
c.	Legal Guardian:		_ 0I:	
2. a.	Child's Name:			
2. a. b.	Child's Date of Birth		-	
о. с.	Child's Place of Birth			
с. d.	Child's Sev			
e.				
c.	China 5 Race			
з а	I understand that contact with	n me may be requested by the child I am surren	dering (adopted perso	on) and by certain other classes

- sses of eligible persons who, as may be permitted by law, may have access to the sealed records, sealed adoption records or post adoption records and those records in any other information. Those eligible persons currently include the adopted person twenty-one (21) years of age or older or their legal representative, the adopted person's birth or adopted parents or step-parents, the birth or adopted siblings or lineal descendants twenty-one years of age or older of the adopted person, or their legal representatives. [T.C.A. § 36-1-127(c)]. The class of eligible persons may be revised periodically by changes to the law.
 - I understand that no contact, whether by personal contact, correspondence or otherwise shall be made in any manner whatsoever by b. those requesting persons or any agent or other person acting in concert with those requesting persons, with any person eligible to file a contact veto except as permitted by law. The sealed adoption record or post-adoption record requested by eligible persons shall be made available to the requesting party only after completion by the requesting party of a sworn statement agreeing that he or she shall not contact or attempt to contact, in any manner, by themselves or in concert with any other persons or entities, any of the persons eligible to file a contact veto until the Department has completed a search of the Contact Veto Registry to determine the willingness of the person sought to have contact with the requesting party. [T.C.A. §§ 36-1-127(f); 36-1-130 and 36-1-131]. The person making contact in violation of the law shall be guilty of a Class B misdemeanor [T.C.A. § 36-1-132]. I also understand that should I be contacted after filing a contact veto, I shall have a cause of action in the Circuit or Chancery Court for injunctive relief and damages, including both compensatory and punitive damages, and attorneys fees against any person who has contacted, attempted to contact, or caused me to be contacted [T.C.A. § 36-1-132].
- 4. I understand that contact with me by an eligible person is governed by filing my intentions with the Contact Veto Registry.

- 5. By filing with the execution of this surrender, I understand there is no fee for filing with the Contact Veto Registry. However, should I choose not to file a contact veto at this time, but wish to do so later, I understand I may do so, but will be required to pay the necessary fees [T.C.A. § 36-1-129(b)]. I understand that should there be a request for contact with me and I have vetoed contact with any eligible person, I will be contacted and informed by the Department of Children's Services to determine my desires for contact at that time and will be given the opportunity to vary or modify my request. [T.C.A. § 36-1-130(b)(1)].
- 6. I understand that I may vary this contact veto by indicating my desires for contact, if any, with the eligible persons and the means of contact I wish to have with particular eligible persons. [T.C.A. § 36-1-111(k)(3)(B); § 36-1-127-36-1-131]. In doing so, I understand I must write to the address below and request the necessary forms to complete and file with the Contact Veto Registry:

CONTACT VETO REGISTRY POST ADOPTION SERVICES TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES 436 6TH AVENUE NORTH NASHVILLE, TENNESSEE 37243-1290

7. a. PLEASE COMPLETE THE FOLLOWING SO THAT YOU MAY BE LOCATED IN THE FUTURE BY THE DEPARTMENT CONCERNING YOUR INTENTIONS REGARDING CONTACT:

THIS INFORMATION MUST BE UPDATED WITH THE DEPARTMENT TO ENSURE THAT FUTURE CONTACT CAN BE MADE.

Name (Including Birth & Married Names)	(Street/Rural I	Route/P. O. Box)
(Town/City)	(State)	(Zip Code)
(Home Telephone No.)	(Work Telephone No.)	·

b. Is this address an address the department may use to write to you concerning your wishes regarding contact.
 Yes □ No □ If no, please share address to be used:

(Street/Rural Ro	ute/P. O. Box)	(Town/City)	.,(State)
(Zip Code)	(Work Telephone)	,(Home Te	elephone)

c. Is this address an address a person requesting contact may use to write to you? Yes 🗖 No 🗖. If no, please share the address to be used:

(Street/Rural Ro	ute/P. O. Box)	,	(Town/City)	(State)
(Zip Code)	(Work Telephone)	,	(Home Tele	 phone)

d. Are the telephone numbers the numbers the department may use to contact you?
YES □ NO □. If no, may the listed telephone numbers be shared with eligible persons requesting contact? YES □ NO □. If no, please list telephone number(s), if any, that might be shared and used to contact you.

(Work Telephone No.) (Home Telephone No.)

- 8. a. I wish to **veto** contact with the adopted person and all other classes of eligible persons, who may, as may be permitted by law, to have access to the sealed records, sealed adoption records or post adoption record to have contact with me.
 - b. The filing of a contact veto by you makes the contact veto automatically applicable to your siblings, lineal descendants, lineal ancestors, and the spouses of those persons so that they cannot be contacted by a person eligible to have the records opened. You may, however, exclude persons in those classes from this automatic coverage so that they will have to register a contact veto themselves or, upon location by the department, pursuant to a search request, they will have to register a contact veto at the time. [T.C.A.§ 36-1-130(a)(6)]. Please indicate whether you wish to exclude any of these persons.
 - . I wish to exclude from the automatic contact veto the following:

(1)	My siblings:	Yes 🗖	No 🗖	
(2)	My lineal descendants:	Yes 🗖	No 🗖	
(3)	My lineal ancestors:	Yes 🗖	No 🗖	
(4)	The spouses of:			
		V	NT 🗖	

- (a) siblingsYes □No □(b) lineal descendantsYes □No □
- (c) lineal ancestors Yes \Box No \Box

Please complete the following for any known individuals:

Name	Relationship To Surrendering Person	Address Street., RR, P. O. Box, Town, State, Zip

- d. I wish to veto contact with: [T.C.A. § 36-1-128(c)]
 - (1) Any future siblings of the adopted person. Yes 🗖 No 🗖.
 - (2) A current spouse
 (3) Future spouse of mine
 Yes □
 Yes □ No 🗖 Name of current spouse _
 - No 🗖
 - (4) Any of my lineal descendants Yes 🗖 No 🗖

Please complete the following for any known individuals:

	Relationship To	Address	
Name	Surrendering Person	Street., RR, P. O. Box, Town, State, Zip	

I give consent for the child I am surrendering (adopted person) and ALL other classes of eligible persons who, as may be permitted 9. a. by law, to have access to the sealed records, sealed adoption records or post adoption record to have contact with me.

I wish to **limit consent** to certain persons and only give consent for contact with the following classes of people: b.

- (1) The adopted person No 🗖 Yes 🗖
- (2) The adopted person's adoptive parents Yes 🗖 No 🗖
- (3) The adopted person's adoptive siblings Yes \Box No 🗖
- (4) The adopted person's lineal descendants Yes 🗖 No 🗖

(5) The legal representatives of any of these persons Yes \Box No 🗖

If contact is limited to the legal representative of certain classes of persons, please describe: c.

10. I wish the following types of contact by those persons requesting contact with me: (Please check all that apply and indicate any limitations or qualifications to these methods of contact)

Telephone 🗖

Letters **D** Personal contact, unannounced **D**

Personal contact, prearranged with me , either via phone or correspondence

Personal contact through another person D Please give name, relationship to you, if any, and information to be released regarding how to contact: _

11. Other information I wish to have released about me to any eligible persons (please identify to whom and the contents of the information to be provided):

(Rule 0250-7-13-.06, continued)

	sh no contact with any othe please share that informatio	n here:		ur feelings, or circumstances which impact
13. I hereby reque Children's Serv				option Services Unit of the Department of
FURTHER AFFIAN	T SAITH NOT.			
This the day of	of, 20	·		
Signature:		Father		
Sworn to and subscr	ibed to before me this	day of	, 20	
		Pleas	e Print:	
			Chancellor, Ju	udge, or Clerk of the Court of
				(STATE OR TERRITORY)
			at	(CITY)
		Signa	iture:	
			Chancellor, Judge or Cl	erk of Court of Record Named Above
		CERTIFI	CATION	
	County, State of by of the document executed		e, certify the foregoing copy c	Court of f Part III of the Surrender Forms to be a
				Court of
				(Seal)
		PAR	T IV	
	REVOCAT	TION OF SURRENDEF	R BY A PARENT OR GUAR	RDIAN
STATE OF COUNTY OF))		
Being duly sworn ac	cording to law affiant would	d state:		
1. I am:				
a. Mother: _ b. Father:			, or	

2.	a.	Child's Name:
	b.	Child's Date of Birth:

(Rule 0250-7-13-.06, continued)

- c. Child's Place of Birth:
- d. Child's Sex: _____
- e. Child's Race: _

3.

- On _____(Date), I executed a surrender of my parental or guardianship rights to the child named in #2 to:
- a. Prospective Adoptive Parent(s)____
- b. Licensed Child-Placing Agency____
- c. Tennessee Department of Children's Services_

4. The surrender was executed before:

(Name of Judge or Clerk and Name of Court)

5. I hereby revoke and void the surrender of the above-named child.

FURTHER AFFIANT SAITH NOT.

This theday of	, 20		
Sig	nature: Biological Legal Biological Legal Legal Guardian:		
Sworn to and subscribed b	efore me this day of	, 20	
This Revocation of Surrer	der was received by me on the	day of	_, 20
	Please Print:		
		hancellor, Judge, or Cou	Clerk of Court of Record nty, State of

Signature (See notes below):

Chancellor, Judge, or Clerk of Court of Record

NOTES TO COURT, OR OTHER PERSON AUTHORIZED TO RECEIVE A REVOCATION, AND TO THE CLERK:

- 1. If the judge or other person who received the surrender is unavailable or absent, the successor or substitute to that judge or person may accept the revocation, or in the absence of the judge or his or her successor, another judge with jurisdiction to receive a surrender (in another state or territory this would be the chancellor, judge, or clerk of a court of record) may accept the revocation. In the event the surrender was taken in another state or country, or before the warden of a state or federal penitentiary and there is no authorized successor to the person who received the surrender or that person is unavailable, the revocation may be taken by a court in Tennessee which is qualified to receive a surrender or by a court in another state, territory, or country with domestic relations jurisdiction to accept the revocation. T.C.A. § 36-1-112(a)(1).
- 2. The surrender must be revoked within ten (10) days including Saturdays, Sundays and legal holidays following the original execution of the surrender. T.C.A. § 36-1-112(a)(1). The revocation period will begin on the day following the signing of the surrender and will expire on the tenth (10th) day. If the tenth (10th) falls on a Saturday, Sunday or legal holiday, the last day for revocation will be the next day which is not a Saturday, Sunday or legal holiday.
- 3. The court or person receiving the revocation shall maintain the originals in the office of the clerk or the person receiving the surrender together with the original of the surrender or the adoption petition containing the parental consent, if available, and shall personally give, or by certified mail, return receipt requested, send certified copies of the revocation to the child's parent(s) or legal guardian(s), and to the prospective adoptive parents or the local office of the Tennessee Department of Children's Services or the licensed child-placing agency to whom the child was surrendered. See, T.C.A. § 36-1-112(c)(1).
- 4. a. A certified copy of the revocation shall be attached to a certified copy of the surrender or the petition for adoption containing the parental consent, and the clerk shall send these, within three (3) days by certified mail, return receipt requested to:

Tennessee Department of Children's Services Central Office Adoption Services 436 6th Avenue North Nashville, TN 37243-1290

See, T.C.A. § 36-1-112(c)(2).

b. Please provide the certification on the page following this Revocation form.

If the revocation must be executed before a court or person before whom the surrender was not executed or in which the adoption petition was not filed, the original of the revocation shall be sent within three (3) days to the court or person before whom the surrender was executed or where the adoption petition was filed and that court or person shall be responsible for sending the forms to the Tennessee Department of Children's Services Central Office and to the persons or agencies in #3 entitled to copies of the revocation. See, T.C.A. \S 36-112(c)(2)(B).

CERTIFICATION

I, ______, Clerk of the _____ Court of _____ County, State of ______, certify the foregoing copy of Part III of the Surrender Forms to be a true and accurate copy of the document executed before this Court.

Clerk of the	Court of
	County,
State of	

(Seal)

Authority: T.C.A. §§ 4-5-201, et seq., 36-1-111, 36-1-112, 36-1-125, 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001.

0250-7-13-.07 SURRENDER DOCUMENTS FOR USE IN SURRENDERS TO A LICENSED CHILD-PLACING AGENCY OR THE TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES IN THESE MATTERS, BEFORE UNITED STATES FOREIGN SERVICE OFFICER OR OFFICER OF THE UNITED STATES ARMED FORCES IN A FOREIGN COUNTRY.

- (1) The following form is composed of four (4) Parts making a complete package which must be used at the time of surrender of child for adoption to a Tennessee Licensed Child-Placing Agency (LCPA) or the Tennessee Department of Children's Services (TDCS) before a United States Foreign Service Officer or Officer of the United States Armed Forces who is authorized to administer oaths. Parts I, II A. and III should be completed at the time of the surrender. Part II B. should be completed by the Department or LCPA prior to sending the form to the United States Foreign Service Officer or Officer or Officer of the United States Armed Forces who is authorized to administer of the United States Armed Forces who is authorized to administer of the United States Armed Forces who is authorized to administer officer or Officer of the United States Armed Forces who is authorized to administer oaths for completion of the surrender. Copies of Parts I and II should be given to the person executing the surrender and to Department or LCPA. Copies of Part III should be given to the person executing the surrender and should be sent directly to the Department by the Officer. Part IV, the revocation of surrender, which is part of the package, must be given to the parent or guardian at the time of the surrender.
- (2) The requirements for execution and processing of the forms are contained in T.C.A. §§ 36-1-111 and 36-1-112 and are noted in summary manner on the forms.
- (3) The information in these forms is confidential and is not to be released without the written approval of the court with domestic relations jurisdiction where the file is maintained.
- (4) Form:

FORM FOR SURRENDER OF A CHILD BY A PARENT OR GUARDIAN RESIDING OR TEMPORARILY RESIDING IN A FOREIGN COUNTRY

TO TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES OR A LICENSED CHILD-PLACING AGENCY

PART I

PRE-SURRENDER INFORMATION

The following information is required by Tennessee Code Annotated § 36-1-111 and must be obtained under oath by an officer of the United States Foreign Service or an officer of the United States Armed Forces authorized to administer oaths prior to execution of the surrender in PART II by the parent or legal guardian:

Note: Pseudonyms must not be used nor may spaces for the identities of persons whose names are known be left blank. The court shall require the persons executing these documents to prove their identities satisfactorily to the court. T.C.A. § 36-1-111(g).

COUNTRY OF)
CITY OR OTHER LOCATION)

Being duly sworn according to law, affiant would state:

1.	I an	n:	
	a.	Mother:	(Date of Birth),or
	b.	Father:	(Date of Birth),or
	c.	Legal Guardian:	(Date of Birth),of:

- 2. a. Child's Name_
 - b. Child's Date of Birth_____
 - c. Child's Place of Birth
 - d. Child's Sex _____
 - e. Child's Race _____

and

and

(Rule 0250-7-13-.07, continued)

- This child was born in wedlock \Box / out of wedlock \Box . 3.
- State the names and relationships of any other legal/biological parent, legal guardian or possible biological parent for this child: 4.

- (1) Name: a.
 - (2) Relationship to the child: _____
 - (3) Address ____
 - (4) City, State Zip _

 - (6) Other identifying information concerning the above identified other legal or biological parent/legal guardian.

(1) Name: _ b.

- (2) Relationship to the child:
- (4) City, State Zip _____
- (5) Telephone Number: Home:______Work:____ (6) Other identifying information concerning the above identified other legal or biological

parent/legal guardian.

(1) Name:

c.

- (2) Relationship to the child:
 - (3) Address
 - _____ (4) City, State Zip _____
- (5) Telephone Number: Home:_____ _Work:__ Other identifying information concerning the above identified other legal or biological (6) parent/legal guardian.

The identity is unknown for the other: 5.

a.	Legal parent	Yes 🗖	No 🗖
b.	Biological parent	Yes 🗖	No 🗖
c.	Legal guardian	Yes 🗖	No 🗖
d.	Not applicable	Yes 🗖	No 🗖

The whereabouts is unknown for the other: 6.

- a. Legal parent Yes 🗖 No 🗖
- b. Biological parent Yes 🗖 No 🗖
- c. Legal guardiand. Not applicable Yes 🗖 No 🗖 с.
- Yes 🗖 No 🗖
- I state that all information concerning the identity, whereabouts, and social and medical history concerning the above-named legal or 7. biological parent/legal guardian has been(___) or will be given(___) to the Tennessee Department of Children's Services or the Licensed Child-Placing Agency to whom the above child is being surrendered.
- 8 Information Concerning Child's Native American Heritage:

a.	Are you or the child of Native American heritage?	Yes 🗖	No 🗖
	If no, go to # 9.		
b.	If yes, are you eligible for tribal membership?	Yes 🗖	No 🗖
c.	If yes, give name of tribe.		
d.	Are you registered with a Native American tribe?	Yes 🗖	No 🗖
e.	If yes, give name of tribe.		
f.	Is your child eligible for tribal membership?	Yes 🗖	No 🗖
g.	If yes, give name of tribe.		
h.	Has your child been registered with a Native American	n tribe?	Yes 🗖 No 🗖
i.	If yes, give name of tribe.		
j.	This information is unknown.	Yes 🗖	No 🗖

- 9. a. Will this child be sent out of Tennessee to another state or country for adoption? Yes □ No □ If no, go to #10.
 - b. If yes, name of state or country.
 - c. If yes, I understand Tennessee law will govern the interpretation of this surrender.
- 10. Have you been paid, received or been promised any money or other remuneration of thing of value in connection with the birth of the above-named child or placement of this child for adoption?

Yes 🗖 No 🗖

If no, go to #11.

If yes, please complete the following:

Amount Paid	To Whom	By Whom	Date Received/Paid	Type Service/Cost

- 11. a. Does the child own any real or personal property? Yes 🗖 No 🗖 If yes, please describe the property owned and give the property value:
 - b. Is it expected that the child will become possessed of any real or personal property? Yes □ No □
 If, please describe property, who currently owns the property, the time and circumstances under which the child becomes owner and give the property value:

a.	Do you currently have:				
	Only legal custody of the child?	Yes 🗖	No 🗖		
	Only physical custody of the child?				
	Both legal and physical custody of the child?				
).	If another person(s) holds legal custody of the c			owing information:	
	Name:				
	Relationship, if any, to you or the child:				
	Address:(Street, RR, P.O. Box)		Cown/City)	(State)	(Zip)
	Telephone Number (Home) (V			(State)	(Zip)
	If another person(s) holds physical custody of the			allowing information	
2.					
	Name: Relationship, if any, to you or the child:				
	Address:(Street, RR, P.O. Box)		Citry)	(Stata)	(7in)
			•	(State)	(Zip)
	Telephone Number (Home) (W	·			
	Is the person(s) who holds custody the prospect				
•	If a licensed child placing agency, the Departm	ent of Child	dren's Services or a	nother State agency holds p	hysical and/or legal cu
	of your child, give the following information:				
	Name of Agency:				
	Street/Rural Route/P.O. Box:				
	Town/City:	State	:	Zip:	

f. Do you intend to give custody to the licensed child placing agency or the Tennessee Department of Children's Services?

1

Yes 🗖 No 🗖

- g. Explain any other circumstances regarding the custody status of this child: ____
- 13 a. Are you aware of assistance which may be available to you to care for the child should you desire to parent this child? Yes D No D
 - b. Do you desire counseling regarding such assistance which may be available to you or regarding other issues surrounding adoption or parenting from a social service agency or licensed counselor concerning the decision to place this child for adoption?
 Yes □ No □
 - c. Has such counseling been made available to you? Yes \Box No \Box
- 14. a. Do you desire to be represented by legal counsel at this surrender proceeding? Yes □ No □
 b. If not, do you desire to consult with legal counsel prior to the execution of the surrender of the child?
 Yes □ No □
 - c. Has such counseling been made available to you? Yes \square No \square
- 15. Do you understand that if you sign the following surrender of the above-named child that you will have no right to act as parent of the child in any manner forever, that your rights and responsibilities to and with the child will be terminated and that the child will become the legal child of other persons? Yes I No I
- 16. a. If you sign the surrender of the above-named child, do you understand that within ten (10) days from the date you sign the surrender, you may revoke or cancel this surrender by signing a paper called a <u>REVOCATION OF SURRENDER</u> before the officer who is here today, or his or her successor? Yes □ No □
 - b. By signing the surrender of the above named child on this date, (Mo/Day/Yr) ______, the period of revocation of the surrender will begin on the day following the signing of the surrender , or (Mo/Day/Yr) ______. The revocation period is ten (10) calendar days and will expire on the tenth (10th) day or (Mo/Day/Yr) ______. If the tenth (10th) day falls on a Saturday, Sunday or legal holiday, the last day for revocation will be the next day which is not a Saturday, Sunday or legal holiday. If this is the situation in this case, that date will be (Mo/Day/Yr) ______ Do you understand this?
 - c. Do you understand that if you do sign the Revocation of Surrender form within the ten (10) day period, the Tennessee Department of Children's Services or Licensed Child-Placing Agency will be required to return the child, <u>if</u> you currently have custody of the child, <u>unless</u> the court finds that to do so will likely result in immediate harm to the health and safety of the child, and that you may contest this decision not to return the child to you and you may have legal counsel to represent you in that proceeding? Yes No
- 17. Knowing the above, do you freely, voluntarily and without duress or pressure by any other person(s) desire to surrender the abovenamed child so that the child may be placed for adoption and adopted by other persons? Yes D No D

FURTHER, AFFIANT SAITH NOT.

This the _____ day of ______ 20____.

Signature:

Biological___ Legal___ Mother_____ Biological___ Legal___ Father_____ Legal Guardian of______ of

Name of Child

Sworn to and subscribed before me this the _____ day of _____, 20____.

Please Print:_

Name and Title of Officer of the Foreign Service or the United Armed Forces Authorized to Administer Oaths

Signature:

Name and Title of Officer of the Foreign Service or the United Armed Forces Authorized to Administer Oaths

PART II

A. SURRENDER OF A CHILD TO AND ACCEPTANCE OF THE SURRENDER BY THE TENNESSEE DEPARTMENT CHILDREN'S SERVICES OR A LICENSED CHILD PLACING AGENCY BY THE PARENT OR GUARDIAN RESIDING OR TEMPORARILY RESIDING IN A FOREIGN COUNTRY

COUNTRY OF:)	
CITY OR OTHER LOCATION:)	

Being duly sworn according to law ,affiant would state:

1. I am:

TO:

2.

- a. Mother: _____ or
- b. Father: _____, or c. Legal Guardian: ______ of:

- a. Child's Name: _______b. Child's Date of Birth: ______
- c. Child's Place of Birth:_____
- d. Child's Sex:
- e. Child's Race:____
- 3. I understand that by my signature to this document, all of my parental or guardianship rights to the child named above will be forever terminated and ended; that this child will be placed for adoption by

______, a Licensed Child-Placing Agency, or ______by the Tennessee Department of Children's Services and that the child will be adopted by other persons, and that I will have no further right to see this child, or to act as parent of this child, or to otherwise be involved in the life of this child.

- 4. I understand that by signing this document, I will not be entitled to any notice, legal or otherwise, of any other legal proceedings for the adoption of my child by other persons.
- 5. a. I have read and fully understand Part I of this document and fully understand that if I change my decision to surrender this child I must do so by ______(Date from # 16b. of Part I) by presenting the Revocation of Surrender Form, attached to this document, to the officer who is conducting this proceeding, or his or her successor.
 - b. By my signature to this part, I acknowledge receipt of a copy of the Revocation of Surrender form.

6. I FREELY AND VOLUNTARILY, WITHOUT DURESS OF ANY KIND, SURRENDER ALL OF MY PARENTAL OR GUARDIANSHIP RIGHTS TO _________________________________(CHILD'S NAME)

(CHILD

- a. Licensed Child-Placing Agency_____
- b. _____Tennessee Department of Children's Services (Please check if applicable.)

FURTHER AFFIANT SAITH NOT.

This the	day of	,	20
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Signature: Biological_, Legal_Mother _____ Biological_, Legal_Father _____ Legal Guardian _____

Sworn to and subscribed before me this the ____ day of ____, 20____.

Please	Print:

Name and Title of Officer of the Foreign Service or the United Armed Forces Authorized to Administer Oaths

(Name of LCPA)

*See Notes Below Before Signing

Signature: _________ Name and Title of Officer of the Foreign Service or the United Armed Forces Authorized to Administer Oaths

NOTES TO THE U. S. FOREIGN SERVICE OFFICER OR OFFICER OF THE UNITED STATES ARMED FORCES AUTHORIZED TO TAKE THE SURRENDER IN SECTION A:

- 1. A minor may complete the surrender to any person eighteen (18) years of age or older.
- 2. A separate medical/social history form for the child, the child's parent(s) and biological relatives must be completed under oath prior to execution of the surrender. T. C. A. § 36-1-111(k).
- When applicable, as noted in Section B., all provisions of B. must be completed prior to your signing of the Surrender in Section A. T.C.A. § 36-1-111(k), (m) and (o). Section B.4. does not have to be completed by the Tennessee Department of Children's Services. T.C.A. 36-1-111(n).
- 4. Certified copies of Parts I and II must be given or sent to the person(s) executing the surrender and to the licensed child-placing agency or the Tennessee Department of Children's Services as noted in the Acceptance portion in Part B. Please certify copies of Parts I and II on the page following Part II. T.C.A. 36-1-111(p)(1). Part III should be certified on the page following Part III and sent to: Adoption Services, Tennessee Department of Children's Services, 436 6th Avenue North, Nashville, TN 37243-1290.
- 5. The originals of the Surrender forms shall be maintained in a separate file designated for the purpose, shall be confidential and shall not be inspected by anyone else without the written approval of a court with domestic relations jurisdiction where the file is maintained. T.C.A. § 36-1-111(p)(2)(B).

