

STATE OF VERMONT  
DISTRICT OF \_\_\_\_\_

PROBATE COURT

DOCKET NO. \_\_\_\_\_

IN RE THE ADOPTION OF \_\_\_\_\_

**WAIVER OF COUNSEL  
15A V. S. A. 3 -503(b)(1)**

I, \_\_\_\_\_, have been informed that I am entitled to be represented by an attorney who is not representing an adoptive parent or an agency to which the parent's child is being relinquished.

I fully understand that these proceedings may result in the **TERMINATION OF MY RELATIONSHIP TO MY CHILD.**

I fully understand my **RIGHT TO AN ATTORNEY**, and it has been explained to me that an attorney will be appointed to represent me if I want an attorney and cannot afford to hire an attorney at my own expense.

However, **I DO NOT WISH TO BE REPRESENTED BY AN ATTORNEY**, and I hereby waive my right to be represented by an attorney in this proceedings.

Please send all correspondence to me at the address below.

Signature : \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: Home ( ) \_\_\_\_\_

Work ( ) \_\_\_\_\_

Signed in the presence of a Notary Public or other person authorized by the Probate Court.

Subscribed and sworn to on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Before me,

\_\_\_\_\_  
Notary Public, Judge