

IN THE CIRCUIT COURT OF _____ COUNTY, ARKANSAS
JUVENILE DIVISION

ARKANSAS DEPARTMENT OF HUMAN SERVICES

PLAINTIFF

VS.

NO. JV _____

_____, MOTHER

_____, LEGAL/PUTATIVE FATHER OF: DEFENDANTS

_____, DOB: _____, GENDER

JUVENILE

RESPONDENT

RELINQUISHMENT OF PARENTAL RIGHTS
WAIVER OF NOTICE
ENTRY OF APPEARANCE

I, _____, being first duly sworn, state under oath:

1. I am the mother (or legal/putative father) of the child whose name is

_____, and whose date of birth is _____.

2. My signature on this document will relinquish all my rights and terminate my relationship of parent and child as to the said child in order that the said child may be placed in a permanent home.

3. My consent extends to a Court of competent jurisdiction making such findings as well as other findings necessary for its decree, and I accept the Court's findings as absolute and final.

4. My consent is given freely and voluntarily. I fully understand that my relationship as parent will forever be terminated including all rights and responsibilities of such relationship and this is my desire.

5. I am not acting under any threat or promise from anyone nor am I acting under duress from any source or situation. I have given this subject considerable thought and deliberation and it is my desire, in consideration of the best interests of my child and myself, for a Court of

competent jurisdiction to terminate the relationship of parent and child and place my child in a permanent home.

6. During the course leading to my final decision to terminate the parent and child relationship, I have received assistance, counsel and advice from every person or agency from whom I have desired to obtain such assistance, counsel and advice. I realize that I have a right to have an attorney and to receive legal advice from an attorney OR I have an attorney, (NAME OF PARENT COUNSEL) and I received legal advice from my attorney on this matter. I do not desire, nor do I sense the need to confer with any other person regarding this matter. I do not feel that I am deprived of the means to seek help, counsel, advice or assistance from any person or agency in making this decision or to assist me in resolving any problem which may influence my decision. I am of the firm conviction and belief and convinced beyond any doubt that this action is in the best interests of my child.

7. I am over the age of 18. I have completed enough schooling that I read and write the English language OR I cannot read but (NAME OF PERSON) read this document to me OR because English is not my primary language and my primary language is (NAME OF LANGUAGE) and an interpreter, (NAME OF INTERPRETER), read this document to me in (NAME OF LANGUAGE). I am not under the influence of any drugs, alcohol, or any other intoxicating substance. I am of a sound mind and body and am capable of entering this consent.

8. Neither the child nor either parent of the child is a member of an Indian tribe.

9. I tender my consent herein to be filed with a Court of competent jurisdiction by the Arkansas Department of Human Services. **I understand that my consent may be withdrawn within ten calendar days after it is signed by giving a notice of withdrawal in the form of an affidavit filed with the clerk of the Court where the adoption or guardianship petition will**

be filed, and more specifically, the Circuit Clerk of _____ County, located at _____ . The ten calendar day period ends on _____, _____. (If the ten day period ends on a weekend or legal holiday the affidavit of withdrawal may be filed on the next working day.)

10. I understand that I am entitled to notice of the proceedings, and I can personally appear there unless I voluntarily give up and waive said rights. It is my desire to give up and waive any right to notice of and participation in court or for any hearings, proceedings, orders, decrees and any other matters relating to the petition to terminate parental rights, whether such action has already been filed or will be filed later. I hereby enter by appearance in the above styled proceeding, waiving all notice of any kind and waiving service of summons upon me. I consent that hearings be held and orders and decrees entered without notice to me.

11. Execution of this document will also give up and waive any right I may have to notice of and participation in any operation of the Arkansas Department of Human Services or its agency which may relate to my child, including visits with my child, meetings, staffings, or case planning. It is my desire that I not be notified of such events.

12. I am aware that this document was drafted by the Arkansas Department of Human Services, and I have had the opportunity to consult with my own legal counsel prior to executing my signature on this document.

13. I have voluntarily executed this consent irrespective of disclosure of the name or other identification of the adopting parent(s).

14. I swear under oath on penalty of perjury that I have read each and every statement herein contained and each and every statement is true and correct according to my personal knowledge.

Parent's Name

VERIFICATION

On this day the above parent came before me stating on oath that the facts contained in the foregoing Consent is true and correct to the best of the parent's knowledge, information and belief.

WITNESS MY HAND AND SEAL this ____ day of _____, ____.

Notary Public

My Commission Expires:

(CW22A/08-13)