NOTES TO THE COURT IN TENNESSEE WHERE THE SURRENDER IS FILED:

- 1. Parts I and II of the surrender forms received pursuant to T.C.A. 36-1-111(i) must be filed in the Chancery, Circuit, or Juvenile Court where the child resides or, pursuant to T.C.A. 36-1-111(q)(3), in the court which placed custody with the LCPA or the Tennessee Department of Children's Services within fifteen (15) days of the actual receipt of the Surrender or within fifteen (15) days of the date the child or persons to whom the child is surrendered become residents of Tennessee whichever is earlier. T.C.A. 36-1-111(q)(1).
- 2. <u>When applicable</u>, all provisions of Section B. <u>must</u> be completed before entry of an Order of Full or Partial Guardianship. T.C.A. 36-1-111(k), (m) and (o). Section B.4 does not have to be completed by Tennessee Department of Children's Services. T.C. A. 36-1-111(n).
- 3. The surrender itself is not sufficient to vest custody or guardianship authority with the Licensed Child-Placing Agency (LCPA) or the Tennessee Department of Children's Services. T.C.A. 36-1-111(r)(2). Upon satisfactory completion of the necessary requirements in Section B. below and execution of Parts I and II A. by the parent or legal guardian, the court shall enter an Order of Full or Partial Guardianship for the LCPA or the Tennessee Department of Children's Services. T.C.A. 36-1-111(r)(6)(C). This should be done within thirty (30) days of the filing of the surrender. T.C.A. § 36-1-111(u).

NOTES TO THE CLERK IN TENNESSEE:

1. The copies of the surrender forms filed by the licensed child-placing agency or the Tennessee Department of Children's Services with this court shall be entered in a special docket for surrenders and shall be styled

"In Re ______" and shall be permanently filed by the court in a separate file for that purpose, (Child's Name)

and shall be confidential and shall not be inspected by anyone else without the written approval of the court. T.C.A. 36-1-111(p)(1) and (2).

2. Within five (5) days of the filing of the surrender in Tennessee, a certified copy of Parts I and II filed with this court shall be sent, without cost, to: Adoption Services, Tennessee Department of Children's Services, 436 6th Avenue North, Nashville, TN 37243-1290. T.C.A. § 36-1-111(p)(1)(2) and (4). Please Certify the copies on the page following the certification given by the officer taking the surrender.

PART II

B. ACCEPTANCE OF SURRENDER BY LICENSED CHILD-PLACING AGENCY OR TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES

STATE OF_____)
COUNTY OF)

Being duly sworn according to law, affiant would state:

- 1. I, _____, an authorized representative of:
 - a. Licensed Child-Placing Agency_____; or the
 - b. ______County Tennessee Department of Children's Services, upon execution of Parts I and II A. by the parent or guardian named therein before a U. S. Foreign Service Officer or Officer of the U. S. Armed Forces authorized to administer oaths, accept the surrender of:
c. Name of Child______. DATE:_____

Please Print:

Name and Title of Authorized Representative

Signature:___

Signature of Authorized Representative

SUBSECTIONS 2a.-2d. <u>MUST</u> BE MARKED TO DESIGNATE THE APPLICABLE SITUATION. ONE OF THOSE SUBSECTIONS <u>MUST</u> EXIST BEFORE THE SURRENDER CAN BE RECEIVED BY THE U.S. FOREIGN SERVICE OFFICER OR OFFICER OF THE U.S. ARMED FORCES:

2.	Ice	on behalf of:
	Licensed Child-Placing Agency	(Name of Agency);
	or the	

____ Tennessee Department of Children's Services:

a. ____ That my agency has physical custody of this child; or

- b. ____ That my agency has received the affidavit required by § 36-1-111 (d)(6) concerning the right to receive custody from the surrendering parent or guardian within five (5) days of the date of this surrender. The affidavit of the custodial parent or guardian to that effect has been attached with this acceptance at this time; or
- c. _____My agency has the right to receive physical custody of the child upon his or her release from a hospital or health care facility, and the affidavit of the custodial parent or guardian to this effect required by § 36-1-111 (d)(6) has been attached with this acceptance at this time; or
- d. ____ That another person or agency has physical custody of the child. The affidavit of that person or agency required by § 36-1-111 (d)(6) which indicates their waiver of the right to custody of the child upon entry of an order of guardianship pursuant to § 36-1-136(r) has been attached with this acceptance at this time.

SUBSECTIONS 3. AND 4. <u>MUST</u> BE ANSWERED "YES" OR <u>MUST</u> BE MARKED "NOT APPLICABLE" BEFORE THE SURRENDER IS COMPLETED BY THE U. S. FOREIGN SERVICE OFFICER OR OFFICER OF THE U. S. ARMED FORCES.

- 3. Yes 🗖 No 🗖 That if the Indian Child Welfare Act, 25 U.S.C. § 1901 et seq., applies because of the child's Native American heritage, there has been compliance with the Act. 🔤 Not Applicable
- 4. Yes D No D (Licensed Child-Placing Agency Only) I have presented to the court a copy of the Interstate Compact on the Placement of Child Form 100A for a child brought into Tennessee for adoption or foster care. If the ICPC Form 100A is not available, explain why this is not required.

□Not Applicable

FURTHER AFFIANT SAITH NOT.

This _____ day of ______, 20____.

Please Print:

Name and title of authorized representative of Tennessee Department of Children's Services or a Tennessee Licensed Child-Placing Agency

Signature:

Sworn to and subscribed before me this _____ day of ______, 20 ____.

NOTARY PUBLIC

My commission expires:_____

CERTIFICATION OF U. S. FOREIGN SERVICE OFFICER OR OFFICER OF THE UNITED STATES ARMED FORCES

I, ______, ____, ____, an Officer of the U. S. Foreign Service or ____an Officer of the United States Armed Forces, hereby certify the foregoing copies of Parts I and II of the Surrender Forms to be true and accurate copies of the documents executed and filed with me.

> Name and Title of U. S. Foreign Service Officer or Officer of the United States Armed Forces

CERTIFICATION OF TENNESSEE CLERK

I, _____, Clerk of the _____ Court of _____ County, Tennessee, certify the foregoing copies of Parts I and II of the Surrender Forms to be true and accurate copies of the documents filed with this Court.

Clerk of the _____ Court of _____ County, Tennessee.

(Seal)

PART III CONTACT VETO REGISTRATION T.C.A. § 36-1-111(k)(3)

STATE OF ______)
COUNTY OF ______)

Being duly sworn according to law affiant would state:

1. I am:

- a. Mother: _______, or b. Father: _______, or
- c. Legal Guardian: ______ of:
- 2. a. Child's Name:___
 - b. Child's Date of Birth:_____
 - c. Child's Place of Birth: _____
 - d. Child's Sex: ______e. Child's Race: ______
 - e. Child's Race.
- 3. a. I understand that contact with me may be requested by the child I am surrendering (adopted person) and by certain other classes of eligible persons who, as may be permitted by law, may have access to the sealed records, sealed adoption records or post adoption records and those records in any other information. Those eligible persons currently include the adopted person twenty-one (21) years of age or older or their legal representative, the adopted person's birth or adopted parents or step-parents, the birth or adopted siblings or lineal descendants twenty-one years of age or older of the adopted person, or their legal representatives. [T.C.A. § 36-1-127(c)]. The class of eligible persons may be revised periodically by changes to the law.
 - b. I understand that no contact, whether by personal contact, correspondence or otherwise shall be made in any manner whatsoever by those requesting persons or any agent or other person acting in concert with those requesting persons, with any person eligible to file a contact veto except as permitted by law. The sealed adoption record or post-adoption record requested by eligible persons shall be made available to the requesting party only after completion by the requesting party of a sworn statement agreeing that he or she shall not contact or attempt to contact, in any manner, by themselves or in concert with any other persons or entities, any of the persons eligible to file a contact veto until the Department has completed a search of the Contact Veto Registry to determine the willingness of the person sought to have contact with the requesting party. [T.C.A. §§ 36-1-127(f); 36-1-130 and 36-1-131]. The person making contact in violation of the law shall be guilty of a Class B misdemeanor [T.C.A. § 36-1-132]. I also understand that should I be contacted after filing a contact veto, I shall have a cause of action in the Circuit or Chancery Court for injunctive relief and damages, including both compensatory and punitive damages, and attorneys fees against any person who has contacted, attempted to contact, or caused me to be contacted [T.C.A. § 36-1-132].

- I understand that contact with me by an eligible person is governed by filing my intentions with the Contact Veto Registry. 4.
- By filing with the execution of this surrender, I understand there is no fee for filing with the Contact Veto Registry. However, should I 5. choose not to file a contact veto at this time, but wish to do so later, I understand I may do so, but will be required to pay the necessary fees [T.C.A. § 36-1-129(b)]. I understand that should there be a request for contact with me and I have vetoed contact with any eligible person, I will be contacted and informed by the Department of Children's Services to determine my desires for contact at that time and will be given the opportunity to vary or modify my request. [T.C.A. § 36-1-130(b)(1)].
- I understand that I may vary this contact veto by indicating my desires for contact, if any, with the eligible persons and the means of contact 6 I wish to have with particular eligible persons. [T.C.A. § 36-1-111(k)(3)(B); § 36-1-127-36-1-131]. In doing so, I understand I must write to the address below and request the necessary forms to complete and file with the Contact Veto Registry:

CONTACT VETO REGISTRY POST ADOPTION SERVICES TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES 436 6TH AVENUE NORTH NASHVILLE, TENNESSEE 37243-1290

PLEASE COMPLETE THE FOLLOWING SO THAT YOU MAY BE LOCATED IN THE FUTURE BY THE 7 а. DEPARTMENT CONCERNING YOUR INTENTIONS REGARDING CONTACT:

THIS INFORMATION MUST BE UPDATED WITH THE DEPARTMENT TO INSURE THAT FUTURE CONTACT CAN BE MADE.

Name (Including Birth & Married Names)	(Street/Rural Route/P. O. Box)	
(Town/City)	(State)	(Zip Code)
(Home Telephone No.)	(Work Telephone No.)	·

(Home Telephone No.)

Is this address an address the department may use to write to you concerning your wishes regarding contact. b. Yes \Box No \Box If no, please share address to be used:

(Street/Rural Route/P. O. Box)		(Town/City)	(State)
(Zip Code)	(Work Telephone)	_,(Home Te	lephone)

Is this address an address a person requesting contact may use to write to you? Yes 🗖 No 🗖. If no, please share the address to be used:

(Street/Rural Route/P. O. Box)		,, (Town/City)	(State)
	.,	-,	·
(Zip Code)	(Work Telephone)	(Home Telephone)	

____, ____

Are the telephone numbers the numbers the department may use to contact you? d. YES 🗖 NO 🗖. If no, may the listed telephone numbers be shared with eligible persons requesting contact? YES 🗖 NO 🗖. If no, please list telephone number(s), if any, that might be shared and used to contact you.

(Work Telephone No.)

(Home Telephone No.)

- I wish to veto contact with the adopted person and all other classes of eligible persons, who may, as may be permitted by law, to have 8. a. access to the sealed records, sealed adoption records or post adoption record to have contact with me. \Box
 - The filing of a contact veto by you makes the contact veto automatically applicable to your siblings, lineal descendants, lineal b. ancestors, and the spouses of those persons so that they cannot, without their consent, be contacted by a person eligible to have the records opened. You may, however, exclude persons in those classes from this automatic coverage so that they will have to register a contact veto themselves or, upon location by the department, pursuant to a search request, will have to register a contact veto at the time. [T.C.A. § 36-1-130(a)(6)]. Please indicate whether you wish to exclude any of these persons.
 - I wish to exclude from the automatic contact veto the following: c.
 - (1) My siblings: Yes 🗖 No 🗖
 - (2) My lineal descendants: Yes 🗖 No 🗖
 - (3) My lineal ancestors: Yes 🗖 No 🗖 (4)
 - The spouses of: (a) siblings Yes 🗖 No 🗖
 - (b) lineal descendants Yes \Box No 🗖

(c) lineal ancestors Yes 🗖 No 🗖

Please complete the following for any known individuals:

Name	Relationship To Surrendering Person	Address Street., RR, P. O. Box, Town, State, Zip

d. I wish to veto contact with: [T.C.A. § 36-1-128(c)]

- (1) Any future siblings of the adopted person. Yes \Box No \Box .
- (2) A current spouse Yes 🗆 No 🗖 Name of current spouse _____
- (3) Future spouse of mine Yes 🗖 No 🗖
- (4) Any of my lineal descendants $Yes \square No \square$

Please complete the following for any known individuals:

Name	Relationship To Surrendering Person	Address Street., RR, P. O. Box, Town, State, Zip

9. a. I give **consent** for the child I am surrendering (adopted person) and <u>ALL</u> other classes of eligible persons who, as may be permitted by law, to have access to the sealed records, sealed adoption records or post adoption record to have contact with me.

b. I wish to limit consent to certain persons and only give consent for contact with the following classes of people:

(1)	The adopted person	Yes 🗖	No 🗖
(2)	The adopted person's adoptive parents	Yes 🗖	No 🗖
(3)	The adopted person's adoptive siblings	Yes 🗖	No 🗖
(4)	The adopted person's lineal descendants	Yes 🗖	No 🗖

(5) The legal representatives of any of these persons Yes \Box No \Box

c. If contact is limited to the legal representative of certain classes of persons, please describe:

10. I wish the following types of contact by those persons requesting contact with me: (Please check all that apply and indicate any limitations or qualifications to these methods of contact)

Telephone
Letters

Personal contact, unannounced

Personal contact, prearranged with me \Box , either via phone \Box or correspondence \Box

Personal contact through another person. Please give name, relationship to you, if any, and information to be released regarding how to contact: _____

11. Other information I wish to have released about me to any eligible persons (please identify to whom and the contents of the information to be provided):

(Rule 0250-7-13-.07, continued)

12.				ligible persons but wish to share a statement of your feelings, or circumstances which impact ere:
13.		reby request the dren's Services		d with the Contact Veto Registry at the Post Adoption Services Unit of the Department of
FUF	RTHE	R AFFIANT SA	AITH NOT.	
This	s the _	day of	, 20	
Sigı	nature	Bio	ological Legal ological Legal gal Guardian	Mother Father
Swo	orn to a	and subscribed	to before me this	day of, 20
			Please Print:	U.S. Foreign Service Officer or Officer of the U.S. Armed Forces
			Signature:	U.S. Foreign Service Officer or Officer of the U.S. Armed Forces
				CERTIFICATION
		Ŧ		
cop	y of th			_, U.S. Foreign Service Officer/Officer of the U.S. Armed Forces of (please state location) , certify the foregoing copy of Part III of the Surrender Forms to be a true and accurate
				U.S. Foreign Service Officer or Officer of the U.S. Armed Forces
				PART IV
			REVOCATIO	N OF SURRENDER BY A PARENT OR GUARDIAN
		RY R OTHER LOO	CATION	
		Being duly sw	orn according to law affia	nt would state:
1.	I am	:		
	a.			, or
	b. с.	Father: Legal Guardia	n:	, or, of:
2.	0	Child's Name		
<i>-</i>	a. b.			
	c.	Child's Place	of Birth:	
	d.	Child's Sex: _		
	e.	Child's Race:		
3.	On_		(Date), I e	executed a surrender of my parental or guardianship rights to the child named in #2 to:
	a.	Prospective A	doptive Parent(s)	
	b.	Licensed Chile	d-Placing Agency	
	c.	1 ennessee De	partment of Children's Ser	vices

(Rule 0250-7-13-.07, continued)

4.	The surrender was executed before:
	(Name of U.S. Foreign Service Officer or Officer of the U.S. Armed Forces)

5. I hereby revoke and void the surrender of the above-named child.

This the day of, 20	_			
ē ē	Mother Father			
Sworn to and subscribed before me this	_ day of, 20			
This Revocation of Surrender was received by me on the day of, 20				

Please Print:

Forces

Forces

U.S. Foreign Service Officer or Officer of the U.S. Armed

Signature (See notes below):

U.S. Foreign Service Officer or Officer of the U.S. Armed

NOTES TO COURT, OR OTHER PERSON AUTHORIZED TO RECEIVE A REVOCATION, AND TO THE CLERK:

- 1. If the judge or other person who received the surrender is unavailable or absent, the successor or substitute to that judge or person may accept the revocation, or in the absence of the judge or his or her successor, another judge with jurisdiction to receive a surrender (in another state or territory this would be the chancellor, judge, or clerk of a court of record) may accept the revocation. In the event the surrender was taken in another state or country, or before the warden of a state or federal penitentiary and there is no authorized successor to the person who received the surrender or that person is unavailable, the revocation may be taken by a court in Tennessee which is qualified to receive a surrender or by a court in another state, territory, or country with domestic relations jurisdiction to accept the revocation. T.C.A. § 36-1-112(a)(1).
- 2. The surrender must be revoked within ten (10) days including Saturdays, Sundays and legal holidays following the original execution of the surrender. T.C.A. § 36-1-112(a)(1). The revocation period will begin on the day following the signing of the surrender and will expire on the tenth (10th) day. If the tenth (10th) falls on a Saturday, Sunday or legal holiday, the last day for revocation will be the next day which is not a Saturday, Sunday or legal holiday.
- 3. The court or person receiving the revocation shall maintain the originals in the office of the clerk or the person receiving the surrender together with the original of the surrender or the adoption petition containing the parental consent, if available, and shall personally give, or by certified mail, return receipt requested, send certified copies of the revocation to the child's parent(s) or legal guardian(s), and to the prospective adoptive parents or the local office of the Tennessee Department of Children's Services or the licensed child-placing agency to whom the child was surrendered. See, T.C.A. § 36-1-112(c)(1).
- 4. a. A certified copy of the revocation shall be attached to a certified copy of the surrender or the petition for adoption containing the parental consent, and the clerk shall send these, within three (3) days by certified mail, return receipt requested to:

Tennessee Department of Children's Services Central Office Adoption Services 436 6th Avenue North Nashville, TN 37243-1290

See, T.C.A. § 36-1-112(c)(2).

- b. Please provide the certification on the page following this Revocation form.
- 5. If the revocation must be executed before a court or person before whom the surrender was not executed or in which the adoption petition was not filed, the original of the revocation shall be sent within three (3) days to the court or person before whom the surrender was executed or where the adoption petition was filed and that court or person shall be responsible for sending the forms to the Tennessee Department of Children's Services Central Office and to the persons or agencies in #3 entitled to copies of the revocation. See, T.C.A. § 36-112(c)(2)(B).

CERTIFICATION

I, _____, U.S. Foreign Service Officer/Officer of the U.S. Armed Forces of (please state location) _____, certify the foregoing copy of the Revocation of Surrender to be a true and accurate copy

of the Revocation of Surrender executed before me.

U.S. Foreign Service Officer or Officer of the U.S. Armed Forces

Authority: T.C.A. §§4-5-201, et seq., 36-1-111, 36-1-112, 36-1-125, 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. Administrative History: Original rule filed September 7, 2001; effective November 21, 2001.

0250-7-13-.08 SURRENDER DOCUMENTS FOR USE IN SURRENDERS DIRECTLY TO PROSPECTIVE ADOPTIVE PARENTS BEFORE A UNITED STATES FOREIGN SERVICE OFFICER OR OFFICER OF THE UNITED STATES ARMED FORCES IN A FOREIGN COUNTRY.

- (1) The following form is composed of four (4) Parts making a complete package which must be used at the time of surrender of child for adoption directly to prospective adoptive parents before a United States Foreign Service Officer or Officer of the United States Armed Forces who is authorized to administer oaths. Parts I, II A. and III should be completed at the time of the surrender. Part II B. should be completed by the prospective adoptive parents prior to sending the form to the United States Foreign Service Officer or Officer of the United States Armed Forces who is authorized to administer oaths for completion of the surrender. Copies of Parts I and II should be given to the person executing the surrender and to the prospective adoptive parents. Copies of Part III should be given to the person executing the surrender and should be sent directly to the Department by the Officer. Part IV, the revocation of surrender, which is part of the package, must be given to the parent or guardian at the time of the surrender.
- (2) The requirements for execution and processing of the forms are contained in T.C.A. §§ 36-1-111 and 36-1-112 and are noted in summary manner on the forms.
- (3) The information in these forms is confidential and is not to be released without the written approval of the court with domestic relations jurisdiction where the file is maintained.
- (4) Form:

FORM FOR SURRENDER OF A CHILD BY A PARENT OR GUARDIAN RESIDING OR TEMPORARILY RESIDING IN A FOREIGN COUNTRY DIRECTLY TO PROSPECTIVE ADOPTIVE PARENTS

PART I

PRE-SURRENDER INFORMATION

The following information is required by Tennessee Code Annotated § 36-1-111 and must be obtained under oath by an officer of the United States Foreign Service or an officer of the United States Armed Forces authorized to administer oaths prior to execution of the surrender in PART II by the parent or legal guardian:

Note: Pseudonyms must not be used nor may spaces for the identities of persons whose names are known be left blank. The court shall require the persons executing these documents to prove their identities satisfactorily to the court. T.C.A. § 36-1-111(g).

COUNTRY OF)
CITY OR OTHER LOCATION	_)

Being duly sworn according to law, affiant would state:

(Rule 0250-7-13-.08, continued)

1.	I an a.		her:			(I	Date of Birth)		_,or	
	b.	Fath	er:			(1	Date of Birth)		_, or	
	c.	Leg	al Guardian:				Date of Birth)		., of:	
2.	a.	Chil	d's Name							
	b.	Chil	d's Date of Birth							
	c.	Chil	d's Place of Birth _							
	d.	Chil	d's Sex							
	e.		d's Race							
3.	This	s child	was born in wedloc	ck □/ ou	t of wedlock□.					
4.	Stat	e the 1	names and relationsh	nips of ai	ny other legal/bi	iological parent,	legal guardian or	possible bio	ological par	ent for this child:
	a.	(1)	Name:							
		(2)	Relationship to the	child:						
		(3)	Address							
		(4)	City, State Zip							
		(5)	Telephone Numbe	r: Hom	e:	Woi	k:			
		(6)	Other identifying i parent/legal guardi		on concerning the	the above identi	fied other legal or	biological		
										_
										and
	b.	(1)	Name:							
		(2)	Relationship to the	child:						
		(3)	Address							
		(4)	City, State Zip							
		(5)	Telephone Numbe	r: Home	:	Worl				
		(6)	Other identifying i parent/legal guardi		on concerning the	the above identi	fied other legal or	biological		
										_
										and
	c.	(1)	Name:							
			Relationship to the							
		(3)	Address							
		(4)	City, State Zip							
		(5)	Telephone Numbe	r: Home	e:	Wor	K:			
		(6)	Other identifying i parent/legal guardi		on concerning the	the above identi	fied other legal or	biological		
										_
										_
5.	The	ident	ity is unknown for th	ne other:						
	a.	Leg	al parent Y	es 🗖 🛛 N						
	b.			es 🗖 🛛 N	lo 🗖					
	c.			es 🗖 🛛 N						
	d.	Not	applicable Y	es 🗖 N	lo 🗖					
6.			eabouts is unknown							
	a. b		1	ies 🗖 🛛 N						
	b.			es□ N es□ N						
	c. d.			es 🗆 T Tes 🗖 N						
7.	J st	ate the	at all information co	oncernin	g the identity w	whereabouts ar	d social and med	ical history	concerning	g the other legal or biological
										ove child is being surrendered,

8. Information Concerning Child's Native American Heritage:

to the agency conducting the adoptive home study, or to the attorney for the prospective adoptive parents.

a.	Are you or the child of Native American heritage? Yes 🗖 No 🗖
	If no, go to # 9.
b.	If yes, are you eligible for tribal membership? Yes 🗖 No 🗖
c.	If yes, give name of tribe.
d.	Are you registered with a Native American tribe? Yes D No D
e.	If yes, give name of tribe.
f.	Is your child eligible for tribal membership? Yes 🗖 No 🗖
g.	If yes, give name of tribe.
ĥ.	Has your child been registered with a Native American tribe? Yes D No D
i.	If yes, give name of tribe.
j.	This information is unknown. Yes 🗆 No 🗖

9. a. Will this child be sent out of Tennessee to another state or country for adoption? Yes D No D If no, go to #10.

b. If yes, name of state or country.

c. If yes, Tennessee law will govern the interpretation of this surrender.

- 10. Have you been paid, received or been promised any money or other remuneration of thing of value in connection with the birth of the above-named child or placement of this child for adoption?
 - Yes 🗖 No 🗖

If no, go to #11.

