

STATE OF VERMONT

SUPERIOR COURT

PROBATE DIVISION

Unit

Docket No.

In re Adoption of:

RELINQUISHMENT OF MINOR TO AGENCY FOR ADOPTION

I swear or affirm under oath that the facts set forth below are true and I voluntarily relinquish my child for adoption.

My Information:

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Mailing Address (town, state, zip): \_\_\_\_\_

Phone Number: \_\_\_\_\_

I am: ☐ Single/Never Married ☐ Married  
☐ In a Civil Union ☐ Single/Divorced  
☐ Spouse/Partner Deceased

My native language is: ☐ English ☐ Other (specify) \_\_\_\_\_

Information about the Minor Child to be Adopted:

Minor's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Time of Birth: \_\_\_\_\_

Name of Person(s) with Whom Minor Resides: \_\_\_\_\_

Mailing Address (town, state, zip): \_\_\_\_\_

Minor has lived at this address for \_\_\_\_\_ ☐ Weeks ☐ Months ☐ Years

My relationship to this child is ☐ Parent ☐ Legal Guardian ☐ Other \_\_\_\_\_

I have authority to relinquish this child for adoption ☐ Yes ☐ No

Information about the Other Parent: *provide all information that you know about*

Name of Other Parent: \_\_\_\_\_

Other Parent's Date of Birth: \_\_\_\_\_

Mailing Address (town, state, zip): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Marital Status: ☐ Married ☐ Never Married ☐ Divorced ☐ Don't Know

I do not know some or all of the information about the other parent because:

Information about the adoption agency:

Name(s) of Agency: \_\_\_\_\_

Mailing Address (town, state, zip): \_\_\_\_\_

Phone Number: \_\_\_\_\_

1. **Voluntary Consent:**

**After careful consideration, I believe that it is in the best interests of my child to be placed for adoption. I voluntarily and unequivocally consent to the transfer of legal and physical custody of this minor child to the above named adoption agency for the purposes of adoption and to take any and all measures that may be in the best interests of the child.**

2. **Revocation of Consent:**

I understand that:

- a) I may revoke this consent by notifying the court and the adoption agency in writing that I wish to revoke this consent. I understand that my written notice to revoke must be delivered to the court **within 21 days after this consent is signed or on or before this date:** \_\_\_\_\_  
*21 days from date consent is signed*
- b) If the adoption agency and I agree, we may jointly revoke this consent any time before finalization of the adoption. However, if the adoption agency does not agree to revoke after the 21 day period, then this consent will become irrevocable on the 22<sup>nd</sup> day after it was signed; and
- c) If this consent is obtained by fraud or duress, or if an adoption petition is not filed within 45 days after the minor is placed for adoption, without good cause, then I may petition the court to have this consent revoked. The petition may be filed in either the court in which the adoption is pending or in the court where the consent is signed.

3. I certify that the following statements are true: *(check each box if the statement is true. If the statement is not true, leave the box empty.)*

- ☐ I have read this consent or I have had it read to me;
- ☐ I am signing this consent voluntarily;
- ☐ Before signing this consent, I was informed of the meaning and consequences of adoption. I understand that, unless otherwise provided in this consent, my signing of this consent and failure to timely revoke the consent, terminates any right I may have to object to the minor's adoption by the prospective adoptive parent(s).
- ☐ I have been informed about the consequences of misidentifying the other parent of this child;
- ☐ I have been informed about the procedure for releasing information about health, characteristics, and identity of myself to the adoptee;
- ☐ I am a minor and I certify that I was advised by an attorney who is not representing the adoptive parent(s) or the adoption agency to which the child is being relinquished. The name of the attorney who gave me advice is \_\_\_\_\_ and he or she is present as this consent is being executed; *(do not check this box if you are an adult.)*
- ☐ I am an adult and I certify that I was informed of my right to have an attorney represent me in this matter, specifically an attorney who is not representing the adoptive parent or the adoption agency to which the child is being relinquished; *(do not check this box if you are a minor.)*
- ☐ I have provided to the adoptive parent(s), or their agent, non-identifying information about the child's and my family's health history and background as required by law (15A V.S.A. §2-105). I understand that before the adoption becomes final, if information becomes available to me which was previously unavailable, then I have an obligation to provide this information.
- ☐ I have been informed that it is in the best interests of the minor child that I keep the court or the adoption agency informed of my current address and any family health problems of mine which may develop and which could affect the child. This will allow the court or agency to respond to any inquiries concerning the minor's medical or social history.
- ☐ I have been informed of the procedure for releasing information about the health and other characteristics of the parent which may affect the physical or psychological well-being of the minor and the legal procedure for release of the parent's identity.

