

STATE OF VERMONT

SUPERIOR COURT

PROBATE DIVISION

Unit

Case No. _____

In re 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 does not represent an adoptive parent or an agency to which my child is being relinquished.

I fully understand that these proceedings may result in the TERMINATION OF MY LEGAL RELATIONSHIP TO MY CHILD AND ALL MY PARENTAL RIGHTS AND RESPONSIBILITIES.

I fully understand my RIGHT TO AN ATTORNEY. I understand that if I want an attorney and cannot afford to hire an attorney at my own expense, an attorney will be appointed to represent me at no cost to me.

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 proceeding.

Please send all correspondence to me at the address below.

I declare that the above statements are true and accurate to the best of my knowledge and belief. I understand that if the above statements are false, I will be subject to the penalty of perjury or to other sanctions in the discretion of the court.

Parent Information

Date _____

Signature

Printed Name

Mailing Address

Phone Number _____

Email Address _____