If yes, please complete the following:

Amount Paid	To Whom	By Whom	Date Received/Paid	Type Service/Cost

- 11 a. Does the child own any real or personal property?
 - Yes 🗖 No 🗖

If yes, please describe the property owned and give the property value:

b. Is it expected that the child will become possessed of any real or personal property? Yes □ No □
 If yes, please describe property, who currently owns the property, the time and circumstances under which the child becomes owner and give the property value:

12.	a.	Do you	currently have:	
-----	----	--------	-----------------	--

- Only legal custody of the child? Yes \Box No \Box Only physical custody of the child? Yes \Box No \Box
- Both legal and physical custody of the child? Yes \Box No \Box

b.	If another person(s) holds legal custody of the child at this time, give the following information:							
	Name:		-	-				
	Relationship, if any, to you or the child							
	Address:							
	(Street, RR, P.O. Box)	(Town/City)	(State)	(Zip)				
	Telephone Number (Home)	(Work)		· • ·				
c.	If another person(s) holds physical custody of the child at this time, give the following information:							
	Name:	•	•	•				

Relationship, if any, to you or the child: ____

		Address:								
		(Street, RR, P.O. Box) (Town/City) (State) (Zip)								
		Telephone Number (Home) (Work)								
	d.	Is the person(s) who holds custody the prospective adoptive parent? Yes \Box No \Box								
	e.	If a licensed child placing agency, the Department of Children's Services or another State agency holds physical and/or legal custody								
		of your child, give the following information:								
		Name of Agency:								
		Street/Rural Route/P.O. Box:								
	c	Town/City: State: Zip:								
	f.	Do you intend to give custody to the prospective adoptive parents? Yes \Box No \Box								
	g.	Explain any other circumstances regarding the custody status of this child:								
13	a.	Are you aware of assistance which may be available to you to care for the child should you desire to parent this child? Yes D No D								
	b. Do you desire counseling regarding such assistance which may be available to you or regarding other issues concerning a									
		parenting a social service agency or a licensed counselor concerning the decision to place this child for adoption? Yes \Box No \Box								
	c. Have you requested the prospective adoptive parents to provide such counseling for you?									
		Yes 🗖 No 🗖 If not, go to #14.								
	d.	If so, has such counseling been made available to you by the prospective adoptive parents?								
		Yes 🗆 No 🗇								
14.		Do you desire to be represented by legal counsel at this surrender proceeding? Yes 🗆 No 🗖								
	b.	If not, do you desire to consult with legal counsel prior to the execution of the surrender of the child? Yes \Box No \Box								
	c.	Have you requested the prospective adoptive parents to provide such counseling for you?								
	d.	Yes I No I If not, go to #15. If so, has such counseling been made available to you by the prospective adoptive parents?								
	u.	Yes \square No \square								
15. 16.	the the	you understand that if you sign the following surrender of the above-named child that you will have no right to act as parent of child in any manner whatsoever forever, that your rights and responsibilities to and with the child will be terminated and that child will become the legal child of other persons? Yes \Box No \Box If you sign the surrender of the above-named child, do you understand that within ten (10) days from the date you sign the surrender, you may revoke or cancel this surrender by signing a paper called a <u>REVOCATION OF SURRENDER</u> before the officer who is here today, or his or her successor? Yes \Box No \Box								
	b.	By signing the surrender of the above named child on this date, (Mo/Day/Yr), the period of revocation of								
		the surrender will begin on the day following the signing of the surrender, or (Mo/Day/Yr) <u>The</u>								
		revocation period is ten (10) calendar days and will expire on the tenth (10th) day or (Mo/Day/Yr) If								
		the tenth (10th) day falls on a Saturday, Sunday or legal holiday, the last day for revocation will be the next day which is not a Saturday, Sunday or legal holiday. If this is the situation in this case, that date will be (Mo/Day/Yr) Do you understand this? Yes D No D								
17.		Do you understand that if you do sign the Revocation of Surrender form within the ten (10) day period, the prospective adoptive parents will be required to return the child, <u>if</u> you currently have custody of the child, <u>unless</u> the court finds that to do so will likely result in immediate harm to the health and safety of the child, and that you may contest this decision not to return the child to you and you may have legal counsel to represent you in that proceeding? Yes \square No \square								
	nan	ned child so that the child may be placed for adoption and adopted by the prospective adoptive parents? Yes 🗆 No 🗆								

Signature:	Biological Legal Mother	
	Biological Legal Father	
	Legal Guardian of	of

Name of Child

Sworn to and subscribed before me this the ____ day of ____, 20____.

Please Print:_

Name and Title of Officer of the Foreign Service or the United Armed Forces Authorized to Administer Oaths

Signature:

Name and Title of Officer of the Foreign Service or the United Armed Forces Authorized to Administer Oaths

PART II

A. SURRENDER OF CHILD DIRECTLY TO PROSPECTIVE ADOPTIVE PARENTS BY PARENT OR GUARDIAN RESIDING OR TEMPORARILY RESIDING IN A FOREIGN COUNTRY

COUNTRY OF _____)
CITY OR OTHER LOCATION OF _____)

Being duly sworn according to law affiant would state:

- 1. I am:
 - a.
 Mother: ______ or

 b.
 Father: ______, or

 c.
 Legal Guardian: ______ of:
- 2. a. Child's Name:_____
 - b. Child's Date of Birth:_____
 - c. Child's Place of Birth:_____
 - d. Child's Sex:_____ e. Child's Race:
- 3. I understand that by my signature to this document, all of my parental or guardianship rights to the child named above will be forever terminated and ended; that this child will be adopted by______[Name(s) of prospective adoptive parent(s)], and that I will have no further right to see this child, or to act as parent of this child, or to otherwise be involved in the life of this child.
- 4. I understand that by signing this document, I will not be entitled to any notice, legal or otherwise, of any other legal proceedings for the adoption of my child by other persons.
- 5. a. I have read and fully understand Part I of this document and fully understand that if I change my decision to surrender this child I must do so by ______(Date from # 16b. of Part I) by presenting the Revocation of Surrender Form, attached to this document, to the judge who is conducting this proceeding, or his or her successor.
 - b. By my signature to this part, I acknowledge receipt of a copy of the Revocation of Surrender form.
- 6. I FREELY AND VOLUNTARILY, WITHOUT DURESS OF ANY KIND, SURRENDER ALL OF MY PARENTAL OR GUARDIANSHIP RIGHTS TO ______

(CHILD'S NAME)

- **TO:** a.
 - Prospective Adoptive Mother_____
- b. Prospective Adoptive Father____

FURTHER AFFIANT SAITH NOT.

This the day of _	, 20		
Signature:	Biological Legal Biological Legal Legal Guardian	Mother Father	-

Sworn to and subscribed before me this the ____ day of _____, 20__.

Please Print:__

Name and Title of Officer of the Foreign Service or the United States Armed Forces Authorized to Administer Oaths

Signature:

*See Notes Below Before Signing

gnature:___

Name and Title of Officer of the Foreign Service or the United States Armed Forces Authorized to Administer Oaths

NOTES TO COURT OR OTHER PERSONS AUTHORIZED TO TAKE THE SURRENDER IN SECTION A:

- 1. A minor may complete the surrender to any person eighteen (18) years of age or older. T.C.A. § 36-1-110.
- 2. A separate medical/social history form for the child, the child's parent(s) and biological relatives must be completed under oath prior to execution of the surrender. T.C.A. § 36-1-111(k).
- 3. <u>When applicable</u>, as noted in Section B., all provisions of Section B. <u>must</u> be completed <u>prior</u> to your signing of the Surrender in Section A. T.C.A. § 36-1-111(k), (m) and (o).
- 4. Certified copies of Parts I and IIA must be given or sent to the person(s) executing the surrender. Certified copies of Parts I, IIA and B are to be given to the prospective adoptive parents as noted in the Acceptance portion in Part B. Please certify copies of Parts I and II on the page following Part II. Part III should be certified on the page following Part III and sent to: Adoption Services, Tennessee Department of Children's Services, 436 6th Avenue North, Nashville, TN 37243-0009.
- 5. The originals of the Surrender forms shall be maintained in a separate file designated for the purpose, shall be confidential and shall not be inspected by anyone else without the written approval of a court with domestic relations jurisdiction where the file is maintained. T.C.A. § 36-1-111(p)(2)(B).

NOTES TO THE COURT IN TENNESSEE WHERE THE SURRENDER IS FILED:

- 1. Parts I and II of the surrender forms surrender received pursuant to T.C.A. § 36-1-111(i) must be filed in the Chancery, Circuit, or Juvenile Court where the child resides within fifteen (15) days of the actual receipt of the Surrender or within fifteen (15) days of the date the child or persons to whom the child is surrendered become residents of Tennessee, whichever is earlier. T.C.A. § 36-1-111(q)(1).
- 2. <u>When applicable</u>, all provisions of Section B. <u>must</u> be completed before entry of an Order of Full or Partial Guardianship. T.C.A. § 36-1-111(k), (m) and (o).
- 3. The surrender itself is not sufficient to vest custody or guardianship authority with the prospective adoptive parents. T.C.A. § 36-1-111(r)(2). Upon satisfactory completion of the necessary requirements in Section B. below, and execution of Parts I and II A. by the parent or legal guardian, the court may enter an Order of Full or Partial Guardianship for the prospective adoptive parent(s). T.C.A. § 36-1-111(r)(6)(C). This should be done within thirty (30) days of the execution of the surrender. T. C. A. § 36-1-111(u).
- 4. If a full home study of the prospective adoptive parent(s)' home has not been conducted within six (6) months of the date of the execution of this surrender, the court shall, if the surrender is to persons who are not related [T.C.A. § 36-1-102(39)] to the child, issue an Order of Reference for such home study to, and shall order supervision of the child in the home of the prospective adoptive parents by, a licensed child-placing agency, a licensed clinical social worker, or if the prospective adoptive parents are indigent under Federal Poverty Guidelines, to the Tennessee Department of Children's Services. The home study is to be returned to the court within sixty (60) days. See, T.C.A. § 36-1-111(t).

NOTES TO THE CLERK IN TENNESSEE;

1. The copies of the surrender forms filed by the prospective adoptive parent(s) with this court shall be entered in a special docket for surrenders and shall be styled "In Re ______" and

(Child's Name)

shall be permanently filed by the court in a separate file for that purpose, and shall be confidential and shall not be inspected by anyone else without the written approval of the court. T.C.A. \$ 36-1-111(p)(1) and (2).

2. Within five (5) days of the execution of the surrender, a certified copy Parts I and II filed with this court shall be sent, without cost, to: Adoptions Services, Tennessee Department of Children's Services 436 6th Avenue North, Nashville, TN 37243-1290. T.C.A. § 36-1-111(p)(1), (2) and (4.) Please certify the copies following the certification by the U.S. Foreign Service Officer or Officer of the U.S. Armed Forces.

PART II

B. ACCEPTANCE OF SURRENDER BY PROSPECTIVE ADOPTIVE PARENTS

Housing and/or Utilities for

Other Costs (Specify to Whom)

Parent/Guardian

(Rule 0250-7-13-.08, continued)

STA	ATE (OF)		
CO	UNT	Y OF)		
		Being duly sworn acco	ording to law, affiant(s) would st	ate:	
1.	a.	I am		, Prospective Adoptive M	other.
	b.	Prospective Adoptive	Mother's Date of Birth		
	с.	Prospective Adoptive	Mother's Marital Status		
	d.	Prospective Adoptive	Mother's Address		
2.	a.	I am		, Prospective Adoptive Fa	ther.
	b.	Prospective Adoptive	Father's Date of Birth		
	c.	Prospective Adoptive	Father's Marital Status		
	d.	Prospective Adoptive	Father's Address		
3.			nd II A. by the parent or guardia ster oaths(I/We)		. Foreign Service Officer or Officer of the Armed
			guardianship of		through court
4.	cust	tody, financial support, n	een paid by for activit (me/us)	nd spiritual training of this chi	
		Amount Paid	To Whom	Date Paid	Type Service/Cost
					Licensed Child Placing Agency
					Licensed Clinical Social Worker
					Legal Counsel
					Other Person/Organization Specify:
					Social Counseling Cost for Child's Parent/Legal Guardian
					Legal Counseling for Child's Parent/Legal Guardian
					Hospital or Medical Costs for the Birth of the Child
					Medical Care/Other Birth Related
					Expenses for Mother and/or Child
					Counseling Fees for Child
					Food, Maternity Clothing, Child's Clothing

SUBSECTIONS 5a.-5d. <u>MUST</u> BE MARKED TO DESIGNATE THE APPLICABLE SITUATION. ONE OF THE FOLLOWING <u>MUST</u> EXIST BEFORE THE SURRENDER CAN BE RECEIVED BY THE A U. S. FOREIGN SERVICE OFFICER OR OFFICER OF THE U. S. ARMED FORCES AUTHORIZED TO ADMINISTER OATHS:

- 5. a. _____ I/We have physical custody of this child; or
 - b. _____ I/We will receive physical custody of the child from the parent or legal guardian within five (5) days of this surrender. The affidavit required by § 36-1-111 (d)(6) of the custodial parent or guardian to this effect has been attached with the acceptance at this time; or
 - c. _____ I/We have the right to receive physical custody of the child upon his or her release from a hospital or health care facility, and the affidavit of the custodial parent or guardian to this effect required by § 36-1-111 (d)(6) has been attached with the acceptance at this time; or

d. _____ Another person or agency currently has physical control of the child. I/We have attached to the acceptance an affidavit of the person or agency required by § 36-1-111 (d)(6) which indicates their waiver of the right to custody of the child upon entry of a guardianship order pursuant to § 36-1-136(r).

SUBSECTIONS 6-9 <u>MUST</u> BE ANSWERED "YES" OR <u>MUST</u> BE MARKED "NOT APPLICABLE" BEFORE THE SURRENDER IS COMPLETED BY THE U. S. FOREIGN SERVICE OR ARMED SERVICES OFFICER:

- 6. Yes 🗖 No 🗖 I/We have attached a currently effective or updated home study or preliminary home study of my/our home conducted by a licensed child-placing agency, a licensed clinical social worker, or the Tennessee Department of Children's Services.
- Yes □ No □ I/We have attached the certificate of the completion of (_) legal/(_) social counseling if counseling was requested by the surrendering parent. See Item #s 13. and 14. above in Part I.
 □Not Applicable.
- Yes D No I If the child is to be brought into Tennessee for foster care or adoption, I/we have attached a copy of the ICPC 100A or other substitute form required for ICPC compliance or a sworn statement stating why such form is not required by the ICPC.
 DNot Applicable.
- 9. Yes □ No □ I/We have attached a statement that if the Indian Child Welfare Act, 25 U.S.C. § 1901 et seq. applies because of the child's Native American heritage, there has been compliance with the Act.
 □Not Applicable.

SUBSECTION 10 MUST BE ANSWERED "YES", OR ITEM b. MUST EXPLAIN HOW COMPLIANCE WILL BE EFFECTED:

- 10. Yes 🗖 No 🗖 a. If the child is to be removed from Tennessee for adoption in another state, there has been compliance with the Interstate Compact or the Placement of Children. 🗖 Not Applicable.
 - b. If not, how will it be effected?

FURTHER AFFIANT(S) SAITH NOT

This ____ day of _____, 20____.

Signature of Prospective Adoptive Mother

Signature of Prospective Adoptive Father

Sworn to and subscribed before me this _____ day of ______, 20 ____.

NOTARY PUBLIC

My commission expires:_____

CERTIFICATION OF U. S. FOREIGN SERVICE OFFICER OR OFFICER OF THE UNITED STATES ARMED FORCES

I, ______, ____an Officer of the U. S. Foreign Service or __an Officer of the United States Armed Forces, hereby certify the foregoing copies of Parts I and II of the Surrender Forms to be true and accurate copies of the documents executed and filed with me.

Name and Title of U. S. Foreign Service Officer or Officer of the United States Armed Forces

CERTIFICATION OF TENNESSEE CLERK

I, ______, Clerk of the ______ Court of ______ County, Tennessee, certify the foregoing copies of Parts I and II of the Surrender Forms to be true and accurate copies of the documents filed with this Court.

Clerk of the	Court of
	County, Tennessee.

(Seal)

PART III CONTACT VETO REGISTRATION T.C.A. § 36-1-111(k)(3)

STATE OF))
COUNTY OF _)

Being duly sworn according to law affiant would state:

1.

2.

I an	m:	
a.	Mother:	, 01
b.	Father:	, or
c.	Legal Guardian:	of:
	-	
a.	Child's Name:	
b.	Child's Date of Birth:	
c.	Child's Place of Birth:	
d.	Child's Sex:	

- e. Child's Race: ______
- 3. a. I understand that contact with me may be requested by the child I am surrendering (adopted person) and by certain other classes of eligible persons who, as may be permitted by law, may have access to the sealed records, sealed adoption records or post adoption records and those records in any other information. Those eligible persons currently include the adopted person twenty-one (21) years of age or older or their legal representative, the adopted person's birth or adopted parents or step-parents, the birth or adopted siblings or lineal descendants twenty-one years of age or older of the adopted person, or their legal representatives. [T.C.A. § 36-1-127(c)]. The class of eligible persons may be revised periodically by changes to the law.
 - b. I understand that no contact, whether by personal contact, correspondence or otherwise shall be made in any manner whatsoever by those requesting persons or any agent or other person acting in concert with those requesting persons, with any person eligible to file a contact veto except as permitted by law. The sealed adoption record or post-adoption record requested by eligible persons shall be made available to the requesting party only after completion by the requesting party of a sworn statement agreeing that he or she shall not contact or attempt to contact, in any manner, by themselves or in concert with any other persons or entities, any of the persons eligible to file a contact veto until the Department has completed a search of the Contact Veto Registry to determine the willingness of the person sought to have contact with the requesting party. [T.C.A. §§ 36-1-127(f); 36-1-130 and 36-1-131]. The person making contact in violation of the law shall be guilty of a Class B misdemeanor [T.C.A. § 36-1-132]. I also understand that should I be contacted after filing a contact veto, I shall have a cause of action in the Circuit or Chancery Court for injunctive relief and damages, including both compensatory and punitive damages, and attorneys fees against any person who has contacted, attempted to contact, or caused me to be contacted [T.C.A. § 36-1-132].
- 4. I understand that contact with me by an eligible person is governed by filing my intentions with the Contact Veto Registry.
- 5. By filing with the execution of this surrender, I understand there is no fee for filing with the Contact Veto Registry. However, should I choose not to file a contact veto at this time, but wish to do so later, I understand I may do so, but will be required to pay the necessary fees [T.C.A. § 36-1-129(b)]. I understand that should there be a request for contact with me and I have vetoed contact with any eligible person, I will be contacted and informed by the Department of Children's Services to determine my desires for contact at that time and will be given the opportunity to vary or modify my request. [T.C.A. § 36-1-130(b)(1)].

6. I understand that I may vary this contact veto by indicating my desires for contact, if any, with the eligible persons and the means of contact I wish to have with particular eligible persons. [T.C.A. § 36-1-111(k)(3)(B); § 36-1-127-36-1-131]. In doing so, I understand I must write to the address below and request the necessary forms to complete and file with the Contact Veto Registry:

CONTACT VETO REGISTRY POST ADOPTION SERVICE TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES 436 6th Avenue North NASHVILLE, TENNESSEE 37243-1290

7. a. PLEASE COMPLETE THE FOLLOWING SO THAT YOU MAY BE LOCATED IN THE FUTURE BY THE DEPARTMENT CONCERNING YOUR INTENTIONS REGARDING CONTACT:

THIS INFORMATION MUST BE UPDATED WITH THE DEPARTMENT TO ENSURE THAT FUTURE CONTACT CAN BE MADE.

Name (Including Birth & Married Names)	(Street/Rural Route/P. O. Box)	
(Town/City)	(State)	,, (Zip Code)
(Home Telephone No.)	(Work Telephone	

b. Is this address an address the department may use to write to you concerning your wishes regarding contact?
 Yes □ No □ If no, please share address to be used:

(Street/Rural Route/P. O. Box)		(Town/City)	(State)
(Zip Code)	(Work Telephone)	,,(Home Te	elephone)

c. Is this address an address a person requesting contact may use to write to you? Yes 🗖 No 🗖. If no, please share the address to be used:

(Street/Rural Route/P. O. Box)		(Town/City)	(State)
(Zip Code),	(Work Telephone)	(Home Telepho	one)

Are the telephone numbers the numbers the department may use to contact you?
 YES □ NO □. If no, may the listed telephone numbers be shared with eligible persons requesting contact?
 YES □ NO □. If no, please list telephone number(s), if any, that might be shared and used to contact you.

(Work	Felephone	No.)
-------	-----------	------

(Home Telephone No.)

- 8. a. I wish to **veto** contact with the adopted person and all other classes of eligible persons, who may, as may be permitted by law, to have access to the sealed records, sealed adoption records or post adoption record to have contact with me.
 - b. The filing of a contact veto by you makes the contact veto automatically applicable to your siblings, lineal descendants, lineal ancestors, and the spouses of those persons so that they cannot be contacted by a person eligible to have the records opened. You may, however, exclude persons in those classes from this automatic coverage so that they will have to register a contact veto themselves or, upon location by the department, pursuant to a search request, they will have to register a contact veto at the time. [T.C.A. § 36-1-130(a)(6)]. Please indicate whether you wish to exclude any of these persons.
 - c. I wish to exclude from the automatic contact veto the following:

(1)	My siblings:	Yes 🗖	No 🗖
(2)	My lineal descendants:	Yes 🗖	No 🗖
(3)	My lineal ancestors:	Yes 🗖	No 🗖
(4)	The spouses of:		
	(a) siblings	Yes 🗖	No 🗖
	(b) lineal descendants	Yes 🗖	No 🗖
	(c) lineal ancestors	Yes 🗖	No 🗖

Please complete the following for any known individuals:

Name	Relationship To Surrendering Person	Address Street. RR, P. O. Box, Town, State, Zip

- I wish to veto contact with: [T.C.A. § 36-1-128(c)] d.
 - (1) Any future siblings of the adopted person. Yes \Box No \Box .
 - (2) A current spouse
 (3) Future spouse of mine
 (4) Yes □ No □ Name of current spouse ____
 (7) Yes □ No □
 (8) No □

 - Yes 🗖 No 🗖 (4) Any of my lineal descendants

Please complete the following for any known individuals:

Name	Relationship To Surrendering Person	Address Street. RR, P. O. Box, Town, State, Zip

- 9. a. I give consent for the child I am surrendering (adopted person) and ALL other classes of eligible persons who, as may be permitted by law, to have access to the sealed records, sealed adoption records or post adoption record to have contact with me. \Box
 - I wish to **limit consent** to certain persons and only give consent for contact with the following classes of people: b.
 - (1) The adopted person Yes 🗆 No 🗖
 - (2) The adopted person's adoptive parents Yes 🗆 No 🗖
 - (3) The adopted person's adoptive siblings Yes 🗖 No 🗖
 - (4) The adopted person's lineal descendants Yes 🗖 No 🗖
 - (5) The legal representatives of any of these persons Yes \Box No \Box
 - If contact is limited to the legal representative of certain classes of persons, please describe: c.
- 10. I wish the following types of contact by those persons requesting contact with me: (Please check all that apply and indicate any limitations or qualifications to these methods of contact)

Telephone 🗖	
Letters 🗖	

Personal contact. unannounced

Personal contact, prearranged with me 🗖, either via phone 🗖 or correspondence 🗖
Personal contact through another person. Please give name, relationship to you, if any, and information to be released regarding how to
contact:

11. Other information I wish to have released about me to any eligible persons (please identify to whom and the contents of the information to be provided)

12. Should you wish no contact with any other eligible persons but wish to share a statement of your feelings, or circumstances which impact your decision, please share that information here:

(Rule 0250-7-13-.08, continued)

13. I hereby request that this information be filed with the Contact Veto Registry at the Post Adoption Services Unit of the Department of Children's Services.

FURTHER AFFIANT SAITH NOT.

This the day	/ of, 20	
Signature:	Biological Legal	Mother Father
Sworn to and subse	cribed to before me this da	ay of, 20
	Please Print: Forces	U.S. Foreign Service Officer or Officer of the U.S. Armed
	Signature: U.S. Fore Forces	eign Service Officer or Officer of the U.S. Armed
		CERTIFICATION
		Foreign Service Officer/Officer of the U.S. Armed Forces of (please state location) , certify the foregoing copy of Part III of the Surrender Forms to be a true and accurate
copy of the docum	ent executed before me.	
		U.S. Foreign Service Officer or Officer of the U.S. Armed Forces
		PART IV

REVOCATION OF SURRENDER BY A PARENT OR GUARDIAN

CO CI 1	UNT IY OI	RYR OTHER LOCATION
		Being duly sworn according to law affiant would state:
1.	I an	n:
	a.	Mother:, or
	b.	Father:, or
	c.	
2.	a.	Child's Name:
	b.	Child's Date of Birth:
	c.	
	d.	
	e.	Child's Race:
3.	On	(Date), I executed a surrender of my parental or guardianship rights to the child named in #2 to:
		Prospective Adoptive Parent(s)
	b.	Licensed Child-Placing Agency
	c.	Tennessee Department of Children's Services
4.	The	surrender was executed before:
	(Na	me of U.S. Foreign Service Officer or Officer of the U.S. Armed Forces)

5. I hereby revoke and void the surrender of the above-named child.

(Rule 0250-7-1308, continued)	
FURTHER AFFIANT SAITH NOT.	
This the day of, 20	
Signature: Biological Legal Mother _ Biological Legal Father Legal Guardian:	
Sworn to and subscribed before me this day of	
This Revocation of Surrender was received by me on t Please Print:	ne day of, 20
	U.S. Foreign Service Officer or Officer of the U.S. Armed Forces
Signature (See notes below):	U.S. Foreign Service Officer or Officer of the U.S. Armed
Forces	

NOTES TO COURT, OR OTHER PERSON AUTHORIZED TO RECEIVE A REVOCATION, AND TO THE CLERK:

- 1. If the judge or other person who received the surrender is unavailable or absent, the successor or substitute to that judge or person may accept the revocation, or in the absence of the judge or his or her successor, another judge with jurisdiction to receive a surrender (in another state or territory this would be the chancellor, judge, or clerk of a court of record) may accept the revocation. In the event the surrender was taken in another state or country, or before the warden of a state or federal penitentiary and there is no authorized successor to the person who received the surrender or that person is unavailable, the revocation may be taken by a court in Tennessee which is qualified to receive a surrender or by a court in another state, territory, or country with domestic relations jurisdiction to accept the revocation. T.C.A. § 36-1-112(a)(1).
- 2. The surrender must be revoked within ten (10) days including Saturdays, Sundays and legal holidays following the original execution of the surrender. T.C.A. § 36-1-112(a)(1). The revocation period will begin on the day following the signing of the surrender and will expire on the tenth (10th) day. If the tenth (10th) falls on a Saturday, Sunday or legal holiday, the last day for revocation will be the next day which is not a Saturday, Sunday or legal holiday.
- 3. The court or person receiving the revocation shall maintain the originals in the office of the clerk or the person receiving the surrender together with the original of the surrender or the adoption petition containing the parental consent, if available, and shall personally give, or by certified mail, return receipt requested, send certified copies of the revocation to the child's parent(s) or legal guardian(s), and to the prospective adoptive parents or the local office of the Tennessee Department of Children's Services or the licensed child-placing agency to whom the child was surrendered. See, T.C.A. § 36-1-112(c)(1).
- 4. a. A certified copy of the revocation shall be attached to a certified copy of the surrender or the petition for adoption containing the parental consent, and the clerk shall send these, within three (3) days by certified mail, return receipt requested to:

Tennessee Department of Children's Services Central Office Adoption Services 436 6th Avenue North Nashville, TN 37243-1290

See, T.C.A. § 36-1-112(c)(2).