☐ I have not received or been promised any money, or anything of value, in exchange for my executing this consent except for payments which are authorized by law (15A V.S.A. §7-103). These payments are itemized on an attachment to this consent.

☐ I have been a recipient of public assistance during the last 12 months: ☐ yes ☐ no

☐ The minor child is an Indian child as defined by the federal Indian Child Welfare Act: ☐ yes ☐ no

With respect to notice of further proceedings related to this adoption (check one):

☐ I waive notice of any proceeding for adoption of the minor;

☐ I waive notice of the adoption unless the adoption is contested, appealed or denied;

☐ I do not waive notice of the proceedings related to this adoption. I would like to be notified at the address in paragraph 1 of this Consent.

☐ I understand that the adoption will make any orders or agreement for visitation or communication with the minor, unenforceable.

☐ I understand that after this consent has been executed in compliance with the law and not revoked, the consent becomes final and may not be revoked or set aside for any reason, including the failure of the adoptive parent(s) or agency to permit me to visit or communicate with the minor. I further understand that this consent will extinguish all parental rights and obligations, and the adoption will completely terminate every aspect of my legal relationship with the minor, except for arrearages of child support.

☐ Before executing this Consent, I was informed of the availability of personal counseling by a certified adoption counselor or other counselor of my choice.

4. Conditions:

I am signing this consent under the following conditions permitted by law [15A V.S.A. § 2-406(e)]:

☐ No conditions

☐ The following condition(s) authorized under 15A V.S.A. § 2-406(e):

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5. I have participated as a party, witness or in some other capacity in litigation concerning the custody or support of the minor: ☐ yes ☐ no

*(If yes, please describe the litigation and your role on a separate sheet of paper and attach it to this consent.)*

6. I have knowledge about a person or agency who has physical or legal custody of the minor, or who claims to have custody or visitation rights. ☐ yes ☐ no

*(If yes, please describe what you know about these legal proceedings or claims on a separate sheet of paper and attach it to your consent.)*

I swear or affirm that the facts set forth in this consent are true and correct to the best of my knowledge and belief.

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

\_\_\_\_\_  
Signature of Parent

At: \_\_\_\_\_  
City, County and State

\_\_\_\_\_  
Printed Name

## CERTIFICATION

The Consent to Adoption set forth above was signed in my presence pursuant to 15A V.S.A. §2-405. The facts set forth in the consent were sworn to under oath or affirmation. I hereby certify that I explained to the person signing the consent the contents and consequences of the consent, and, to the best of my knowledge, the person executing the consent:

- a. Read this Consent or had it read to him/her;
  - b. Signed this consent voluntarily;
  - c. Received a copy of this Consent;
  - d. Was informed about the consequences of misidentifying the other parent of the minor;
  - e. Was informed about the procedure for releasing information about the his or her health, characteristics and identity to the adoptee;
  - f. Was advised by an attorney who is not representing the adoptive parent(s) or the adoption agency to which the child is being relinquished if the person signing the consent is a minor. The name of the attorney who gave him or her advice is \_\_\_\_\_ and this attorney was present when this consent is being executed;
  - g. Was informed of his or her right to have an attorney represent him or her in this matter, specifically an attorney who is not representing the adoptive parent or the adoption agency to which the child is being relinquished, if the person signing the consent is an adult;
  - h. Has responded to inquiries as provided for under 15A V.S.A. §3-404, if the person signing this consent is a mother who has not identified a biological father;
  - i. Has provided the names and addresses of the persons described in 15A V.S.A. §3-401(a)(6), if a parent is deceased;
  - j. Understands that personal counseling was available by a certified adoption counselor or other counselor of his or her choice;
  - k. Has been made aware of the procedure for releasing information about the health and other characteristics of the parent which may affect the physical or psychological well-being of the minor and the statutory procedure for release of a parent's identity under Article 6 of the Vermont Adoption Act.
- ☐ The Court has received an Acceptance of Relinquishment from the above named agency or a Statement of Intent to Adopt.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name of Probate Judge or Other Person Authorized by the Probate Judge

I acknowledge that I have received a copy of this document signed by myself and the probate judge or other person authorized by the probate judge.

Date	Signature of Parent