- b. Please provide the certification on the page following this Revocation form.
- 5. If the revocation must be executed before a court or person before whom the surrender was not executed or in which the adoption petition was not filed, the original of the revocation shall be sent within three (3) days to the court or person before whom the surrender was executed or where the adoption petition was filed and that court or person shall be responsible for sending the forms to the Tennessee Department of Children's Services Central Office and to the persons or agencies in #3 entitled to copies of the revocation. See, T.C.A. § 36-112(c)(2)(B).

CERTIFICATION

I, ____

_____, U.S. Foreign Service Officer/Officer of the U.S. Armed Forces of (please state location) ______, certify the foregoing copy of the Revocation of Surrender to be a true and accurate copy

of the Revocation of Surrender executed before me.

U.S. Foreign Service Officer or Officer of the U.S. Armed Forces

Authority: T.C.A. §§ 4-5-201, et seq., 36-1-111, 36-1-112, 36-1-125, 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. Administrative History: Original rule filed September 7, 2001; effective November 21, 2001

0250-7-13-.09 SURRENDER DOCUMENTS FOR USE IN SURRENDERS TO A LICENSED CHILD-PLACING AGENCY OR THE TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES IN THESE MATTERS, BY AN INMATE OF A STATE OR FEDERAL PENITENTIARY.

- (1) The following form is composed of four (4) Parts making a complete package which must be used at the time of surrender of child for adoption to a licensed child-placing agency or the Tennessee Department of Children's Services in these matters, and must be completed by the inmate and the Warden of the penitentiary before a Notary Public. Parts I, II A. and III should be completed at the time of the surrender. Part II B. should be completed by the Department or Licensed Child Placing Agency prior to sending the form to the Warden for completion of the surrender. Copies of Parts I and II should be given to the person executing the surrender and to the Department or Licensed Child Placing Agency. Copies of Part III should be given to the person executing the surrender and should be sent directly to the Department by the Warden. Part IV, the revocation of surrender, which is part of the package, must be given to the parent or guardian at the time of the surrender.
- (2) The requirements for execution and processing of the forms are contained in T.C.A. §§ 36-1-111 and 36-1-112 and are noted in summary manner on the forms.
- (3) The information in these forms is confidential and is not to be released without the written approval of the court with domestic relations jurisdiction where the file is maintained.
- (4) Form:

SURRENDER OF A CHILD BY A PARENT OR GUARDIAN INCARCERATED IN A STATE OR FEDERAL PENITENTIARY TO THE TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES OR A TENNESSEE LICENSED CHILD-PLACING AGENCY

PART I

PRE-SURRENDER INFORMATION

The following information is required by Tennessee Code Annotated § 36-1-111 and must be completed before the Warden of the correctional facility where the parent or guardian is incarcerated and sworn to before a Notary Public prior to execution of the surrender in PART II by the parent or legal guardian:

Note: Pseudonyms must not be used nor may spaces for the identities of persons whose names are known be left blank. The Warden shall require the persons executing these documents to prove their identities satisfactorily to him or her. T.C.A. § 36-1-111(g).

STATE OF COUNTY OF

Being duly sworn according to law, affiant would state:

1. I am:

a.	Mother:	(Date of Birth),	or
b.	Father:	(Date of Birth)	, or
c.	Legal Guardian:	(Date of Birth),	of:

(Rule 0250-7-13-.09, continued)

2.	a. b. c.	Chil	d's Name d's Date of Birth d's Place of Birth	
	d. e.	Chil	d's Sex d's Race	
3.	This	s child	was born in wedlock \Box / out of wedlock \Box .	
4.	Stat	e the r	names and relationships of any other legal/biological parent, legal guardian or possible biologica	l parent for this child:
	a.	(2) (3)	Name:	
		(4) (5) (6)	City, State Zip Telephone Number: Home:Work: Other identifying information concerning the above identified other legal or biological parent/legal guardian.	
	b.	(2) (3)	Name:	
		(5) (6)	Telephone Number: Home:Work: Other identifying information concerning the above identified other legal or biological parent/legal guardian.	
	c.	(2) (3)	Name: Relationship to the child: Address City, State Zip	
		(5) (6)	Telephone Number: Home:Work: Other identifying information concerning the above identified other legal or biological parent/legal guardian.	
5.	a. b. c.	Lega Biol Lega	ity is unknown for the other: al parent Yes No Constraints No Con	
6.	The a. b. c. d.	Lega Biol Lega	eabouts is unknown for the other: al parent Yes ogical parent Yes No al guardian Yes No applicable Yes	
7.	biol	ogical	at all information concerning the identity, whereabouts, and social and medical history con- parent/legal guardian has been () or will be given () to the Tennessee Department of C cing Agency to whom the above child is being surrendered.	
8.	Info	ormatic	on Concerning Child's Native American Heritage:	
	a.		you or the child of Native American heritage? Yes \Box No \Box No \Box 5, go to # 9.	
	b. с.	If ye If ye	es, are you eligible for tribal membership? Yes 🗖 No 🗖	
	d.	Are	you registered with a Native American tribe? Yes 🗖 No 🗖	

- e. If yes, give name of tribe.
- f. Is your child eligible for tribal membership? Yes \Box No \Box
- g. If yes, give name of tribe. _
- h. Has your child been registered with a Native American tribe? Yes 🛛 No 🗖
- 9. a. Will this child be sent out of Tennessee to another state or country for adoption? Yes D NoD If no, go to #10.
 - b. If yes, name of state or country.
 - c. If yes, I understand Tennessee law will govern the interpretation of this surrender.
- 10. Have you been paid, received or been promised any money or other remuneration of thing of value in connection with the birth of the above-named child or placement of this child for adoption?
 - Yes 🗖 No 🗖

If no, go to #11.

If yes, please complete the following:

Amount Paid	To Whom	By Whom	Date Received/Paid	Type Service/Cost
i ulu		By Whom	Received/1 and	Service, cost

- 11. a. Does the child own any real or personal property? Yes 🗖 No 🗖 If yes, please describe the property owned and give the property value:
 - b. Is it expected that the child will become possessed of any real or personal property? Yes 🗖 No 🗖 If, please describe property, who currently owns the property, the time and circumstances under which the child becomes owner and give the property value:

	Only legal custody of the child?	Yes 🗖 No 🗖		
	Only physical custody of the child?	Yes 🗖 No 🗖		
	Both legal and physical custody of the	child? Yes 🗖 No 🗖		
b.	If another person(s) holds legal custody	y of the child at this time, giv	e the following information	on:
	Name:			
	Relationship, if any, to you or the child			
	Address:			
	(Street, RR, P.O. Box)	(Town/City)	(State)	(Zip)
	Telephone Number (Home)	(Work)		
с.	If another person(s) holds physical cust	tody of the child at this time,	give the following inform	ation:
	Name:	-		
	Relationship, if any, to you or the child	l:		
	Address:			
	(Street, RR, P.O. Box)	(Town/City)	(State)	(Zip)
	Telephone Number (Home)	(Work)		

(Rule 0250-7-13-.09, continued)

e. If a licensed child placing agency, the Department of Children's Services or another State agency holds physical and/or legal custody of your child, give the following information:

Name of Agency:	
Street/Rural Route/PO	Box

Buccel Italia Route 1.0. Box.		
Town/City:	State:	Zip:
Do you intend to give custody	to the licensed child placing agency or the	Department of Children's Servic

- f. Do you intend to give custody to the licensed child placing agency or the Department of Children's Services? Yes D No D
- g. Explain any other circumstances regarding the custody status of this child: _____
- 13. a. Are you aware of assistance which may be available to you to care for the child should you desire to parent this child? Yes 🗖 No 🗖
 - b. Do you desire counseling regarding such assistance which may be available to you or regarding other issues surrounding adoption or parenting from the Tennessee Department of Children's Services a licensed child-placing agency, or a licensed clinical social worker or other social services agency concerning the decision to place this child for adoption?
 Yes
 No
 - c. Has such counseling been made available to you? Yes □ No □
- 14. a. Do you desire to be represented by legal counsel at this surrender proceeding? Yes 🗖 No 🗖
 - b. If not, do you desire to consult with legal counsel prior to the execution of the surrender of the child? Yes
 No
 - c. Has such counseling been made available to you? Yes \Box No \Box
- 15. Do you understand that if you sign the following surrender of the above-named child that you will have no right to act as parent of the child in any manner forever, that your rights and responsibilities to and with the child will be terminated and that the child will become the legal child of other persons? Yes I No I
- 16. a. If you sign the surrender of the above-named child, do you understand that within ten (10) days from the date you sign the surrender, you may revoke or cancel this surrender by signing a paper called a <u>REVOCATION OF SURRENDER</u> before the warden who is here today, or his or her successor? Yes □ No □
 - b. By signing the surrender of the above named child on this date, (Mo/Day/Yr) _____, the period of revocation of the surrender will begin on the day following the signing of the surrender, or (Mo/Day/Yr) ______, The revocation period is ten (10) calendar days and will expire on the tenth (10th) day or (Mo/Day/Yr) ______. If the tenth (10th) day falls on a Saturday, Sunday or legal holiday, the last day for revocation will be the next day which is not a Saturday, Sunday or legal holiday. If this is the situation in this case, that date will be (Mo/Day/Yr) ______ Do you understand this? Yes D No D
 - c. Do you understand that if you do sign the Revocation of Surrender form within the ten (10) day period, the Tennessee Department of Children's Services or Licensed Child-Placing Agency will be required to return the child, <u>if</u> you currently have custody of the child, <u>unless</u> the court finds that to do so will likely result in immediate harm to the health and safety of the child, and that you may contest this decision not to return the child to you and you may have legal counsel to represent you in that proceeding? Yes \square No \square
- 17. Knowing the above, do you freely, voluntarily and without duress or pressure by any other person(s) desire to surrender the abovenamed child so that the child may be placed for adoption and adopted by other persons? Yes 🗆 No 🗖

FURTHER, AFFIANT SAITH NOT.

This the	day of	_ 20
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Signature:

Biological___ Legal___ Mother_____ Biological___ Legal___ Father_____ Legal Guardian of______ of

Name of Child

On this _____ day of ______, 20____, personally appeared before me______, a Notary Public for the State and County noted above, _______ (Name of Parent or guardian), who acknowledged that the above document is correct to the best of his/her information and belief.

Notary Public

My Commission Expires:_____

		Diago Drint.	
		Please Print:	Name of the Warden of
			Correctional Facility Located at
			(City, County and State of Facility)
		Signature:	
			WARDEN
On	this _	day of, 2	20 personally appeared before me, a Notary Public for the
Stat he/s	e and he wi	County noted above	, Warden of the correctional facility noted above, who acknowledged that information noted above.
		1 1	
			Notary Public
Mv	Com	nission Expires:	
			PART II
A.	SUI	RRENDER OF CHILD BY A PARENT (OR GUARDIAN INCARCERATED IN A STATE OR FEDERAL PENITENIARY TO
	TH		IILDREN'S SERVICES OR A TENNESSEE LICENSED CHILD-PLACING
		OF TENNESSEE Y OF	
Ben	ng dul	y sworn according to law affiant would sta	te:
1.	I an		
	a. b.	Mother: Father:	
	c.	Legal Guardian:	of:
2.	a. b.	Child's Name: Child's Date of Birth:	
	с.	Child's Place of Birth:	
	d.	Child's Sex:	
	e.	Child's Race:	
3.	I un tern	derstand that by my signature to this docun inated and ended; that this child will be pla	
			, a Licensed Child-Placing Agency, or by the and that the child will be adopted by other persons, and that I will have no further right to see otherwise be involved in the life of this child.
4.		derstand that by signing this document, I ption of my child by other persons.	will not be entitled to any notice, legal or otherwise, of any other legal proceedings for the
5.	a.	2	this document and fully understand that if I change my decision to surrender this child I must of Part I) by presenting the Revocation of Surrender Form, attached to this document, to the g, or his or her successor.
	b.	By my signature to this part, I acknowled	ge receipt of a copy of the Revocation of Surrender form.
6.		REELY AND VOLUNTARILY, WITHO ARDIANSHIP RIGHTS TO	OUT DURESS OF ANY KIND, SURRENDER ALL OF MY PARENTAL OR
	то	(CHI	ILD'S NAME)

a. Licensed Child-Placing Agency_____(Name of LCPA)

DT. 20 gical, Legal gical, Legal	ervices (Please check if applicable.)
DT. 20 gical, Legal gical, Legal	IMother IFather Legal Guardian , 20, personally appeared before me, a Notary Public
20 gical, Legal gical, Legal	Legal Guardian , 20, personally appeared before me, a Notary Public
gical, Legal gical, Legal	Legal Guardian , 20, personally appeared before me, a Notary Public
gical, Legal	Legal Guardian , 20, personally appeared before me, a Notary Public
,	, 20, personally appeared before me, a Notary Public , (Name of Parent or Guardian), who acknowledged that the above . (Name of Child) was executed freely and voluntarily.
	, (=
	Notary Public
e Print:	Name of the Warden of
	Correctional Facility Located at
	(City, County and State of Facility)
ture:	WARDEN
	20, personally appeared before me, a Notary Public , Warden of the correctional facility noted above who acknowledges tha by (Name of Child)
	NOTARY PUBLIC
	e Print: ture:,

NOTES TO WARDEN AUTHORIZED TO TAKE THE SURRENDER IN SECTION A:

- 1. A minor may complete the surrender to any person eighteen (18) years of age or older. T.C.A. § 36-1-110.
- 2. A separate medical/social history form for the child, the child's parent(s) and biological relatives must be completed under oath prior to execution of the surrender. T. C. A. § 36-1-111(k).
- When applicable, as noted in Section B., all provisions of B. <u>must be completed prior</u> to your signing of the Surrender in Section A. T. C. A. § 36-1-111(k), (m) and (o). Section B.4. does <u>not</u> have to be completed by the Tennessee Department of Children's Services. T.C.A. § 36-1-111(p).
- 4. Certified copies of Parts I and II must be given or sent to the person(s) executing the surrender and to the licensed child-placing agency or the Tennessee Department of Children's Services as noted in the Acceptance portion in Part B. Please certify copies of Parts I and II on the page following Part II. Part III should be certified on the page following Part III and sent to: Adoption Services, Tennessee Department of Children's Services, 436 6th Avenue North, Nashville, TN 37243-0009.
- 5. The originals of the Surrender forms shall be maintained in a separate file designated for the purpose, shall be confidential and shall not be inspected by anyone else without the written approval of a court with domestic relations jurisdiction where the file is maintained. T.C.A. § 36-1-111(p)(2)(B). After ten (10) days, the original shall be sent to state office Adoption Services of the Tennessee Department of Children's Services, at the address below.

NOTES TO THE COURT IN TENNESSEE WHERE THE SURRENDER IS FILED:

1. Parts I and II of the surrender forms received pursuant to T.C.A. § 36-1-111(j) must be filed in the Chancery, Circuit, or Juvenile Court where the child resides or, pursuant to T.C.A. § 36-1-111(q)(3), in the court which placed custody with the LCPA or the Tennessee

My Commission Expires:_

Department of Children's Services within fifteen (15) days of the actual receipt of the Surrender or within fifteen (15) days of the date the child or persons to whom the child is surrendered become residents of Tennessee whichever is earlier. T.C.A. § 36-1-111(q)(1).

- When applicable, all provisions of Section B. must be completed before entry of an Order of Full or Partial Guardianship. T.C.A. § 36-1-2. 111(k), (m) and (o). Section B.4 does not have to be completed by Tennessee Department of Children's Services. T.C. A. 36-1-111(n).
- The surrender itself is not sufficient to vest custody or guardianship authority with the Licensed Child-Placing Agency (LCPA) or the 3. Tennessee Department of Children's Services. T.C.A. § 36-1-111(r)(2). Upon satisfactory completion of the necessary requirements in Section B. below and execution of Parts I and II A. by the parent or legal guardian, the court shall enter an Order of Full or Partial Guardianship for the LCPA or the Tennessee Department of Children's Services. T.C.A. § 36-1-111(r)(6)(C). This should be done within thirty (30) days of the date the surrender is filed. T.C.A. § 36-1-111(u).

NOTES TO THE CLERK IN TENNESSEE:

The copies of the surrender forms filed by the licensed child-placing agency or the Tennessee Department of Children's Services with this 1 court shall be entered in a special docket for surrenders and shall be styled "In Re ____ " and shall be

(Child's Name)

permanently filed by the court in a separate file for that purpose, and shall be confidential and shall not be inspected by anyone else without the written approval of the court. T.C.A. § 36-1-111(p)(1) and (2).

Within five (5) days of the filing of the surrender in Tennessee, a certified copy of Parts I and II filed with this court shall be sent, without 2. cost, to: Adoption Services, Tennessee Department of Children's Services, 436 6th Avenue North, Nashville, TN 37243-1290. T.C.A. § 36-1-111(p)(1), (2) and (4). Please Certify the copies on the page following the certification given by the Warden.

PART II ACCEPTANCE OF SURRENDER BY TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES OR A TENNESSEE R. LICENSED CHILD-PLACING AGENCY

STATE OF COUNTY OF

Being duly sworn according to law, affiant would state:

1. I, _____, an authorized representative of:

Licensed Child-Placing Agency_

c.

__; or the a. County Tennessee Department of Children's Services upon execution of Parts I and IIA. by the parent or b.

guardian named therein before the Warden named therein, accept the surrender of: Name of Child_____ _____. DATE:____

Please Print:

Name and Title of Authorized Representative

Signature:

Signature of Authorized Representative

SUBSECTIONS 2a.-2d. MUST BE MARKED TO DESIGNATE THE APPLICABLE SITUATION. ONE OF THOSE SUBSECTIONS MUST EXIST BEFORE THE SURRENDER CAN BE RECEIVED BY THE WARDEN:

__certify on behalf of: 2 T _____ (Name of Agency); Licensed Child-Placing Agency_ or the

Tennessee Department of Children's Services;

_____ That my agency has physical custody of this child; or a.

- ____ That my agency has received the affidavit required by § 36-1-111 (d)(6) concerning the right to receive custody from the b. surrendering parent or guardian within five (5) days of the date of this surrender. The affidavit of the custodial parent or guardian to that effect has been attached with the acceptance at this time; or
- _ My agency has the right to receive physical custody of the child upon his or her release from a hospital or health care facility, c. and the affidavit of the custodial parent or guardian to this effect required by § 36-1-111 (d)(6) has been attached with the acceptance at this time: or

d. ____ That another person or agency has physical custody of the child. The affidavit of that person or agency required by § 36-1-111 (d)(6) which indicates their waiver of the right to custody of the child upon entry of an order of guardianship pursuant to § 36-1-136(r) has been attached to the acceptance at this time.

SUBSECTIONS 3. AND 4. <u>MUST</u> BE ANSWERED "YES" OR <u>MUST</u> BE MARKED "NOT APPLICABLE" BEFORE THE SURRENDER IS COMPLETED BY THE WARDEN.

- 3. Yes 🗖 No 🗖 That if the Indian Child Welfare Act, 25 U.S.C. § 1901 et seq., applies because of the child's Native American heritage, there has been compliance with the Act. 🗖 Not Applicable
- 4. Yes D No D (Licensed Child-Placing Agency Only) I have presented to the court a copy of the Interstate Compact on the Placement of Child Form 100A for a child brought into Tennessee for adoption or foster care. If the ICPC Form 100A is not available, explain why this is not required.

□ Not Applicable

FURTHER AFFIANT SAITH NOT.

This _____ day of ______, 20_____.

Please Print:

Name and title of authorized representative of Tennessee Department of Children's Services or Tennessee Licensed Child-Placing Agency

Signature:

Sworn to and subscribed before me this _____ day of ______, 20____.

NOTARY PUBLIC

My commission expires:______.

CERTIFICATION OF WARDEN

I, ______, Warden of the ______ (Name of Correctional Facility) located at ______ (Location of Facility) hereby certify that the foregoing copies of Parts I and II of the Surrender Forms are true and accurate copies of the documents executed before me.

This _____ day of ______, 20____.

Warden, ______ (Name of Correctional Facility)

Sworn to and subscribed before me this _____ day of _____, 20___.

NOTARY PUBLIC

My Commission Expires: _____

CERTIFICATION OF TENNESSEE CLERK

I, _____, Clerk of the _____ Court of ______ County, Tennessee, certify the foregoing copies of Parts I and II of the Surrender Forms to be true and accurate copies of the documents filed with this Court.

Clerk of the ____

_____ Court of _____County, Tennessee.

(9 - -1)

(Seal)

PART III CONTACT VETO REGISTRATION T.C.A. § 36-1-111(k)(3)

STATE OF	_)
COUNTY OF	_)

Being duly sworn according to law affiant would state:

1.

2.

I am: Mother: a. b. Father: , or Legal Guardian: _____ c. of: a. Child's Name:_ Child's Date of Birth:_____ b. Child's Place of Birth: c. d. Child's Sex: _____ Child's Race: e.

- 3. a. I understand that contact with me may be requested by the child I am surrendering (adopted person) and by certain other classes of eligible persons who, as may be permitted by law, may have access to the sealed records, sealed adoption records or post adoption records and those records in any other information. Those eligible persons currently include the adopted person twenty-one (21) years of age or older or their legal representative, the adopted person's birth or adopted parents or step-parents, the birth or adopted siblings or lineal descendants twenty-one years of age or older of the adopted person, or their legal representatives. [T.C.A. § 36-1-127(c)]. The class of eligible persons may be revised periodically by changes to the law.
 - b. I understand that no contact, whether by personal contact, correspondence or otherwise shall be made in any manner whatsoever by those requesting persons or any agent or other person acting in concert with those requesting persons, with any person eligible to file a contact veto except as permitted by law. The sealed adoption record or post-adoption record requested by eligible persons shall be made available to the requesting party only after completion by the requesting party of a sworn statement agreeing that he or she shall not contact or attempt to contact, in any manner, by themselves or in concert with any other persons or entities, any of the persons eligible to file a contact veto until the Department has completed a search of the Contact Veto Registry to determine the willingness of the person sought to have contact with the requesting party. [T.C.A. §§ 36-1-127(f); 36-1-130 and 36-1-131]. The person making contact in violation of the law shall be guilty of a Class B misdemeanor [T.C.A. § 36-1-132]. I also understand that should I be contacted after filing a contact veto, I shall have a cause of action in the Circuit or Chancery Court for injunctive relief and damages, including both compensatory and punitive damages, and attorneys fees against any person who has contacted, attempted to contact, or caused me to be contacted [T.C.A. § 36-1-132].
- 4. I understand that contact with me by an eligible person is governed by filing my intentions with the Contact Veto Registry.
- 5. By filing with the execution of this surrender, I understand there is no fee for filing with the Contact Veto Registry. However, should I choose not to file a contact veto at this time, but wish to do so later, I understand I may do so, but will be required to pay the necessary fees [T.C.A. § 36-1-129(b)]. I understand that should there be a request for contact with me and I have vetoed contact with any eligible person, I will be contacted and informed by the Department of Children's Services to determine my desires for contact at that time and will be given the opportunity to vary or modify my request. [T.C.A. § 36-1-130(b)(1)].
- 6. I understand that I may vary this contact veto by indicating my desires for contact, if any, with the eligible persons and the means of contact I wish to have with particular eligible persons. [T.C.A. § 36-1-111(k)(3)(B); § 36-1-127-36-1-131]. In doing so, I understand I must write to the address below and request the necessary forms to complete and file with the Contact Veto Registry:

CONTACT VETO REGISTRY POST ADOPTION SERVICES TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES 436 6th Avenue North NASHVILLE, TENNESSEE 37243-1290

7. a. PLEASE COMPLETE THE FOLLOWING SO THAT YOU MAY BE LOCATED IN THE FUTURE BY THE DEPARTMENT CONCERNING YOUR INTENTIONS REGARDING CONTACT:

THIS INFORMATION MUST BE UPDATED WITH THE DEPARTMENT TO ENSURE THAT FUTURE CONTACT CAN BE MADE.

to have

(Rule 0250-7-13-.09, continued)

Name (Including Birth & Married Names) (Street/Ru	ral Route/P. O. I	Box)	
(Town/City)	, (State)	(Zip Co	, de)	
(Home Telephone No.)	(Work Telephone No	 .)		
Is this address an address the department Yes D No D If no, please share address		oncerning your	vishes regarding contact.	
(Street/Rural Route/P. O. Box)	,(Town/Cit	,,	(State)	
(Zip Code) , (Work Telephone)		(Home Telepho	ne)	
Is this address an address a person reques used:	ting contact may use to w	rite to you? Ye	□ No □. If no, please share the a	address to be
(Street/Rural Route/P. O. Box)	,	(Town/City)	(State)	
(Zip Code) (Work Telephone)	,	(Home Telepho	 ne)	
Are the telephone numbers the numbers the YES D NO D. If no, may the listed telephone numbers b If no, please list telephone number(s), if a	e shared with eligible per ny, that might be shared	sons requesting and used to cont		
(Work Telephone No.)		· · · · · ·		
(work relephone No.)	(Home Te	lephone No.)		
I wish to veto contact with the adopted per access to the sealed records, sealed adopti	erson and all other classes	of eligible pers		by law, to ha
I wish to veto contact with the adopted pe	erson and all other classes ion records or post adopti s the contact veto automa ns so that they cannot be classes from this automati truent, pursuant to a searce	of eligible pers on record to hav tically applicabl contacted by a p c coverage so th ch request, they	e contact with me.	s, lineal ened. You t veto
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[T.C.A. § 36-1-128(c)] I wish to veto contact with: d.

(1) Any future siblings of the adopted person.

Yes □ No □. Name of current spouse _

(2) A current spouse Yes 🗖 No 🗖

(3) Future spouse of mine Yes 🗖 No 🗖

(4) Any of my lineal descendants Yes 🗖 No 🗖

Please complete the following for any known individuals:

8.

Name	Relationship To Surrendering Person	Address Street. RR, P. O. Box, Town, State, Zip

9. a. I give consent for the child I am surrendering (adopted person) and ALL other classes of eligible persons who, as may be permitted by law, to have access to the sealed records, sealed adoption records or post adoption record to have contact with me. \Box

Yes 🗖 No 🗖

I wish to **limit consent** to certain persons and only give consent for contact with the following classes of people: b.

- Yes 🗖 No 🗖 (1) The adopted person
- (2)The adopted person's adoptive parents Yes 🗖 No 🗖
- (3) The adopted person's adoptive siblings Yes 🗖 No 🗖 Yes 🗖 No 🗖
- (4) The adopted person's lineal descendants
- (5) The legal representatives of any of these persons

If contact is limited to the legal representative of certain classes of persons, please describe: c.

10. I wish the following types of contact by those persons requesting contact with me: (Please check all that apply and indicate any limitations or qualifications to these methods of contact)

elephone 🗖
Letters 🗖
Personal contact, unannounced 🗖
Personal contact, prearranged with me 🗖, either via phone 🗖 or correspondence 🗖
Personal contact through another person. Please give name, relationship to you, if any, and information to be released regarding how to
ontact:

- 11. Other information I wish to have released about me to any eligible persons (please identify to whom and the contents of the information to be provided)
- 12. Should you wish no contact with any other eligible persons but wish to share a statement of your feelings, or circumstances which impact your decision, please share that information here:

13. I hereby request that this information be filed with the Contact Veto Registry at the Post Adoption Services Unit of the Department of Children's Services.

FURTHER AFFIANT SAITH NOT.

This the da	y of, 20		
Signature:	Biological Legal Biological Legal Legal Guardian	1 unior	
Sworn to and subs	cribed to before me this	_ day of	, 20

(Rule 0250-7-13-.09, continued)

				Notary Public	
My	comm	ission expires			
		Please Print:			
		T lease T thit.	Warden o	f State or Federal Penitentiary	
			Name of	Facility and Location	
		G1 1		2	
		Signature:	Warden	of State or Federal Penitentiary	
Swo	orn to	and subscribed to before me this	day of	. 20	
				Notary Public	
My	comm	ission expires			
		•			
			CE	CRTIFICATION	
	I,	, Wa	arden of the	Correctional Facility loc	ated at
 fore	going	copy of Part III of the Surrender Forms to	be a true and	County, State of accurate copy of the document executed before me.	, certify the
	88				
				Warden of State or Federal Penitentiary	
				-	
Swo	orn to	and subscribed before me this day	of		
				Notary Public	
Mv	comm	ission expires on			
IVIY	comm		·		
				PART IV	
		REVOCATIO	N OF SURRI	ENDER BY A PARENT OR GUARDIAN	
~ ~ ~		OF { OF			
Ben	ng dul	y sworn according to law affiant would sta	ite:		
1.	I am				
	a. b.	Mother:			
	о. с.	Father: Legal Guardian:		, of:	
2.	a. b.	Child's Name:			
	о. с.	Child's Date of Birth: Child's Place of Birth:			
	d.	Child's Sex:			
	e.	Child's Race:			
3.	On	(Date) Le	xecuted a sur	render of my parental or guardianship rights to the child na	med in #2 to:
2.	a.	Prospective Adoptive Parent(s)			
	b.	Licensed Child-Placing Agency			
	c.	Tennessee Department of Children's Ser	vices	.	

(Rule 0250-7-13-.09, continued)

4. The surrender was executed before:

	(Warden of State or Federal Pen	itentiary)
	(Name of Facility and Location	
5. I hereby revoke	and void the surrender of the abo	ve-named child.
FURTHER AFFIAN	T SAITH NOT.	
This theday of	, 20	
Signature:	Biological Legal	Mother Father
Sworn to and subscri	bed before me this day of	, 20
This Revocation of S	urrender was received by me on the	he day of, 20
	Please Print:	Warden of State or Federal Penitentiary
		Name of Facility and Location
	Signature (See notes below):	Warden of State or Federal Penitentiary
Sworn to and subscri	bed before me this day of	, 20
		Notary Public
My commission expi	res on	

NOTES TO COURT, OR OTHER PERSON AUTHORIZED TO RECEIVE A REVOCATION, AND TO THE CLERK:

- 1. If the judge or other person who received the surrender is unavailable or absent, the successor or substitute to that judge or person may accept the revocation, or in the absence of the judge or his or her successor, another judge with jurisdiction to receive a surrender (in another state or territory this would be the chancellor, judge, or clerk of a court of record) may accept the revocation. In the event the surrender was taken in another state or country, or before the warden of a state or federal penitentiary and there is no authorized successor to the person who received the surrender or that person is unavailable, the revocation may be taken by a court in Tennessee which is qualified to receive a surrender or by a court in another state, territory, or country with domestic relations jurisdiction to accept the revocation. T.C.A. § 36-1-112(a)(1).
- 2. The surrender must be revoked within ten (10) days including Saturdays, Sundays and legal holidays following the original execution of the surrender. T.C.A. § 36-1-112(a)(1). The revocation period will begin on the day following the signing of the surrender and will expire on the tenth (10th) day. If the tenth (10th) falls on a Saturday, Sunday or legal holiday, the last day for revocation will be the next day which is not a Saturday, Sunday or legal holiday.
- 3. The court or person receiving the revocation shall maintain the originals in the office of the clerk or the person receiving the surrender together with the original of the surrender or the adoption petition containing the parental consent, if available, and shall personally give, or by certified mail, return receipt requested, send certified copies of the revocation to the child's parent(s) or legal guardian(s), and to the prospective adoptive parents or the local office of the Tennessee Department of Children's Services or the licensed child-placing agency to whom the child was surrendered. See, T.C.A. § 36-1-112(c)(1).
- 4. a. A certified copy of the revocation shall be attached to a certified copy of the surrender or the petition for adoption containing the parental consent, and the clerk shall send these, within three (3) days by certified Mail, return receipt requested to:

Tennessee Department of Children's Services Central Office Adoption Services 436 6th Avenue North Nashville, TN 37243-1290

See, T.C.A. § 36-1-112(c)(2).

(Rule 0250-7-13-.09, continued)

- b. Please provide the certification on the page following this Revocation form.
- 5. If the revocation must be executed before a court or person before whom the surrender was not executed or in which the adoption petition was not filed, the original of the revocation shall be sent within three (3) days to the court or person before whom the surrender was executed or where the adoption petition was filed and that court or person shall be responsible for sending the forms to the Tennessee Department of Children's Services Central Office and to the persons or agencies in #3 entitled to copies of the revocation. See, T.C.A. § 36-112(c)(2)(B).

CERTIFICATION

I,	, Warden of the _	Correctional Facility located at	. certify the
foregoing copy of the Revocation of Surrer	nder to be a true and ac	ccurate copy of the Revocation of Surrender executed before me.	, ,
		Warden of State or Federal Penitentiary	
Sworn to and subscribed before me this	day of	, 20	
		Notary Public	
My commission expires on			

Authority: T.C.A. §§4-5-201, et seq., 36-1-111, 36-1-112, 36-1-125, 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001.

0250-7-13-.10 SURRENDER DOCUMENTS FOR USE IN SURRENDERS DIRECTLY TO PROSPECTIVE ADOPTIVE PARENTS BY AN INMATE OF A STATE OR FEDERAL PENITENTIARY.

- (1) The following form is composed of four (4) Parts making a complete package which must be used at the time of surrender of child for adoption directly to prospective adoptive parents and must be completed by the inmate and the Warden of the penitentiary before a Notary Public. Parts I, II A. and III should be completed at the time of the surrender. Part II B. should be completed by the prospective adoptive parents prior to sending the form to the Warden for completion of the surrender. Copies of Parts I and II should be given to the person executing the surrender and to the prospective adoptive parents. Copies of Part III should be given to the person executing the surrender and should be sent directly to the Department by the Warden. Part IV, the revocation of surrender, which is part of the package, must be given to the parent or guardian at the time of the surrender.
- (2) The requirements for execution and processing of the forms are contained in T.C.A. §§ 36-1-111 and 36-1-112 and are noted in summary manner on the forms.
- (3) The information in these forms is confidential and is not to be released without the written approval of the court with domestic relations jurisdiction where the file is maintained.
- (4) Form:

FORMS FOR SURRENDER OF A CHILD BY A PARENT OR GUARDIAN INCARCERATED IN A STATE OR FEDERAL PENITENTIARY DIRECTLY TO PROSPECTIVE ADOPTIVE PARENTS

PART I

(Rule 0250-7-13-.10, continued)

PRE-SURRENDER INFORMATION

The following information is required by Tennessee Code Annotated § 36-1-111 and must be completed before the Warden of the correctional facility where the parent or guardian is incarcerated and sworn to before a Notary Public prior to execution of the surrender in PART II by the parent or legal guardian:

Note: Pseudonyms must not be used nor may spaces for the identities of persons whose names are known be left blank. The court shall require the persons executing these documents to prove their identities satisfactorily to him/her. T.C.A. § 36-1-111(g).

STATE OF)	
COUNTY OF)	

Being duly sworn according to law, affiant would state:

1. I am:

a.	Mother:	(Date of Birth),or

υ.	ratiler.	 Date of Birtin)	,01
c.	Legal Guardian:	 (Date of Birth)),of:

2. a. Child's Name_

- b. Child's Date of Birth_____
- c. Child's Place of Birth _____
- d. Child's Sex _____
- e. Child's Race _____

3. This child was born in wedlock \Box / out of wedlock \Box .

4. State the names and relationships of any other legal/biological parent, legal guardian or possible biological parent for this child:

. (1	1) Name:	
(2	2) Relationship to the child:	
(3	3) Address	
(4	4) City, State Zip	
(5	5) Telephone Number: Home:Work:	
(6	6) Other identifying information concerning the above identified other legal or biological parent/legal guardian.	
		and
	1) Name:	
`	2) Relationship to the child:	
`	3) Address	
· ·	4) City, State Zip	
```	<ul> <li>5) Telephone Number: Home:Work:</li> <li>6) Other identifying information concerning the above identified other legal or biological parent/legal guardian</li> </ul>	
		and
. 0	1) Name:	
(2	2) Relationship to the child:	
(3	3) Address	
(4	4) City, State Zip	
(5	5) Telephone Number: Home:Work:	
(6	<ol> <li>Other identifying information concerning the above identified other legal or biological parent/legal guardian.</li> </ol>	

5. The identity is unknown for the other:

- a. Legal parent Yes 🗖 No 🗖
- b. Biological parent Yes 🗖 No 🗖

c.	Legal guardian	Yes 🗖 No 🗖
d.	Not applicable	Yes 🗖 No 🗖

- 6. The whereabouts is unknown for the other:
  - a Legal parent Yes 🗆 No 🗖
  - b. Biological parent Yes 🗖 No 🗖
  - c. Legal guardian Yes 🗖 No 🗖
  - d. Not applicable Yes 🗖 No 🗖
- 7. I state that all information concerning the identity, whereabouts, and social and medical history concerning the other legal or biological parent/legal guardian has been(__) or will be given(__) to the prospective adoptive parents to whom the above child is being surrendered, to the agency conducting the adoptive home study, or to the attorney for the prospective adoptive parents.
- 8. Information Concerning Child's Native American Heritage:

a.	Are you or the child of Native American heritage?	Yes 🗖	No 🗖
	If no, go to # 9.		
b.	If yes, are you eligible for tribal membership? Yes		No 🗖
c.	If yes, give name of tribe.		
d.	Are you registered with a Native American tribe?	Yes 🗖	No 🗖
e.	If yes, give name of tribe.		
f.	Is your child eligible for tribal membership?	Yes 🗖	No 🗖
g.	If yes, give name of tribe.		
h.	Has your child been registered with a Native American	Yes 🗖 No 🗖	
i	If yes, give name of tribe.		
j.	This information is unknown. Yes 🗖 No 🗖		

- a. Will this child be sent out of Tennessee to another state or country for adoption? Yes □ No □ If no, go to #10.
  - b. If yes, name of state or country.
  - c. If yes, Tennessee law will govern the interpretation of this surrender.
- 10. Have you been paid, received or been promised any money or other remuneration of thing of value in connection with the birth of the above-named child or placement of this child for adoption? Yes  $\Box$  No  $\Box$

If no, go to #11. If yes, please complete the following:

Amount Paid	To Whom	By Whom	Date Received/Paid	Type Service/Cost

11 a. Does the child own any real or personal property? Yes 🗆 No 🗖 If yes, please describe the property owned and give the property value:

b. Is it expected that the child will become possessed of any real or personal property? Yes  $\Box$  No  $\Box$ If, please describe property, who currently owns the property, the time and circumstances under which the child becomes owner and give the property value:

12.	a.	Do you currently have: Only legal custody of the child? Yes							
		Only physical custody of the child?							
		Both legal and physical custody of the							
	b.	If another person(s) holds legal custody of			1:				
		Name:							
		Relationship, if any, to you or the child:							
		Address:	(Town/City)	(State)	( <b>7:</b> n)				
		(Street, RR, P.O. Box) Telephone Number (Home)	(Town/City) (Work)	(State)	(Zip)				
	c.	If another person(s) holds physical custo	dy of the child at this time.	— give the following information	tion:				
		Name:							
		Relationship, if any, to you or the child:							
		(Street, RR, P.O. Box) Telephone Number (Home)	(Town/City)	(State)	(Zip)				
		Telephone Number (Home)	(Work)						
	d. e.	Is the person(s) who holds custody the p If a licensed child placing agency, the D			ney holds physical and/or legal custody				
	e.	of your child, give the following inform Name of Agency:							
		Street/Rural Route/P.O. Box: Town/City:							
		Town/City:	State:	Zip:					
	f.	Do you intend to give custody to the pro	spective adoptive parents?	Yes 🗖 No 🗖					
	g.	Explain any other circumstances regardin	ng the custody status of this	child:					
13	a.	<ul> <li>Are you aware of assistance which may be available to you to care for the child should you desire to parent this child Yes □ No □</li> </ul>							
	b.	Do you desire counseling regarding such assistance which may be available to you or regarding other issues concerning adoption or parenting from the Tennessee Department of Children's Services a licensed child-placing agency, a licensed clinical social worker, or other social service agency concerning the decision to place this child for adoption?							
	c.	Yes INO I Have you requested the prospective adoptive parents to provide such counseling for you?							
	d.	Yes 🗖 No 🗇 If not, go to #14.							
	u.	If so, has such counseling been made available to you by the prospective adoptive parents? Yes $\Box$ No $\Box$							
14.	a.	Do you desire to be represented by legal			□ No □				
	b.	If not, do you desire to consult with legal counsel prior to the execution of the surrender of the child? Yes $\Box$ No $\Box$ Have you requested the prospective adoptive parents to provide such counseling for you?							
	c.		buve parents to provide such	n counseling for you?					
	d.	Yes I No I If not, go to #15. If so, has such counseling been made available to you by the prospective adoptive parents?							
	u.	Yes $\square$ No $\square$	inable to you by the prospe	enve adoptive parents.					
15.	the	you understand that if you sign the following surrender of the above-named child that you will have no right to act as parent of child in any manner whatsoever forever, that your rights and responsibilities to and with the child will be terminated and that child will become the legal child of other persons? Yes $\Box$ No $\Box$							
16.	a.	If you sign the surrender of the above surrender, you may revoke or cancel warden who is here today, or his or he	this surrender by signing						
	b.	By signing the surrender of the above	, the period of revocation of						
		the surrender will begin on the day fo	llowing the signing of the	surrender , or (Mo/Day/	Yr) <u>The</u> p/Dav/Yr) . If				
		revocation period is ten (10) calendar days and will expire on the tenth (10th) day or (Mo/Day/Yr)							
		the tenth (10th) day falls on a Saturday, Sunday or legal holiday, the last day for revocation will be the next day which is n Saturday, Sunday or legal holiday. If this is the situation in this case, that date will be (Mo/Day/Yr)							
		Yes D No D							

c. Do you understand that if you do sign the Revocation of Surrender form within the ten (10) day period, the prospective adoptive parents will be required to return the child, <u>if</u> you currently have custody of the child, <u>unless</u> the court finds that to do so will likely result in immediate harm to the health and safety of the child, and that you may contest this decision not to return the child to you and you may have legal counsel to represent you in that proceeding?
(Rule 0250-7-13-.10, continued)

Yes 🛛 No 🗖

17. Knowing the above, do you freely, voluntarily and without duress or pressure by any other person(s) desire to surrender the abovenamed child so that the child may be placed for adoption and adopted by the prospective adoptive parents? Yes 🗆 No 🗆

FUI	RTHER	R AFFIAN	Г SAITH NO	DT.				
This	s the	_ day of _		, 20_				
	s	signature:	Biological	Legal	М	other		
	2		Biological_	Legal	Fa	ther_	of	
			Legal Guar	dian			of	
			Name of C	hild				
On	this	day of			, 2	0,	personally appeared before me	, a Notary
Pub	lic for	the State ar	nd County n	oted above,	(Name of Pa	rent of	r Guardian)	who
аскі	nowied	ged that the	e above doc	ument is co	rrect to the be	est of r	his/her information and belief.	
							Notary Public	
My	commi	ssion expir	es		·			
					Please Print			
						Nam	e of the Warden of	
						Corre	ectional Facility Located at	
							(City, County and State of Facility	
					Signature:			
							Warden	
On	this	day of			2	0	personally appeared before me	a Notary
Pub	lic for	the State ar	nd County n	oted above,			, Warden of the correction	onal facility noted
abo	ve, who	o acknowle	dges that he	/she witnes	sed the comp	letion	of the pre-surrender information noted above.	
							Notary Public	
My	commi	ssion expir	es					
							PART II	
<b>A.</b>	STA	TE OR FE	DERAL PI	ENITENTI			IAN INCARCERATED IN A ITS	
STA	ATE O	F						
CO	UNTY	OF						
		Being duly	v sworn acco	ording to lay	w affiant wou	ld stat	te.	
		Denig dury	, sworn acco	stanig to la	w unnunt wou	ia stat		
1.	I am:							
	а. b.	Mother: _					Or	
	о. с.	Legal Gua	rdian:				of:	
2.	a.	Child's Na	ame:					
	b. с.	Child's Da	ate of Birth:	,				
	d.	Child's Se	x.					
	е.	Child's Ra	ice:					
2	т. 1		4 have		- 4	11 . 6		
3.							my parental or guardianship rights to the child named above lame(s) of prospective adoptive parent(s)] , and that I will have no further ri	
	or to	act as pare	nt of this ch	ild, or to oth	nerwise be inv	volved	, and that I will have no further h	gin to see this child,
		-						

#### (Rule 0250-7-13-.10, continued)

4. I understand that by signing this document, I will not be entitled to any notice, legal or otherwise, of any other legal proceedings for the adoption of my child by other persons.

5. a. I have read and fully understand Part I of this document and fully understand that if I change my decision to surrender this child I must do so by ______(Date from # 16b. of Part I) by presenting the Revocation of Surrender Form, attached to this document, to the Warden who is conducting this proceeding, or his or her successor.

- b. By my signature to this part, I acknowledge receipt of a copy of the Revocation of Surrender form.
- 6. I FREELY AND VOLUNTARILY, WITHOUT DURESS OF ANY KIND, SURRENDER ALL OF MY PARENTAL OR GUARDIANSHIP RIGHTS TO (CHILD'S NAME) _____ TO:

My commission expires	Notary	Public
(Name of Child)	(Name of Parent/Guardian)	
above, who acknowledges that he/she	witnessed the signing of the surrender of the child by	
On this day of Public for the State and County noted	, 20, personally appeared before me above,	, a Notary
*See Note Below	Signature: Warden	
	(City, County and	State of Facility
	Name of the Warden of Correctional Facility Located at	
, i <u> </u>	Please Print:	
My commission expires	Notary	Public
acknowledged that the above surrende	r of the child (Name of Child)	was executed freely and voluntarily.
Public for the State and County noted	, 20, personally appeared before me above, (Name of Parent or Guardian)	who
BiologicalI	Legal     Mother       Legal     Father	
This the day of	_, 20	
FURTHER AFFIANT SAITH NOT.		
	er	
a. Prospective Adoptive Moth	ner	

- 1. A minor may complete the surrender to any person eighteen (18) years of age or older.
- 2. A separate medical/social history from for the child, the child's parent(s) and biological relatives must be completed under oath prior to execution of the surrender. T. C. A. § 36-1-111(k).
- 3. When applicable, as noted in Section B., all provisions of Section B. <u>must</u> be completed <u>prior</u> to your signing of the Surrender in Section A. T. C. A. § 36-1-111(k), (m) and (o).
- 4. Certified copies of Parts I and IIA must be given or sent to the person(s) executing the surrender. Certified copies of Part I, IIA and B are to be given to the prospective adoptive parents as noted in the Acceptance portion in Part B. Please certify copies of Parts I and II on the page following Part II. Part III should be certified on the page following Part III and sent to: Adoption Services, Tennessee Department of Children's Services, 436 6th Avenue North, Nashville, TN 37243-1290.

5. The originals of the Surrender forms shall be maintained in a separate file designated for the purpose, shall be confidential and shall not be inspected by anyone else without the written approval of a court with domestic relations jurisdiction where the file is maintained. T.C.A. § 36-1-111(p)(2)(B). After ten (10) days, the original shall be sent to the Adoption Services, Tennessee Department of Children's Services at: 436 6th Avenue North, Nashville, TN 37243-1290.

#### NOTES TO THE COURT IN TENNESSEE WHERE THE SURRENDER IS FILED:

- 1. Parts I and II of the surrender forms surrender received pursuant to T.C.A. § 36-1-111(j) must be filed in the Chancery, Circuit, or Juvenile Court where the child resides within fifteen (15) days of the actual receipt of the Surrender or within fifteen (15) days of the date the child or persons to whom the child is surrendered become residents of Tennessee, whichever is earlier. T.C.A. § 36-1-111(q)(1).
- 2. <u>When applicable</u>, all provisions of Section B. <u>must</u> be completed before entry of an Order of Full or Partial Guardianship. T.C.A. § 36-1-111(k), (m) and (o).
- 3. The surrender itself is not sufficient to vest custody or guardianship authority with the prospective adoptive parents. T.C.A. § 36-1-111(r)(2). Upon satisfactory completion of the necessary requirements in Section B. below, and execution of Parts I and II A. by the parent or legal guardian, the court may enter an Order of Full or Partial Guardianship for the prospective adoptive parent(s). T.C.A. § 36-1-111(r)(6)(C). This should be done within thirty (30) days of the execution of the surrender. T. C. A. § 36-1-111(u).
- 4. If a full home study of the prospective adoptive parent(s)' home has not been conducted within six (6) months of the date of the execution of this surrender, the court shall, if the surrender is to persons who are not related [T.C.A. § 36-1-102(39)] to the child, issue an Order of Reference for such home study to, and shall order supervision of the child in the home of the prospective adoptive parents by, a licensed child-placing agency, a licensed clinical social worker, or if the prospective adoptive parents are indigent under Federal Poverty Guidelines, to the Tennessee Department of Children's Services. The home study is to be returned to the court within sixty (60) days. See, T.C.A. § 36-1-111(t).

#### NOTES TO THE CLERK IN TENNESSEE;

1. The copies of the surrender forms filed by the prospective adoptive parent(s) with this court shall be entered in a special docket for surrenders and shall be styled "In Re ______" and

#### (Child's Name)

shall be permanently filed by the court in a separate file for that purpose, and shall be confidential and shall not be inspected by anyone else without the written approval of the court. T.C.A. 36-1-111(p)(1) and (2).

2. Within five (5) days of the execution of the surrender, a certified copy Parts I and II filed with this court shall be sent, without cost, to: Adoption Services, Tennessee Department of Children's Services, 436 6th Avenue North, Nashville, TN 37243-1290. T.C.A. § 36-1-111(p)(1)(2) and (4.) Please Certify the copies on the page following the certification by the Warden.

#### PART II

#### **B.** ACCEPTANCE OF SURRENDER BY PROSPECTIVE ADOPTIVE PARENTS

STATE OF	)	
COUNTY OF	)	1

Being duly sworn, affiant(s) would state:

- 1. a. I am _____

  - a. Prospective Adoptive Mother's Address
  - a. I am _____, Prospective Adoptive Father.

  - d. Prospective Adoptive Father's Address _____
  - a. Trospective Adoptive Fattlet's Address ____

# Upon execution of Parts I and IIA. by the parent or guardian named therein before the Warden named therein where the surrender is accepted ______ agree to assume responsibility for obtaining guardianship of (I/We)

_____ through court order within thirty (30) days of the date of this

___, Prospective Adoptive Mother.

(Name of Child)

2.

surrender [See, T.C.A. § 36-1-111(u)], and we agree, therefore, to be responsible for the care, custody, financial support, medical care, education, moral, and spiritual training of this child.

### 4. The following costs have been paid by ______ for activities involving the placement of this child. (me/us)

To Whom	Date Paid	Type Service/Cost
		Licensed Child Placing Agency
		Licensed Clinical Social Worker
		Legal Counsel
		Other Person/Organization Specify:
		Social Counseling Cost for Child's Parent/Legal Guardian
		Legal Counseling for Child's Parent/Legal Guardian
		Hospital or Medical Costs for the Birth of the Child
		Medical Care/Other Birth Related Expenses for Mother and/or Child
		Counseling Fees for Child
		Food, Maternity Clothing, Child's Clothing
		Housing and/or Utilities for Parent/Guardian
		Other Costs (Specify to Whom)
	To Whom	To Whom Date Paid

### SUBSECTIONS 5a.-5d. <u>MUST</u> BE MARKED TO DESIGNATE THE APPLICABLE SITUATION. ONE OF THE FOLLOWING <u>MUST</u> EXIST BEFORE THE SURRENDER CAN BE RECEIVED BY THE COURT OR CLERK:

- 5. a. _____ I/We have physical custody of this child; or
  - b. _____ I/We will receive physical custody of the child from the parent or legal guardian within five (5) days of this surrender. The affidavit required by § 36-1-111 (d)(6) of the custodial parent or guardian to this effect has been attached to the acceptance at this time; or
  - c. _____ I/We have the right to receive physical custody of the child upon his or her release from a hospital or health care facility, and the affidavit of the custodial parent or guardian to this effect required by § 36-1-111 (d)(6) has been attached to the acceptance at this time; or
  - d. _____ Another person or agency currently has physical control of the child. I/We have attached to the acceptance, the affidavit of the person or agency required by § 36-1-111 (d)(6) which indicates their waiver of the right to custody of the child upon entry of a guardianship order pursuant to § 36-1-136(r).

# SUBSECTIONS 6-9 <u>MUST</u> BE ANSWERED "YES" OR <u>MUST</u> BE MARKED "NOT APPLICABLE" BEFORE THE SURRENDER IS COMPLETED BY THE WARDEN:

- 6. Yes 🗖 No 🗖 I/We have attached hereto a currently effective or updated home study or preliminary home study of my/our home conducted by a licensed child-placing agency, a licensed clinical social worker, or the Tennessee Department of Children's Services.
- 7. Yes  $\Box$  No  $\Box$  I/We have attached the certificate of the completion of (_)legal/(_)social counseling <u>if</u> counseling was requested by the surrendering parent. See Item #s 13 and 14 in Part I.  $\Box$ Not Applicable.
- Yes D No D If the child is to be brought into Tennessee for foster care or adoption, I/we have attached a copy of the ICPC 100A or other substitute form required for ICPC compliance or a sworn statement stating why such form is not required by the ICPC.
   DNot Applicable.
- 9. Yes □ No □ I/We have attached a statement that if the Indian Child Welfare Act, 25 U.S.C. § 1901 et seq. applies because of the child's Native American heritage, there has been compliance with the Act.
   □Not Applicable.

#### SUBSECTION 10 MUST BE ANSWERED "YES", OR ITEM b. <u>MUST</u> EXPLAIN HOW COMPLIANCE WILL BE EFFECTED:

#### (Rule 0250-7-13-.10, continued)

10. Yes 🗖 No 🗖 a. If the child is to be removed from Tennessee for adoption in another state, there has been compliance with the Interstate Compact or the Placement of Children. 🗇 Not Applicable.

b. If not, how will it be effected?

URTHER AFFIANT(S) SAITH NOT	
his day of, 20	
	Signature of Prospective Adoptive Mother
	Signature of Prospective Adoptive Father
worn to and subscribed before me this day of	, 20
	NOTARY PUBLIC
ly commission expires:	
	CERTIFICATION OF WARDEN
f Correctional Facility) located at	Varden of the (Name
Facility) hereby certify that the foregoing copies of Parts I ppies of the documents executed before me.	and II of the Surrender Forms are true and accurate
This day of, 20	
	Washa
	Warden,(Name of Correctional Facility)
Sworn to and subscribed before me this da	ny of, 20
	NOTARY PUBLIC
My Commission Expires:	
CERTIFIC	ATION OF TENNESSEE CLERK
I,, Cler	rk of the Court of Court of the Surrender Forms to
	nnessee, cartity the toregoing conjes of Parts Land II of the Surrender Forms to
ue and accurate copies of the documents filed with this Cou	rt.
ue and accurate copies of the documents filed with this Cou	Clerk of the Court of Court of Courty, Tennessee.

#### PART III

#### (Rule 0250-7-13-.10, continued)

1.

2.

#### CONTACT VETO REGISTRATION T.C.A. § 36-1-111(k)(3)

STATE OF	)
COUNTY OF	

Being duly sworn according to law affiant would state:

I ar	m:	
a.	Mother:	, or
b.	Father:	, or
c.	Legal Guardian:	
a.	Child's Name:	
b.	Child's Date of Birth:	
c.	Child's Place of Birth:	
d.	Child's Sex:	
e	Child's Race	

- 3. a. I understand that contact with me may be requested by the child I am surrendering (adopted person) and by certain other classes of eligible persons who, as may be permitted by law, may have access to the sealed records, sealed adoption records or post adoption records and those records in any other information. Those eligible persons currently include the adopted person twenty-one (21) years of age or older or their legal representative, the adopted person's birth or adopted parents or step-parents, the birth or adopted siblings or lineal descendants twenty-one years of age or older of the adopted person, or their legal representatives. [T.C.A. § 36-1-127(c)]. The class of eligible persons may be revised periodically by changes to the law.
  - b. I understand that no contact, whether by personal contact, correspondence or otherwise shall be made in any manner whatsoever by those requesting persons or any agent or other person acting in concert with those requesting persons, with any person eligible to file a contact veto except as permitted by law. The sealed adoption record or post-adoption record requested by eligible persons shall be made available to the requesting party only after completion by the requesting party of a sworn statement agreeing that he or she shall not contact or attempt to contact, in any manner, by themselves or in concert with any other persons or entities, any of the persons eligible to file a contact veto until the Department has completed a search of the Contact Veto Registry to determine the willingness of the person sought to have contact with the requesting party. [T.C.A. §§ 36-1-127(f); 36-1-130 and 36-1-131]. The person making contact in violation of the law shall be guilty of a Class B misdemeanor [T.C.A. § 36-1-132]. I also understand that should I be contacted after filing a contact veto, I shall have a cause of action in the Circuit or Chancery Court for injunctive relief and damages, including both compensatory and punitive damages, and attorneys fees against any person who has contacted, attempted to contact, or caused me to be contacted [T.C.A. § 36-1-132].
- 4. I understand that contact with me by an eligible person is governed by filing my intentions with the Contact Veto Registry.
- 5. By filing with the execution of this surrender, I understand there is no fee for filing with the Contact Veto Registry. However, should I choose not to file a contact veto at this time, but wish to do so later, I understand I may do so, but will be required to pay the necessary fees [T.C.A. § 36-1-129(b)]. I understand that should there be a request for contact with me and I have vetoed contact with any eligible person, I will be contacted and informed by the Department of Children's Services to determine my desires for contact at that time and will be given the opportunity to vary or modify my request. [T.C.A. § 36-1-130(b)(1)].
- 6. I understand that I may vary this contact veto by indicating my desires for contact, if any, with the eligible persons and the means of contact I wish to have with particular eligible persons. [T.C.A. § 36-1-111(k)(3)(B); § 36-1-127-36-1-131]. In doing so, I understand I must write to the address below and request the necessary forms to complete and file with the Contact Veto Registry:

CONTACT VETO REGISTRY POST ADOPTION SERVICES TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES 436 6th AVENUE NORTH NASHVILLE, TENNESSEE 37243-1290

7. a. PLEASE COMPLETE THE FOLLOWING SO THAT YOU MAY BE LOCATED IN THE FUTURE BY THE DEPARTMENT CONCERNING YOUR INTENTIONS REGARDING CONTACT:

THIS INFORMATION MUST BE UPDATED WITH THE DEPARTMENT TO ENSURE THAT FUTURE CONTACT CAN BE MADE.

Name (Including Birth & Married Names)	(Street/Rural Route/P. O. Box)		
(Town/City)	(State)	(Zip Code)	
,,		·	

.

(Home Telephone No.)

(Work Telephone No.)

b. Is this address an address the department may use to write to you concerning your wishes regarding contact. Yes  $\square$  No  $\square$  If no, please share address to be used:

(Street/Rural Ro	ute/P. O. Box)	(Town/City)	(State)
, ,		.,	· · · ·
(Zip Code)	(Work Telephone)	(Home Te	elephone)

Is this address an address a person requesting contact may use to write to you? Yes 🗖 No 🗖. If no, please share the address to be c. used:

(Street/Rural Ro	ute/P. O. Box)	(Town/City)	(State)
,	,	(II T 1 1	
(Zip Code)	(Work Telephone)	(Home Telepl	hone)

____, ____

Are the telephone numbers the numbers the department may use to contact you? d. YES D NO D. If no, may the listed telephone numbers be shared with eligible persons requesting contact? YES 🗖 NO 🗖. If no, please list telephone number(s), if any, that might be shared and used to contact you.

(Work Telephone No.)

(Home Telephone No.)

- I wish to veto contact with the adopted person and all other classes of eligible persons, who may, as may be permitted by law, to have 8. a. access to the sealed records, sealed adoption records or post adoption record to have contact with me.  $\Box$ 
  - The filing of a contact veto by you makes the contact veto automatically applicable to your siblings, lineal descendants, lineal b. ancestors, and the spouses of those persons so that they cannot be contacted by a person eligible to have the records opened. You may, however, exclude persons in those classes from this automatic coverage so that they will have to register a contact veto themselves or, upon location by the department, pursuant to a search request, they will have to register a contact veto at the time. [T.C.A.§ 36-1-130(a)(6)]. Please indicate whether you wish to exclude any of these persons.
  - I wish to exclude from the automatic contact veto the following: c.
    - (1) My siblings: Yes 🗆 No 🗖 (2) My lineal descendants: Yes 🗖 No 🗖 (3) My lineal ancestors: Yes 🗆 No 🗖 (4) The spouses of:
    - (a) siblings Yes 🗖 No 🗖 (b) lineal descendants Yes 🗆 No 🗖 (c) lineal ancestors Yes 🗖 No 🗖

Please complete the following for any known individuals:

Please complete the following for any known individuals:

Name	Relationship To Surrendering Person	Address Street. RR, P. O. Box, Town, State, Zip

d. I wish to veto contact with: [T.C.A. § 36-1-128(c)]

(1) Any future siblings of the	adopted person.	Yes 🗖	No 🗖.	
(2) A current spouse	Yes 🗖 🛛 No 🗖	Name of curr	ent spouse _	

(3) Future spouse of mine Yes 🗖 No 🗖 No 🗖

(4) Any of my lineal descendants Yes 🗖

Please complete the following for any known individuals:

Name	Relationship To Surrendering Person	Address Street. RR, P. O. Box, Town, State, Zip

(Rule 0250-7-13-.10, continued)

9. a. I give **consent** for the child I am surrendering (adopted person) and <u>ALL</u> other classes of eligible persons who, as may be permitted by law, to have access to the sealed records, sealed adoption records or post adoption record to have contact with me.

b. I wish to limit consent to certain persons and only give consent for contact with the following classes of people:

(1)	The adopted person	Yes 🗖	No 🗖
(2)	The adopted person's adoptive parents	Yes 🗖	No 🗖
(3)	The adopted person's adoptive siblings Yes $\Box$	No 🗖	
(4)	The adopted person's lineal descendants	Yes 🗖	No 🗖

(5) The legal representatives of any of these persons Yes  $\Box$  No  $\Box$ 

c. If contact is limited to the legal representative of certain classes of persons, please describe:

10. I wish the following types of contact by those persons requesting contact with me: (Please check all that apply and indicate any limitations or qualifications to these methods of contact)

Telephone
Personal contact, unannounced 🗖
Personal contact, prearranged with me 🗖, either via phone 🗖 or correspondence 🗖
Personal contact through another person. Please give name, relationship to you, if any, and information to be released regarding how to
contact:

11. Other information I wish to have released about me to any eligible persons (please identify to whom and the contents of the information to be provided)

12. Should you wish no contact with any other eligible persons but wish to share a statement of your feelings, or circumstances which impact your decision, please share that information here:

13. I hereby request that this information be filed with the Contact Veto Registry at the Post Adoption Services Unit of the Department of Children's Services.

FURTHER	<b>AFELANT</b>	SAITH NOT.
FURTHER	AFFIANT	SALLE NOL.

-----

ignature:	Biological LegalMother Biological LegalFather Legal Guardian	
worn to and su	bscribed to before me this day of	
ly commission	expires	Notary Public

•

(Rule 0250-7-13-.10, continued)

			Name of Facility an	d Location		
		Signature:				
			Warden	of State or Federal	l Penitentiary	
Swe	orn to	and subscribed to before me this da	ay of	, 20		
My	comm	nission expires		Nota	ary Public	
				TION		
			CERTIFICA	TION		
	I,	, Ward	den of the		Correctional Facility located at	
fore	going	copy of Part III of the Surrender Forms to b	e a true and accurate c	opy of the docume	unty, State of ent executed before me.	_, certify the
			Warden	of State or Federal	l Penitentiary	
<b>C</b>			c	20		
200	om to	and subscribed before me this day o	1	, 20		
				Notary Public		
Mv	comm	iission expires on				
			·			
			PART I	V		
		REVOCATION	OF SURRENDER B	Y A PARENT O	R GUARDIAN	
C/T						
CO	UNTY	OF Y OF				
Bei	ng dul	y sworn according to law affiant would state	:			
1.	I am					
1.	a.	Mother:		, or		
		Father:				
	c.	Legal Guardian:		, 01.		
2.	a.	Child's Name:				
	b.	Child's Date of Birth:				
	с. d.	Child's Place of Birth: Child's Sex:				
	и. e.	Child's Race:				
3.	On	(Date), I exe				2 to:
	a.	Prospective Adoptive Parent(s)				
	b. с.	Licensed Child-Placing Agency Tennessee Department of Children's Servio				
		-				
4.	The	surrender was executed before:	Warden of State or	Federal Penitentia	ury	
		Name of Facility and Location				

#### (Rule 0250-7-13-.10, continued)

5. I hereby revoke and void the surrender of the above-named child.

Mother Father
, 20
ne day of, 20
Warden of State or Federal Penitentiary
Name of Facility and Location
Warden of State or Federal Penitentiary
, 20

#### NOTES TO COURT, OR OTHER PERSON AUTHORIZED TO RECEIVE A REVOCATION, AND TO THE CLERK:

- 1. If the judge or other person who received the surrender is unavailable or absent, the successor or substitute to that judge or person may accept the revocation, or in the absence of the judge or his or her successor, another judge with jurisdiction to receive a surrender (in another state or territory this would be the chancellor, judge, or clerk of a court of record) may accept the revocation. In the event the surrender was taken in another state or country, or before the warden of a state or federal penitentiary and there is no authorized successor to the person who received the surrender or that person is unavailable, the revocation may be taken by a court in Tennessee which is qualified to receive a surrender or by a court in another state, territory, or country with domestic relations jurisdiction to accept the revocation. T.C.A. § 36-1-112(a)(1).
- 2. The surrender must be revoked within ten (10) days including Saturdays, Sundays and legal holidays following the original execution of the surrender. T.C.A. § 36-1-112(a)(1). The revocation period will begin on the day following the signing of the surrender and will expire on the tenth (10th) day. If the tenth (10th) falls on a Saturday, Sunday or legal holiday, the last day for revocation will be the next day which is not a Saturday, Sunday or legal holiday.
- 3. The court or person receiving the revocation shall maintain the originals in the office of the clerk or the person receiving the surrender together with the original of the surrender or the adoption petition containing the parental consent, if available, and shall personally give, or by certified mail, return receipt requested, send certified copies of the revocation to the child's parent(s) or legal guardian(s), and to the prospective adoptive parents or the local office of the Tennessee Department of Children's Services or the licensed child-placing agency to whom the child was surrendered. See, T.C.A. § 36-1-112(c)(1).
- 4. a. A certified copy of the revocation shall be attached to a certified copy of the surrender or the petition for adoption containing the parental consent, and the clerk shall send these, within three (3) days by certified mail, return receipt requested to:

Tennessee Department of Children's Services Central Office Adoption Services 436 6th Avenue North Nashville, TN 37243-1290

See, T.C.A. § 36-1-112(c)(2).

- b. Please provide the certification on the page following this Revocation form.
- 5. If the revocation must be executed before a court or person before whom the surrender was not executed or in which the adoption petition was not filed, the original of the revocation shall be sent within three (3) days to the court or person before whom the surrender was executed or where the adoption petition was filed and that court or person shall be responsible for sending the forms to the Tennessee

Department of Children's Services, Central Office and to the persons or agencies in #3 entitled to copies of the revocation. See, T.C.A. 36-112(c)(2)(B).

#### CERTIFICATION

I,	, Warden of the,	Correctional Facility located at	_, certify the
foregoing copy of the Revocatio	n of Surrender to be a true and accu	arate copy of the Revocation of Surrender executed before me.	·
		Warden of State or Federal Penitentiary	
Sworn to and subscribed before	me this day of		
		Notary Public	
My commission expires on			

Authority: T.C.A. §§ 4-5-201, et seq., 36-1-111, 36-1-112, 36-1-125, 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. Administrative History: Original rule filed September 7, 2001; effective November 21, 2001.

# 0250-7-13-.11 PARENTAL CONSENT FORM USED IN CONFIRMATION OF CONSENT PROCEEDING BEFORE THE COURT.

- The following form is composed of four (4) Parts making a complete package which must be used in (1)situations pursuant to T.C.A. 36-1-117(g) where the parent of a child sought to be adopted has signed the adoption petition for the purpose of giving consent to the adoption of the child by the prospective, unrelated, adoptive parents and the Court, pursuant to that provision has set a hearing for the purpose of confirming this consent. The completion of the information in this form is required as part of the confirmation process by the Court before the parent's rights can be considered to be terminated by the parental consent and before orders or guardianship can be entered. The information in Section B of Part I must be obtained prior to entry of an order of guardianship based on a parental consent executed in an adoption petition by unrelated persons and may be obtained prior to and separately from Part A in order to obtain the order of guardianship. Parts I A., II and III should be completed at the time of the confirmation of the parental consent. Copies of Parts I and II should be given to the person executing the surrender and to the prospective adoptive parents. Copies of Part III should be given to the person executing the surrender and should be sent directly to the Department by the Clerk. Part IV, the revocation of surrender, which is part of the package, must be available to the parent at the time of the confirmation of the parental consent.
- (2) The requirements for execution and processing of the forms are contained in T.C.A. §§ 36-1-111(k)(l)(m),(o) and (r) and 36-1-117(g) and are noted in summary manner on the forms.
- (3) The information in these forms is confidential and is not to be released without the written approval of the court.
- (4) Form:

#### FORMS FOR USE IN CONFIRMATION OF PARENTAL CONSENT FILED WITH ADOPTION PETITION PURSUANT TO T.C.A. § 36-1-117(g) AND FOR OBTAINING ORDER OF GUARDIANSHIP PURSUANT TO

and

and

#### (Rule 0250-7-13-.11, continued)

#### T.C.A. § 36-1-111(o) & (r)

#### PART I

#### A. PRE-CONFIRMATION INFORMATION

The following information is required by Tennessee Code Annotated §§ 36-1-117(g) and 36-1-111(k) and must be obtained under oath by the court prior to entry of an order pursuant to T.C.A. § 36-1-117(g) confirming the parental consent filed with the adoption petition.

Note: Pseudonyms must not be used nor may spaces for the identities of persons whose names are known be left blank. The court shall require the persons executing these documents to prove their identities satisfactorily to the court. T.C.A. § 36-1-111(g).

STATE OF	)	)
COUNTY OF	)	)

Being duly sworn according to law, affiant would state:

1. I am:

a.

b.

a.	Mother:	(Date of Birth)	,or
b.	Father:	(Date of Birth)	_,or

2. a. Child's Name_

- Child's Date of Birth b.
- c. Child's Place of Birth _____
- d. Child's Sex _____
- e. Child's Race ____

This child was born in wedlock  $\Box$ / out of wedlock  $\Box$ . 3.

4. State the names and relationships of any other legal/biological parent, legal guardian or possible biological parent for this child:

- (1) Name: (2) Relationship to the child: _____ (3) Address ____ _____ (4) City, State Zip ____ (6) Other identifying information concerning the above identified other legal or biological parent/legal guardian. (1) Name: _ Relationship to the child: (2)Address _____ (3) City, State Zip ____ (4)
- (5) Telephone Number: Home:_____Work:___ Other identifying information concerning the above identified other legal or biological (6) parent/legal guardian.

(1) Name: c.

- (2) Relationship to the child:
- (3) Address ____
- (4) City, State Zip ____
- Other identifying information concerning the above identified other legal or biological (6) parent/legal guardian.

5. The identity is unknown for the other: Work:____

a. Legal parent Yes 🗖 No 🗖

b.	Biological parent	Yes 🗖	No 🗖
c.	Legal guardian	Yes 🗖	No 🗖

- d. Not applicable  $Yes \square No \square$
- 6. The whereabouts is unknown for the other:
  - a. Legal parent Yes 🗆 No 🗖
  - b. Biological parent Yes 🗖 No 🗖
  - c. Legal guardian Yes 🗖 No 🗖
  - d. Not applicable Yes 🗖 No 🗖
- 7. I state that all information concerning the identity, whereabouts, and social and medical history concerning the other legal or biological parent/legal guardian has been(__) or will be given(__) to the prospective adoptive parents to whom the above child is being surrendered or to the agency conducting the adoptive home study, or the attorney for the prospective adoptive parents.
- 8. Information Concerning Child's Native American Heritage:
  - a. Are you or the child of Native American heritage? Yes □ No □ If no, go to # 9.
  - b. If yes, are you eligible for tribal membership? Yes  $\Box$  No  $\Box$

  - e. If yes, give name of tribe. _____
  - f. Is your child eligible for tribal membership? Yes 🗆 No 🗇
  - g. If yes, give name of tribe.
  - h. Has your child been registered with a Native American tribe? Yes 🗆 No 🗇
  - i If yes, give name of tribe.______ j. This information is unknown. Yes □ No □
- 9. a. Will this child be sent out of Tennessee to another state or country for adoption? Yes D No D If no, go to #10.
  - b. If yes, name of state or country.
  - c. If yes, I understand Tennessee law will govern the interpretation of this surrender.
- 10. Have you been paid, received or been promised any money or other remuneration of thing of value in connection with the birth of the above-named child or placement of this child for adoption?
  - Yes □ No □ If no, go to #11.

If yes, please complete the following:

Amount Paid	To Whom	By Whom	Date Received/Paid	Type Service/Cost

11 a. Does the child own any real or personal property? value:

Yes 🗖 No 🗖 If yes, please describe the property owned and give the property

Is it expected that the child will become possessed of any real or personal property? Yes 
 No 
 If, please describe property, who currently owns the property, the time and circumstances under which the child becomes owner and give the property value:

12.	a.	Do you currently have:	
		Dnly legal custody of the child? Yes $\Box$ No $\Box$	
		Dnly physical custody of the child? Yes 🗖 No 🗖	
		Both legal and physical custody of the child? Yes D No D	
	b.	f another person(s) holds legal custody of the child at this time, give the following information:	
		Name:	
		Relationship, if any, to you or the child:	
		Address:	
		(Street, RR, P.O. Box) (Town/City) (State)	(Zip)
		Celephone Number (Home)   (Work)	
	c.	f another person(s) holds physical custody of the child at this time, give the following information	
		Vame:	
		Relationship, if any, to you or the child:	
		Address:	(Zip)
		Celephone Number (Home) (Work)	(Zip)
	d.	s the person(s) who holds custody the prospective adoptive parent? Yes $\Box$ No $\Box$	
	е.	f a licensed child placing agency, the Department of Children's Services or another State agen	cy holds physical and/or legal custody
		of your child, give the following information:	
		Jame of Agency:	
		State:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:	
		Cown/City: State: Zip:	
	f.	ave you given custody of the child to the prospective adoptive parents? Tes D No D	
	g.	Explain any other circumstances regarding the custody status of this child:	
13	a.	Are you aware of assistance which may be available to you to care for the child should you desir	e to parent this child?
		$Z$ (es $\Box$ No $\Box$	· · · F
	b.	Do you desire counseling regarding such assistance which may be available to you or regardin	g other issues concerning adoption or
		arenting from the Tennessee Department of Children's Services a licensed child-placing agend	
		oncerning the decision to place this child for adoption? Yes $\Box$ No $\Box$	
14.	a. b.	Do you desire to be represented by legal counsel at this confirmation proceeding? Yes $\Box$ No $\Box$ f not, do you desire to consult with legal counsel prior to the confirmation of your parental cons	
	υ.	$r_{\rm rot}$ and you desire to consult with legal counser prior to the commutation of your parental cons	ent for the adoption of this child?
15.		u understand that if the court confirms the parental consent executed by you in the adop	
		l child that you will have no right to act as parent of the above-named child in any mann	er whatsoever forever, and that the
	chil	vill become the legal child of other persons? Yes 🗖 No 🗖	
16.	9	Do you understand that you may revoke or cancel the parental consent you previously	gave for the adoption of the above-
10.		amed child in the adoption petition by signing a paper called a Revocation of Parental C	
		oday? Yes 🗆 No 🗇	<b>,</b>
	b.	Do you wish to revoke or cancel your parental consent? Yes 🗖 No 🗖	
	c.	Do you understand that if you do sign the Revocation of Parental Consent, the prospective	adoptive parents will be required to
		eturn the child, <u>unless</u> the court finds that to do so will likely result in immediate harm t	
		nd that you may contest this decision not to return the child to you and you may have le	gal counsel to represent you in that
		roceeding? Yes 🗖 No 🗖	
17	V····		
1/.		ing the above, do you freely, voluntarily and without duress or pressure by any other j I child to be adopted by the prospective adoptive parents?	jerson(s) desire to anow the above-
		No 🗆	
	FU	THER, AFFIANT SAITH NOT.	
	Th	the day of 20	
	Sign	ure: Biological Legal Mother	
	orgi		of
		_10105.0m	-
		Name	of Child

	Sworn to a	nd subscribed before m	the this the day of, 2	0	
			Please Print:		
				Chancellor,Circuit Judge of	County, Tennessee
			Signature:		
				Chancellor, Cir	cuit Judge
B. AF	FIDAVIT OF		PROSPECTIVE ADOPTIVE . A. §§ 36-1-111(k) (m) (o) and		
NOTE:	adoption p		ersons and may be obtained pr	in order of guardianship based on a pa ior to and separately from Part A in	
STATE COUNT	OF TENNES	SSEE	)		
Being du	uly sworn, aff	iant(s) would state:			
1. a. b.	I am Prospective	e Adoptive Mother's D	, Prospecture of Birth	ective Adoptive Mother.	
c. d.	Prospective	e Adoptive Mother's Pl	ace of Birth		
2. a.	I am		, Prospe	ective Adoptive Father.	
b. c.	Prospective	e Adoptive Father's Da	te of Birth		
d.	Prospective	e Adoptive Father's Ma	urital Status		
3	(I/We) agr	•	ility for obtaining guardianship o	f /ithin thirty (30) days of the date of this	
		(Name of Child)	-	ponsible for the care, custody, financia	
		l, and spiritual training		polisione for the care, custody, maneta	support, incurcar care,
4. Th	e following co		for activities involving	the placement of this child.	
			(me/us)		
Am	ount Paid	To Whom	Date Paid	Type Service/Cost Licensed Child Placing Agency	
				Licensed Clinical Social Worker	
				Legal Counsel	
				Other Person/Organization Specify:	
				Social Counseling Cost for Child's Parent/Legal Guardian	
				Legal Counseling for Child's Paren Guardian	-
				Hospital or Medical Costs for the I the Child	Birth of
				Medical Care/Other Birth Related for Mother and/or Child	Expenses
				Counseling Fees for Child	
				Food, Maternity Clothing, Child's	Clothing
				Housing and/or Utilities for Parent	/Guardian
				Other Costs (Specify to Whom)	

#### SUBSECTIONS 5a.-5d. <u>MUST</u> BE MARKED TO DESIGNATE THE APPLICABLE SITUATION. ONE OF THE FOLLOWING <u>MUST</u> EXIST BEFORE PARENTAL CONSENT CAN BE THE BASIS FOR AN ORDER OF GUARDIANSHIP BY THE COURT. T. C. A. § 36-1-111(0):

- 5. a. _____ I/We have physical custody of this child; or
  - b. _____ I/We will receive physical custody of the child from the parent or legal guardian within five (5) days of this surrender. The affidavit required by § 36-1-111 (d)(6) of the custodial parent or guardian to this effect has been presented to the court at this time; or
  - c. _____ I/We have the right to receive physical custody of the child upon his or her release from a hospital or health care facility, and the affidavit of the custodial parent or guardian to this effect required by § 36-1-111 (d)(6) has been presented to the court at this time; or
  - d. _____ Another person or agency currently has physical control of the child. I/We have presented to the court an affidavit of the person or agency required by § 36-1-111 (d)(6) which indicates their waiver of the right to custody of the child upon entry of a guardianship order pursuant to § 36-1-136(r).

# SUBSECTIONS 6-9 <u>MUST</u> BE ANSWERED "YES" OR <u>MUST</u> BE MARKED "NOT APPLICABLE" BEFORE THE ORDER OF CONFIRMATION AND ORDER OF GUARDIANSHIP IS ENTERED BY THE COURT. T. C. A. § 36-1-111 (m), (0):

- 6. Yes 🗖 No 🗖 I/We have presented to the court a currently effective or updated home study or preliminary home study of my/our home conducted by a licensed child-placing agency, a licensed clinical social worker, or the Tennessee Department of Children's Services.
- 7. Yes □ No □ I/We have attached the certificate of the completion of (__)legal/(__)social counseling <u>if</u> counseling was requested by the consenting parent. See Item #s 13 and 14 in Part I above. □Not Applicable.
- Yes □ No □ If the child has been brought into Tennessee for foster care or adoption, I/we have attached a copy of the ICPC 100A or other substitute form required for ICPC compliance or a sworn statement stating why such form is not required by the ICPC.
   □Not Applicable.
- 9. Yes □ No □ I/We have attached a statement that if the Indian Child Welfare Act, 25 U.S.C. § 1901 et seq. applies because of the child's Native American heritage, there has been compliance with the Act.
   □Not Applicable.

#### SUBSECTION 10 MUST BE ANSWERED "YES", OR ITEM b. MUST EXPLAIN HOW COMPLIANCE WILL BE EFFECTED:

- 10. Yes 🗖 No 🗖 a. If the child is to be removed from Tennessee for adoption in another state, there has been compliance with the Interstate Compact or the Placement of Children. 🗖 Not Applicable.
  - b. If not, how will it be effected?

URTHER AFFIANT(S) SAITH NOT		
"his day of, 20		
		Signature of Prospective Adoptive Mother
		Signature of Prospective Adoptive Father
worn to and subscribed before me this	day of	, 20
	Please Print:	Chancellor,Circuit Judge ofCounty, Tennessee
See Notes Below Before	Signature:	Chancellor or Circuit Judge

#### (Rule 0250-7-13-.11, continued)

#### Signing

#### NOTES TO THE COURT:

- 1. Please see T. C. A. § 36-1-102(13), 36-1-111 and 36-1-117(g) for the use of parental consents.
- 2. A separate medical/social history form for the child, the child's parent(s), and biological relative, must be completed under oath prior to entry of the Order Of Confirmation. T. C. A. § 36-1-111(k).
- 3. <u>When applicable</u>, as noted above, all provisions of Section B. <u>must be completed as directed prior</u> to entry of the Order of Full or Partial Guardianship and prior to entry of the Order of Confirmation. T. C. A. § 36-1-111(k), (m) and (o).
- 4. The parental consent is not sufficient to vest custodial or guardianship authority with the prospective adoptive parent(s). T. C. A. § 36-1-111(r) (2). Upon satisfactory completion of the above necessary requirements and execution of Part B. in the Pre-Confirmation Form of Part I by the prospective adoptive parent(s), the court may enter an order of Full or Partial Guardianship for the Prospective Adoptive Parent(s). T. C. A. § 36-1-111(r)(6)(C). This should be done within thirty (30) days of the execution of the Parental Consent. T. C. A. § 36-1-111(u).
- 5. If a full home study of the prospective adoptive parent(s)' home has not been conducted within six (6) months of the filing of the parental consent, the court shall, if the parental consent is to persons who are not related [T. C. A. § 36-1-102(39)] to the child, issue an Order of Preference for such home study to, and shall order supervision of the child in the home of the prospective adoptive parent(s) by a licensed child-placing agency, a licensed clinical social worker, or if the prospective adoptive parent(s) are indigent under Federal Poverty Guidelines, by the Tennessee Department of Children's Services. The home study shall be returned to the court within sixty (60) days. T.C.A. § 36-1-111(t).

#### NOTES TO THE CLERK:

- 1. Certified copies of Parts I and II should be given to the parent(s) executing the parental consent and to the prospective adoptive parent(s). These copies shall be certified on the page following Part II.
- 2. The originals shall remain in the court file.
- 3. Certified copies of Part I, II and III should be sent to: Adoption Services, Tennessee Department of Children's Services, 436 6th Avenue North, Nashville, TN 37243-1290. Please provide certification on pages following Parts II and III.

PART II

IN THE	COURT FOR	COUNTY
IN THE MATTER OF:	) )	NO
ORDER C	OF CONFIRMATION OF PARENTAL C	CONSENT
This matter came to be heard on the	day of, 20, be	efore the Honorable
,	Judge of the	,
Court of	, County, Tennessee upon the adoption p	petition filed by
	(Prospective Adoptive Parent(s)) which	contains a parental consent executed pursuant to T.
C. A. 36-1-117(g).		
The parent	(Name of Parent Signing	Petition) who signed the adoption petition for the
purpose of giving consent to the adoption of	(Name of C	Child) having completed Part I of the Forms for
Confirmation of Parental Consent and the court being	g satisfied that he/she freely and voluntar	ily consents to the adoption of
(Name of	Child) by	

(Rule 0250-7-13-.11, continued)

_(Name(s) of Prospective Adoptive Parents),

#### IT IS, THEREFORE, ORDERED THAT:

1. The parental consent of ______(Name of Parent) in the Petition for Adoption filed in the above-

styled matter is confirmed by the court.

Ι,

2. The parental rights of ______ (Name of Parent Giving Consent) are, pursuant to

T. C. A. § 36-1-111(r), hereby forever terminated.

Enter this _____ day of _____, 20___.

CHANCELLOR OR JUDGE

#### **CERTIFICATION**

_____, Clerk of the _

Court for _____ County, Tennessee, hereby certify the foregoing copies of Parts I and II of the Parental Consent Forms to be true and accurate copies of the documents filed with the court.

Clerk of the _____ Court of

_____County, Tennessee.

(Seal)

#### PART III CONTACT VETO REGISTRATION T.C.A. § 36-1-111(k)(3)

STATE OF		)
COUNTY OF		)

Being duly sworn according to law affiant would state:

1.	I ar	n:	
	a.	Mother:	, or
	b.	Father:	
	c.	Legal Guardian:	of:
2.	a.	Child's Name:	
	b.	Child's Date of Birth:	
	c.	Child's Place of Birth:	
	d.	Child's Sex:	
	e.	Child's Race:	

3. a. I understand that contact with me may be requested by the child I am surrendering (adopted person) and by certain other classes of eligible persons who, as may be permitted by law, may have access to the sealed records, sealed adoption records or post adoption records and those records in any other information. Those eligible persons currently include the adopted person twenty-one (21) years of age or older or their legal representative, the adopted person's birth or adopted parents or step-parents, the birth or adopted siblings or lineal descendants twenty-one years of age or older of the adopted person, or their legal representatives. [T.C.A. § 36-1-127(c)]. The class of eligible persons may be revised periodically by changes to the law.

b. I understand that no contact, whether by personal contact, correspondence or otherwise shall be made in any manner whatsoever by those requesting persons or any agent or other person acting in concert with those requesting persons, with any person eligible to file a

contact veto except as permitted by law. The sealed adoption record or post-adoption record requested by eligible persons shall be made available to the requesting party only after completion by the requesting party of a sworn statement agreeing that he or she shall not contact or attempt to contact, in any manner, by themselves or in concert with any other persons or entities, any of the persons eligible to file a contact veto until the Department has completed a search of the Contact Veto Registry to determine the willingness of the person sought to have contact with the requesting party. [T.C.A. §§ 36-1-127(f); 36-1-130 and 36-1-131]. The person making contact in violation of the law shall be guilty of a Class B misdemeanor [T.C.A. § 36-1-132]. I also understand that should I be contacted after filing a contact veto, I shall have a cause of action in the Circuit or Chancery Court for injunctive relief and damages, including both compensatory and punitive damages, and attorneys fees against any person who has contacted, attempted to contact, or caused me to be contacted [T.C.A. § 36-1-132].

- 4. I understand that contact with me by an eligible person is governed by filing my intentions with the Contact Veto Registry.
- 5. By filing with the execution of this surrender, I understand there is no fee for filing with the Contact Veto Registry. However, should I choose not to file a contact veto at this time, but wish to do so later, I understand I may do so, but will be required to pay the necessary fees [T.C.A. § 36-1-129(b)]. I understand that should there be a request for contact with me and I have vetoed contact with any eligible person, I will be contacted and informed by the Department of Children's Services to determine my desires for contact at that time and will be given the opportunity to vary or modify my request. [T.C.A. § 36-1-130(b)(1)].
- 6. I understand that I may vary this contact veto by indicating my desires for contact, if any, with the eligible persons and the means of contact I wish to have with particular eligible persons. [T.C.A. § 36-1-111(k)(3)(B); § 36-1-127-36-1-131]. In doing so, I understand I must write to the address below and request the necessary forms to complete and file with the Contact Veto Registry:

CONTACT VETO REGISTRY POST ADOPTION SERVICES TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES 436 6th Avenue North NASHVILLE, TENNESSEE 37243-1290

### 7. a. PLEASE COMPLETE THE FOLLOWING SO THAT YOU MAY BE LOCATED IN THE FUTURE BY THE DEPARTMENT CONCERNING YOUR INTENTIONS REGARDING CONTACT:

THIS INFORMATION MUST BE UPDATED WITH THE DEPARTMENT TO INSURE THAT FUTURE CONTACT CAN BE MADE.

Name (Including Birth & Married Names)	(Street/Rural Route/P. O. Box)	
(Town/City)	(State)	(Zip Code)
(Home Telephone No.)	(Work Telephone No.)	·

b. Is this address an address the department may use to write to you concerning your wishes regarding contact.
 Yes □ No □ If no, please share address to be used:

(Street/Rural Route/P. O. Box)		(Town/City)	(State)
(Zip Code)	(Work Telephone)	,(Home Tel	ephone)

c. Is this address an address a person requesting contact may use to write to you? Yes 🗆 No 🗆. If no, please share the address to be used:

(Street/Rural Route/P. O. Box)		(Town/City) (Sta	ate)
(Zip Code)	(Work Telephone),,	(Home Telephone)	·

d. Are the telephone numbers the numbers the department may use to contact you?
YES □ NO □. If no, may the listed telephone numbers be shared with eligible persons requesting contact?
YES □ NO □. If no, please list telephone number(s), if any, that might be shared and used to contact you.

(Work Telephone No.) (Home Telephone No.)

- 8. a. I wish to **veto** contact with the adopted person and all other classes of eligible persons, who may, as may be permitted by law, to have access to the sealed records, sealed adoption records or post adoption record to have contact with me.
  - b. The filing of a contact veto by you makes the contact veto automatically applicable to your siblings, lineal descendants, lineal ancestors, and the spouses of those persons so that they cannot be contacted by a person eligible to have the records opened. You

may, however, exclude persons in those classes from this automatic coverage so that they will have to register a contact veto themselves or, upon location by the department, pursuant to a search request, will have to register a contact veto at the time. [T.C.A. 36-1-130(a)(6)]. Please indicate whether you wish to exclude any of these persons.

- c. I wish to exclude from the automatic contact veto the following:
  - (1) My siblings: Yes  $\Box$  No  $\Box$
  - (2) My lineal descendants: Yes 🗖 No 🗖
  - (3) My lineal ancestors: Yes  $\Box$  No  $\Box$
  - (4) The spouses of:
    - (a) siblings
      (b) lineal descendants
      (c) lineal ancestors
      Yes □ No □
      Yes □ No □

Please complete the following for any known individuals:

Name	Relationship To Surrendering Person	Address Street. RR, P. O. Box, Town, State, Zip

- d. I wish to veto contact with: [T.C.A. § 36-1-128(c)]
  - (1) Any future siblings of the adopted person. Yes  $\Box$  No  $\Box$ .
  - (2) A current spouse Yes I No I Name of current spouse _____
  - (3) Future spouse of mine Yes 🗖 No 🗖
  - (4) Any of my lineal descendants Yes  $\Box$  No  $\Box$

Please complete the following for any known individuals:

Name	Relationship To Surrendering Person	Address Street. RR, P. O. Box, Town, State, Zip

- 9. a. I give **consent** for the child I am surrendering (adopted person) and <u>ALL</u> other classes of eligible persons who, as may be permitted by law, to have access to the sealed records, sealed adoption records or post adoption record to have contact with me.
  - b. I wish to **limit consent** to certain persons and only give consent for contact with the following classes of people:
    - (1) The adopted person  $Yes \square$  No  $\square$
    - (2) The adopted person's adoptive parents Yes  $\Box$  No  $\Box$
    - (3) The adopted person's adoptive siblings Yes  $\Box$  No  $\Box$
    - (4) The adopted person's lineal descendants  $Yes \square$  No  $\square$
    - (5) The legal representatives of any of these persons Yes  $\Box$  No  $\Box$

c. If contact is limited to the legal representative of certain classes of persons, please describe:

10. I wish the following types of contact by those persons requesting contact with me: (Please check all that apply and indicate any limitations or qualifications to these methods of contact)

Telephone 
Letters

	rough another person. Plea	-	hip to you, if any, and information to be released r	regarding how to
. Other information I be provided)	wish to have released abo	ut me to any eligible pe	rsons (please identify to whom and the contents of	f the information t
	o contact with any other eli se share that information h		o share a statement of your feelings, or circumstar	nces which impact
. I hereby request tha Children's services.		with the Contact Veto I	tegistry at the Post Adoption Services Unit of the	Department of
URTHER AFFIANT SA	AITH NOT.			
is the day of	, 20			
	al Legal Mothe al Legal Father			
vorn to and subscribed	to before me this	day of	, 20	
	to before me this		, 20 Notary Public	
		 Chancellor		
		 Chancellor	Notary PublicCircuit JudgeCounty, Tennessee	
	Please Print:	Chancellor of	Notary PublicCircuit JudgeCounty, Tennessee	
	Please Print:	Chancellor of	Notary Public         Circuit Judge        Circuit Judge        County, Tennessee         cuit Judge	

Clerk of the _____ Court of _____ County, Tennessee

(Seal)

#### (Rule 0250-7-13-.11, continued)

#### PART IV

#### **REVOCATION OF PARENTAL CONSENT BY A PARENT**

### STATE OF TENNESSEE COUNTY OF _____

Being duly sworn according to law affiant would state:

1.	I am	:
	a.	Mother:, or
	b.	Father:, of
2.	a.	Child's Name:
	b.	Child's Date of Birth:
	c.	Child's Place of Birth:
	d.	Child's Sex:
	e.	Child's Race:
3.	On_	(Date), I executed a parental consent for the adoption of the child named in #2 to
		Prospective Adoptive Parent(s)
4.		petition for adoption containing the parental consent was filed in the Court for Court, Tennessee.
5.	I her	eby revoke and void the parental consent to the adoption of the above-named child.
FUF	RTHEI	R AFFIANT SAITH NOT.
	a	
1 1115	the _	day of, 20
Sigr	ature	Biological Legal Mother
5151	iature.	Biological Legal Father
		2.000g.0ut 20g.tt 1 utilit
Swo	orn to a	and subscribed before me this day of, 20
	This	Revocation of Parental Consent was received by me on the day of, 20
		Please Print:
		ChancellorCircuit Judge of County, Tennessee
		· · · · · · · · · · · · · · · · · · ·
		Signature (See notes below):
		Chancellor or Circuit Judge

#### NOTES TO COURT:

- 1. The revocation must be executed before the entry of the Order of Confirmation. T.C.A. § 36-1-112(a)(2).
- 2. The court receiving the revocation shall maintain the originals in the office of the clerk where the adoption petition is filed together with the original of the adoption petition containing the parental consent and shall personally give, or by certified mail, return receipt requested, send certified copies of the revocation to the child's parent(s) and to the prospective adoptive parents to whom the parental consent was given. See, T.C.A. § 36-1-112(c)(1).
- 3. A certified copy of the revocation shall be attached to a certified copy of the petition for adoption containing the parental consent, and the clerk shall send these, within three (3) days by certified mail, return receipt requested to:

Tennessee Department of Children's Services Central Office Adoption Services 436 6th Avenue North Nashville, TN 37243-1290

#### (Rule 0250-7-13-.11, continued)

#### See, T.C.A. § 36-1-112(c)(2).

Please provide the certification on the page following this Revocation form.

#### CERTIFICATION

I, _____, Clerk of the _____ Court of _____ County, Tennessee, certify the foregoing copy of the Revocation of Parental Consent to be a true and accurate copy of the Revocation of Parental Consent executed before this Court.

Clerk of the	Court of
	County, Tennessee

(Seal)

Authority: T.C.A. §§ 4-5-201, et seq., 36-1-111, 36-1-112, 36-1-117(g), 36-1-125, 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. Administrative History: Original rule filed September 7, 2001; effective November 21, 2001.

#### 0250-7-13-.12 CERTIFICATION OF SOCIAL COUNSELING FORM.

- (1) The following form is used for certification of the completion of any social counseling requested pursuant to T.C.A. §36-1-111(k)(2)(E) by the person who is surrendering the child for adoption, or who is executing a parental consent to unrelated persons, and must be filed with the surrender or parental consent before the surrender is executed before the court by the surrendering person, or before an order of guardianship is entered based upon any surrender, or parental consent to unrelated persons.
- (2) This information shall be confidential and shall only be disclosed as provided by T.C.A. § 36-1-101 et seq.
- (3) Form:

#### CERTIFICATION OF COMPLETION OF SOCIAL COUNSELING RELATED TO ADOPTION PLACEMENT DECISION BY PARENT(S) TENNESSEE CODE ANNOTATED, § 36-1-111(*l*)(1)

If the person surrendering the child(ren) for adoption has requested that the prospective adoptive parent(s) provide social counseling with regard to the decision of that person to surrender the child for adoption, this certification form must be completed by the person who provided such counseling before the surrender is executed. See, T.C.A. § 36-1-111(l)(1). NOTE: This form may be modified for use outside the State of Tennessee as long as the information requested is provided in the modified form.

# STATE OF TENNESSEE OR (_____) COUNTY OF _____

Being duly sworn according to law, affiant would state:

1. I am _____, (Name of Person Providing Social Counseling).

 I was employed by, ______ (Name of person(s) employing counselor to provide social counseling to surrendering person) to provide counseling to ______ (Name of person to whom was provided) regarding the social issues surrounding the decision by this person to place ______

(Name(s) of the child(ren)

for adoption.

This is to certify that during the course of social counseling the following issues have been addressed with

(Name of Birth/Legal Mother)

(Name of Birth/Legal Father)

(Legal Guardian)

who is before the Court (___), Warden (___), Officer (___) to surrender the child

_____ for the purpose of adoption.

(Name of Child)

Options/Decisions	Yes	No
To parent the child		
To place the child for the purpose of adoption		
Consequences of Decisions		
Exploration of Support Systems		
Family		
Friends		
Financial		
Employment/Education		
Child Support		
Public Assistance		
Birth Father/Mother Other (Identify)		
Grief/Loss Issues Related to Options for:		
Self		
Child		
Present Issues		
Future Issues		
Referral for further counseling		
Exploring Parenting Option		
Concept of Parenting		
Single Parenting		
Marriage Issues		
Present		
Future		
Financial/Employment/Child Support		
Medical Insurance		
Housing		
Education plan for self		
Child care		
Future life goals/plans		
Needs of the child		
Basic (food, clothing, housing)		
Special needs		
Physical safety		
Emotional Development		
Exploring Adoptive Placement		
Agency placement (DHS & private)		
Independent placement		
Plan of birth/legal mother or father		
Identification/information about birth parent, custodial		
person/guardian		
Background information		
Termination of parental rights		
Voluntary/involuntary		
Revocation of surrender		
Involvement in adoption process		
Selection of family		
Openness		İ
Meeting adoptive family		

#### (Rule 0250-7-13-.12, continued)

Continued contact	
Direct placement/foster care placement	
Adoptive family preparation	
Agency selection of family	
Oral/physical presentation of child	
Pre-placement activity process	
Placement/post-placement services	
Finalization/court process	
Post legal adoption services	
Access of adoption records	
Contact veto registry	

#### SUMMARY OF COUNSELOR'S ASSESSMENT/RECOMMENDATION

(If report is a separate document, please write "See attached" and attach report with this certification.)

This the ____ day of ______, 20_____

FURTHER, AFFIANT SAITH NOT.

	Please Print:	
		Person Providing Social Counseling to Surrendering Person
	Title:	
Name of Agency, if Appropriate	e:	
Address:		
Signature		
Sworn to and subscribed before me this day of		20
		NOTARY PUBLIC
My Commission Expires:		
	"S STATEMI	
The above counseling issues have been discussed	d with me. As	a result of the issues addressed during this process and in what I believe to
be the best interest of my child(Name of Child)		_, 1, (Birth/Legal Mother)
(it turne of child)		
, or		
, or, Iteration (Legal Father)		
, or, or	Guardian)	have made the
(Birth/Legal Father) (Legal following plan for my child/ward. (Please Describe Yo	Guardian) our Decision/P	have made the an):
(Birth/Legal Father) (Legal following plan for my child/ward. (Please Describe Yo	Guardian) our Decision/P	have made the an):
(Birth/Legal Father) (Legal following plan for my child/ward. (Please Describe Yo	Guardian) our Decision/Pl ne of Parent/La	have made the an): gal Guardian)
(Birth/Legal Father) (Legal following plan for my child/ward. (Please Describe Yo Please Print:(Nat	Guardian) our Decision/Pl ne of Parent/La	have made the an): gal Guardian)
(Birth/Legal Father) (Legal following plan for my child/ward. (Please Describe Yo Please Print:	Guardian) our Decision/Pl ne of Parent/La	have made the an): gal Guardian)

Authority: T.C.A. §§ 4-5-201, et seq., 36-1-111(k)(l)(1)(m) and (o), 36-1-117(g), 36-1-125, 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. Administrative History: Original rule filed September 7, 2001; effective November 21, 2001.

#### 0250-7-13-.13 CERTIFICATION OF LEGAL COUNSELING.

- (1) The following form is used for certification of the completion of any legal counseling requested pursuant to T.C.A. §36-1-111(k)(2)(F) by the person who is surrendering the child for adoption or who is executing a parental consent to unrelated persons and must be filed with the surrender or parental consent before the surrender is executed before the court by the surrendering person, or before an order of guardianship is entered based upon a surrender or a parental consent to unrelated persons.
- (2) This information shall be confidential and shall only be disclosed as provided by T.C.A. § 36-1-101 et seq.
- (3) Form:

#### CERTIFICATION OF COMPLETION OF LEGAL COUNSELING RELATED TO ADOPTION PLACEMENT DECISION BY PARENT(S) TENNESSEE CODE ANNOTATED, § 36-1-111(*l*)(2) and (0)

If the person surrendering the child(ren) for adoption, or executing a parental consent to unrelated persons, has requested that the prospective adoptive parent(s) provide legal counseling with regard to the decision of that person to surrender the child for adoption, this certification form must be completed by the attorney who provided such counseling before the surrender is executed or before an Order of Guardianship is entered based upon a surrender or parental consent. See, T.C.A. § 36-1-111(l)(2) and (o). <u>NOTE</u>: This form may be modified for use outside the State of Tennessee as long as the information requested is provided in the modified form.

#### STATE OF TENNESSEE OR ( _____) COUNTY OF _____

Being duly sworn according to law, affiant would state:

1. I am ______, (Name of attorney providing legal counseling to surrendering person). I am licensed to practice law in the State of Tennessee ( or such other State or Country as may be applicable. Please specify.)

My Board of Professional Responsibility Number (or other licensing registration number) is

This the ____ day of ______, 20_____

FURTHER AFFIANT SAITH NOT.

Please Print: ______ Attorney Providing Legal Counsel to Surrendering Person

Address:

Signature:

Sworn to and subscribed before me this ____ day of _____, 20____

NOTARY PUBLIC

My Commission Expires:_____

Authority: T.C.A. §§ 4-5-201, et seq., 36-1-111(k),(1)(2)(m) and (o), 36-1-117(g), 36-1-125, 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. Administrative History: Original rule filed September 7, 2001; effective November 21, 2001.

#### 0250-7-13-.14 PAYMENT DISCLOSURE FORM.

- (1) The following form contains information required by T.C.A. §36-1-116(b)(16) to be filed by the prospective adoptive parents with the adoption petition concerning payments made to birth parents and other persons related to the birth of the child, fees paid to child-placing agencies, to attorneys, for counseling for the parents, and for any other fees and expenses in relation to the child's placement with them, and may be filed as an exhibit to the petition.
- (2) This information shall be confidential and shall only be disclosed as provided by T.CA. § 36-1-101 et seq.
- (3) Form:

#### PAYMENT DISCLOSURE FORM FOR USE IN PETITION FOR ADOPTION TENNESSEE CODE ANNOTATED, § 36-1-116(b)(16)

This form must be filed with the adoption petition. See, T.C.A. § 36-1-116(b)(16).

#### STATE OF TENNESSEE COUNTY OF _____

Being duly sworn according to law, affiant(s) would state:

1. I am/We are ____

a.

_____ ( Name of Prospective Adoptive Mother ) and

______ ( Name of Prospective Adoptive Father), the petitioner(s) seeking the adoption of _______ (Name of Child) pursuant to a petition for adoption filed in the ______ Court for ______, County, Tennessee.

- 2. I/We have paid or promised to pay the following money, fees, contributions, or other remuneration or thing of value in the connection with the birth, placement, or adoption of this child (Attach additional sheets as necessary):
  - Medical or hospital expenses of birth mother and child.(Attach Additional Sheets If Necessary):
    - (1) Entities or Persons who received payments, contributions, fees, or other things of value;
    - (2) The specific amount of payments, contributions, fees, or value of things given; and,
    - (3) The specific purpose of payments, contributions, fees, or other things of value:

b. Other birth related expenses (Attach Additional Sheets If Necessary):

- (1) Entities or Persons who received payments, contributions, fees, or other things of value;
- (2) The specific amount of payments, contributions, fees, or value of things given; and,
- (3) The specific purpose of payments, contributions, fees, or other things of value:

### (R

d. <u>F</u> <u>fr</u> (1	<ul> <li>(2) The specific amount of payments, contributions, fees, or value of things given; and,</li> <li>(3) The specific purpose of payments, contributions, fees, or other things of value:</li> <li></li></ul>
<u>fo</u> (1 (2	<ul> <li>for the adoption of this child (Attach Additional Sheets If Necessary):</li> <li>(1) Entities or Persons who received payments, contributions, fees, or other things of value;</li> <li>(2) The specific amount of payments, contributions, fees, or value of things given; and,</li> </ul>
<u>fo</u> (1 (2	<ul> <li>for the adoption of this child (Attach Additional Sheets If Necessary):</li> <li>(1) Entities or Persons who received payments, contributions, fees, or other things of value;</li> <li>(2) The specific amount of payments, contributions, fees, or value of things given; and,</li> </ul>
(1)	Counseling paid for on behalf of the birth or prospective adoptive parent(s) or child (Attach Additional Sheets If Necessary):         (1) Entities or Persons who received payments, contributions, fees, or other things of value;         (2) The specific amount of payments, contributions, fees, or value of things given; and,         (3) The specific purpose of payments, contributions, fees, or other things of value:
(1)	<ul> <li>Fees or payments paid to any licensed child-placing agency or licensed clinical social worker (Attach Additional Sheets If Necessar (1) Entities or Persons who received payments, contributions, fees, or other things of value;</li> <li>(2) The specific amount of payments, contributions, fees, or value of things given; and,</li> <li>(3) The specific purpose of payments, contributions, fees, or other things of value:</li> </ul>
<u>th</u> (1) (2)	<ul> <li>Any other money, fees, contributions, or other remuneration or thing of value in connection with the birth, placement, or adoption of this child, given or paid, to the child's parent(s) or family member(s) (Attach Additional Sheets If Necessary):</li> <li>(1) Entities or Persons who received payments, contributions, fees, or other things of value;</li> <li>(2) The specific amount of payments, contributions, fees, or other things given; and,</li> <li>(3) The specific purpose of payments, contributions, fees, or other things of value:</li> </ul>
RTHER A	AFFIANT(S) SAITH NOT.

	Please Print:	::	_
		Prospective Adoptive Mother	
	Signature:		
	Please Print:	rospective Adoptive Father	-
		Prospective Adoptive Father	
	Signature:		
Sworn to and subscribed before me this day of	,	, 20	
		NOTARY PUBL	IC
My Commission Expires:			

Authority: T.C.A. §§ 4-5-201, et seq., 36-1-116(b)(16), 36-1-125, 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. Administrative History: Original rule filed September 7, 2001; effective November 21, 2001.

#### 0250-7-13-.15 ADOPTION CONSENT FORM FOR MINOR WHO IS FOURTEEN (14) YEARS OF AGE.

- (1) The following form is used to obtain the consent of a child who is fourteen (14) years of age or older to his or her adoption as required by T.C.A. § 36-1-117(i).
- (2) This information shall be confidential and shall only be disclosed as provided by T.CA. § 36-1-101 et seq.
- (3) Form:

#### CONSENT TO ADOPTION BY MINOR WHO IS FOURTEEN (14) YEARS OF AGE OR OLDER TENNESSEE CODE ANNOTATED, § 36-1-117(i)

### STATE OF TENNESSEE

Being duly sworn according to law, affiant would state:

- 1. I am ______, (Use the Name of Minor Child Prior to any Name Change Requested in the Petition, Fourteen (14) years of age or older), Born ______ (Date Of Birth).
- 2. I understand that ______, (Name of Prospective Adoptive Mother), and ______, (Name of Prospective Adoptive Father) have filed a Petition to Adopt me.
- 3. I understand that if the Court enters an order of adoption based upon the Petition, that I will become the legal child of _______, (Name of Prospective Adoptive Mother), and _______, (Name of Prospective Adoptive Father), and that they will become my parent(s) for all purposes, just the same as if I had originally been born to them (him/her).
- 4. I understand that, while I remain under eighteen (18) years of age, my adoptive parent(s) will have the right to determine if I should contact or visit with anyone in my birth family.
- 5. I understand that I will have the right to inherit property from my adoptive parent(s), and their (his/her) descendants will have the right to inherit property from me or my descendants but only for property I acquire after the adoption order is entered. After the order of adoption is entered, I will not inherit property from my birth family, nor will they inherit property from me after the order of adoption is entered. I may inherit from or through a parent whose rights were not terminated before his or her death.

- 6. No one has pressured me to agree to this adoption, and I believe that my adoption by _______, (Name of Prospective Adoptive Mother), and ______, (Name of Prospective Adoptive Father), is in my best interests. I wish for the adoption to take place.
- 7. I freely and voluntarily, without pressure from anyone, consent to this adoption.

This the ____ day of _____, 20_____

FURTHER AFFIANT SAITH NOT

	Please Print:	Name of Minor Child
	Signature:	
Sworn to and subscribed before me this	_ day of	, 20
	Please Print:	Chancellor Circuit Judge of the Court for County, Tennessee.
	Signature:	

Authority: T.C.A. §§ 4-5-201, et seq., 36-1-117(i), 36-1-125, 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. Administrative History: Original rule filed September 7, 2001; effective November 21, 2001. Amendment filed March 10, 2005; effective July 29, 2005.

# 0250-7-13-.16 ADOPTION CONSENT FORM FOR USE BY GUARDIAN AD LITEM FOR MINOR WHO IS FOURTEEN (14) YEARS OF AGE AND WHO IS MENTALLY DISABLED.

- (1) The following form is used to obtain the consent of a guardian ad litem of a mentally disabled child who is fourteen (14) years of age or older for the adoption of that child as required by T.C.A § 36-1-117(i).
- (2) This information shall be confidential and shall only be disclosed as provided by T.CA. § 36-1-101 et seq.
- (3) Form:

#### CONSENT BY GUARDIAN AD LITEM TO ADOPTION OF MENTALLY DISABLED MINOR WHO IS FOURTEEN (14) YEARS OR OLDER TENNESSEE CODE ANNOTATED, § 36-1-117(i)

STATE OF TENNESSEE COUNTY OF _____

Being duly sworn according to law, affiant would state:

1.	I am,, G who is fourteen (14) years of age or older and is n	uardian Ad Litem for the minor child,, nentally disabled.
2.		he best interests of this child in the petition for his/her adoption by (Name of Prospective Adoptive Mother), and,
	(Name of Prospective Adoptive Father).	* See Note Below
2		

- 3. I have investigated the circumstances of the proposed adoption, and have attached hereto my written report giving the basis for my decision to give or withhold consent to the adoption of this child by the petitioners.
- 4. Based upon my investigation and report, I 🗆 give consent/🗆 withhold consent to the adoption of ______, (Name of Child) by the petitioners.

	This the	day of	. 20
--	----------	--------	------

FURTHER AFFIANT SAITH NOT.

	(Name of Guardian Ad Litem)
Address: _	
_	
_	
Signature:	

Sworn to and subscribed before me this the ____ day of _____, 20____

NOTARY PUBLIC

My Commission Expires: _____

NOTE TO THE COURT:

A guardian ad litem must be appointed by the court to represent the child before this Consent is received, and must be present at the time the Consent is received by the Court. The consent shall be filed with the record of this case. The consent must be recited in the order of adoption T.C.A. 36-1-117(i).

Authority: T.C.A. §§ 4-5-201, et seq., 36-1-117(i), 36-1-125, 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. Administrative History: Original rule filed September 7, 2001; effective November 21, 2001. Amendment filed March 10, 2005; effective July 29, 2005.

# 0250-7-13-.17 ADOPTION CONSENT FORM FOR USE BY GUARDIAN AD LITEM, GUARDIAN OR CONSERVATOR FOR ADULT WHO IS BEING ADOPTED AND WHO IS MENTALLY DISABLED.

- (1) The following form is used to obtain the consent of a guardian ad litem or guardian or conservator to the adoption of a mentally disabled adult as required by T.C.A § 36-1-117(j).
- (2) This information shall be confidential and shall only be disclosed as provided by T.CA. § 36-1-101 et seq.
- (3) Form:

#### CONSENT BY GUARDIAN AD LITEM, GUARDIAN OR CONSERVATOR TO ADOPTION OF MENTALLY DISABLED ADULT TENNESSEE CODE ANNOTATED, § 36-1-117(j)

#### STATE OF TENNESSEE COUNTY OF _____

Being duly sworn according to law, affiant would state:

1. I am, _____, Guardian Ad Litem, Guardian or Conservator for, _____, an adult who is mentally disabled.

- 2. (Guardian Ad Litem only) I have been appointed by this Court to represent the best interests of this disabled adult in the petition for his/her adoption by ______, (Name of Prospective Adoptive Mother), and ______, (Name of Prospective Adoptive Father).
- 3. (Guardian Ad Litem only) I have investigated the circumstances of the proposed adoption, and have attached hereto my written report giving the basis for my decision to give or withhold consent to the adoption of this disabled adult by the petitioners.
- 4. (Guardian Ad Litem only) Based upon my investigation and report, I
   □ give consent/□ withhold consent to the adoption of ______, (Name of Disabled Adult) by the petitioners.
- 5. As Guardian or Conservator, I □ give consent/□ withhold consent to the adoption of ______, (Name of Disabled Adult) by the petitioners.

This	the	day	of	,	20	

FURTHER AFFIANT SAITH NOT.

	Please Prir	nt:
	Address:	(Name of Guardian Ad Litem, Guardian or Conservator)
	Signature:	
Sworn to and subscribed before me this the day of		, 20
		NOTARY PUBLIC

My Commission Expires: _____

**Authority:** T.C.A. §§ 4-5-201, et seq., 36-1-117(j), 36-1-125, 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001.

# 0250-7-13-.18 FEE DISCLOSURE FORM FOR AGENCY OR LICENSED CLINICAL SOCIAL WORKER.

- (1) The following form is to be used by a licensed child-placing agency or a licensed clinical social worker to disclose, as required by T.C.A. § 36-1-120(b), the fees charged to the prospective adoptive parents, and must be filed with the proposed order of adoption prior to the entry of the order by the Court.
- (2) This information shall be confidential and shall only be disclosed as provided by T.CA. § 36-1-101 et seq.
- (3) Form:

#### LICENSED CHILD-PLACING AGENCY OR LICENSED CLINICAL SOCIAL WORKER FEE DISCLOSURE STATEMENT TENNESSEE CODE ANNOTATED, § 36-1-120(b)

This affidavit must be filed by the licensed child-placing agency or the licensed clinical social worker with the proposed adoption order prior to entry of the order by the Court. <u>See</u>, T.C.A. 36-1-120(b).

#### STATE OF TENNESSEE COUNTY OF _____

Being duly sworn according to law, affiant would state:

1. I am ______, an authorized representative of ______, (Name of Licensed Child-Placing Agency) [or] ____

(Name of Licensed Clinical Social Worker).

(Names of Child (ren)

- a. State first the service(s) rendered in the placement of the child (ren) with the petitioner(s) immediately followed by
- b. The fees charged petitioner(s) for each specific service. (Attach additional Sheets if Necessary):
- 3. My agency [or I] has [have] charged _

(Names of Prospective Adoptive Parent(s) the following fees or other charges involving <u>home studies</u> of the prospective adoptive parent(s): a. State first the service(s) rendered in conducting home studies of the petitioner(s) immediately followed by

b. The fees charged petitioner(s) for each specific service. (Attach additional Sheets if Necessary):

#### 4. My agency [or I] has [have] charged _

(Names of Prospective Adoptive Parent(s) the following fees or other charges involving <u>supervision of the placement of the child (ren) in</u> the home of the prospective adoptive parent(s):

- a. State first the service(s) rendered in conducting supervision of the child's (children's') placement in the home of the petitioner(s) immediately followed by
- b. The fees charged petitioner(s) for each specific service. (Attach additional Sheets if Necessary):

(Rule 0250-7-13-.18, continued)

							 _	
This the day of, 20								
FURTHER AFFIANT SAITH NOT.								
	Please Print:	Authorize Child-Pl	ed Representa acing Agency Clinical Socia	ative of Lice // or License	ensed			
	Signature:							
Sworn to and subscribed before me this day of		, 20						
		-	N	OTARY PU	BLIC	_		
My Commission Expires:								

*Authority:* T.C.A. §§4-5-201, et seq., 36-1-120(b), 36-1-125, 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. *Administrative History:* Original rule filed September 7, 2001; effective November 21, 2001.

#### 0250-7-13-.19 FEE DISCLOSURE FORM FOR ATTORNEY.

- (1) The following form is used to by an attorney to disclose, as required by T.C.A. § 36-1-120(b), the fees charged to the prospective adoptive parents, and must be filed with the proposed order of adoption prior the entry of the order by the Court.
- (2) This information shall be confidential and shall only be disclosed as provided by T.CA. § 36-1-101 et seq.
- (3) Form:

#### ATTORNEY FEE DISCLOSURE AFFIDAVIT TENNESSEE CODE ANNOTATED, § 36-1-120(b)

This affidavit must be filed by the attorney representing the petitioners with the proposed adoption order prior to entry of the order by the Court. See, T.C.A. § 36-1-120(b).

#### STATE OF TENNESSEE COUNTY OF _____

Being duly sworn according to law, affiant would state:

1.	I am	, attorney for petitioners _	(Names of
	Prospective Adoptive	Parents) in the adoption proceeding styled:	
	which is filed in the	Court for	_, County, Tennessee in which they (he/she) have sought to adopt
			(Name(s) of Child

(ren), and in which the Court has ordered the entry of an order of adoption pursuant to that petition.

#### (Rule 0250-7-13-.19, continued)

2.	The	following are fees charged by me or persons who are employed, contracted by, or associated with me for services rendered for the				
	placement of the child (ren) with the Petitioner(s). (Attach additional sheets if necessary):					
	a.	State first the service(s) rendered in the placement of the child (ren) with the petitioner(s) immediately followed by				

	b.	The specific fees charged petitioner(s) for	each service:	
3.		tioner(s)in the adoption proceedings involvi	ing the child (re the proceeding	nployed, contracted by, or associated with, me for <u>legal services</u> rendered to n): (Attach additional sheets if necessary): s for the adoption of the child(ren) by the petitioner(s) immediately followed
4.	serv	following are fees paid by me or persons rices rendered in securing the placement of fies or surrender of the child(ren): State first the services rendered by perso securing a home study or surrender of the The specific amount of the fees paid for ex-	who are emplo the child(ren) v ns or entities w child(ren) follo ach service to th	byed, contracted by, or associated with, me to any other person or entity for with the petitioners or for securing any services related to securing any home whose services assisted in securing the child's (children's') placement, or for wed immediately by,
This	the _	day of, 20		
FUF	RTHE	R AFFIANT SAITH NOT.		
			Please Print:	·
			Address:	Attorney for Petitioner(s)
			Signature:	
Swo	orn to	and subscribed before me this day of		_, 20
				NOTARY PUBLIC

My Commission Expires:_____

**Authority:** T.C.A. §§4-5-201, et seq., 36-1-120(b), 36-1-125, 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001.

#### 0250-7-13-.20 RELEASE OF INFORMATION FORM FOR UPDATED MEDICAL INFORMATION.

- (1) The following form is used when a request for medical information is made by an adopted person or by a biological or legal relative or the legal representative of the adopted person and they have provided written evidence from a licensed health care professional or a licensed health care facility of a medically established need for additional or updated medical information pursuant to T.C.A. § 36-1-135, and the Department of Children's Services in these matters, is contacting the persons who have access or who may have access to those records.
- (2) This information shall be confidential and shall only be disclosed as provided by T.CA. § 36-1-101 et seq.
- (3) Form:

#### RELEASE OF INFORMATION FOR UPDATED MEDICAL INFORMATION TENNESSEE CODE ANNOTATED, § 36-1-135(c)

This Release of Information should be used when a request for medical information has been made by an adopted person or by a biological or legal relative or the legal representative of the adopted person and they have provided written evidence from a licensed health care professional or a licensed health care facility of a medically established need for additional or updated medical information about an adopted person, or their biological or legal relatives and the Department of Children's Services is contacting the persons who have access to or have or may have knowledge of such information. <u>See</u>, T.C.A. 36-1-135.

I, ______, (Name of Person Executing the Release) have been told by the Tennessee Department of Children's Services that a person eligible to request updated medical, psychological, or psychiatric information has requested additional or updated medical, psychological, or psychiatric information to which I may have access or of which I may have knowledge.

I understand that if I have authority to release such information, that such release is entirely voluntary on my part.

- 1. I hereby release the following specific information to the Tennessee Department of Children's Services and its authorized agents to provide such information about me to the treating professionals or health care facilities for the purpose of assisting with the medical, psychological, or psychiatric care of the requesting party (Attach Additional Sheets if Necessary):
- 2. Names and addresses of Treating Professionals or Health Care Facilities from Whom the Information May Be Released Pursuant to My Approval (Attach Additional Names if Necessary):
- 3. Other than the specific information given above, I wish to share other medical information about me and/or other relatives: (If information is given about other relatives, please specify their relationship to you.)

4. This Release Shall Expire in four (4) months from date of my signature unless otherwise stated here ______. Thereafter a new release must be executed for further release of additional or updated medical information.

This the ____ day of _____, 20____

Please Print: _

Name of Person Signing Release

Signature: _____

(Rule 0250-7-13-.20, continued)

*Authority:* T.C.A. §§4-5-201, et seq., 36-1-135, 36-1-125 and, 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. *Administrative History:* Original rule filed September 7, 2001; effective November 21, 2001.

# 0250-7-13-.21 CONSENT BY A LICENSED CHILD-PLACING AGENCY OR BY THE TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES FOR ADOPTION OF A CHILD

- (1) The following form is to be used by a licensed child-placing agency, the Tennessee Department of Children's Services or an agency such as another state or federal agency to give consent to the adoption of a child by the prospective adoptive parent(s) to the extent that the agency or Department has either full or partial guardianship based upon a surrender, or other relinquishment of parental rights, or by a termination of those rights by involuntary court action.
- (2) Form:

#### CONSENT BY A LICENSED CHILD-PLACING AGENCY OR BY THE TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES FOR ADOPTION OF A CHILD T.C.A. §§ 36-1-116(b)(11) and 117 (h)

STATE OF	)	
COUNTY OF	)	

First being duly sworn according to law, affiant would state:

1.	I am,, Executive Head of	
	(A licensed child-placing agency); or an authorized representative of the Tennessee	
	Department of Children's Services; or an authorized representative of, a	state
	or federal agency with the right to place the child for adoption, (Legal Name of Child)	
	D.O.B	
2.	My agency or department holdsfull or partial guardianship of the child by a surrender or relinquishment of rights by one or both	h

parents or guardians of the child, or by termination of the parental or guardianship rights of one or both parents or guardians.

3. I am authorized by my agency to give consent to the adoption of this child by:

___ Prospective Adoptive Mother

_____ Prospective Adoptive Father

4. On behalf of my agency, and to the extent of my agency's full or partial guardianship of:

______ (Child's Name), I give consent to the adoption of this child by the above prospective adoptive parent(s).

This _____day of ______, 20____

FURTHER AFFIANT SAITH NOT.

Print Name:

Name of Person Authorized to Give Consent

Title

Signature:

Sworn to and subscribed before me this _____ day of _____, 20____

(Rule 0250-7-13-.21, continued)

NOTARY PUBLIC

My Commission Expires: _____

**Authority:** T.C.A. §§4-5-201, et seq., 36-1-116(b)(11), 36-1-117(h), 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001.