RULES

OF

TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES SOCIAL SERVICES DIVISION

CHAPTER 0250-7-13 ADOPTION PROCESS FORMS

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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).

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 OTHER LOCATION (_____

(Rule 0250-7-1302,	continued)					
COUNTY OF	OR OTHER O	CITY OR PROVI	NCE ()	1		
Being duly swor	n according to law, a	ffiant would state:				
The following information i	is true and correct to	the best of my know	wledge:			
PERSON COMPLETING TO () BIRTH () LEGAL MOT						
() BIRTH () LEGAL FATH	HER'S NAME:					
GUARDIAN(S) NAME: _ ADDRESS:						
STREET/RUR HOME TELEPHONE NO	AL ROUTE/P.O. BO	OX CI	TY/TOWN STATE	ZIP		
BIRTH MOTHER'S RAC	E NA	ΓΙΟΝΑLITY				
BIRTH FATHER'S RAC BIRTH MOTHER'S SOCIA						
DRIVER'S LICI	ENSE #					
BIRTH FATHER'S SOCIA	L SECURITY # ENSE #		-			
DRIVER'S LICE CHILD'S NAME	D	O.O.B SEX _	RACE			
(To indicate race HI (Hispanic) or other (spec			rican), AI (American In			vamnle a chil
who is African American ar	nd Caucasian heritage	e, write in "AACA	.")	inage, write in n	iore than one code, for ex	vampie a cim
IF NATIVE AMERICAN H	HERITAGE IS INDIC	CATED, PLEASE S	SPECIFY:			
TRIBE:						
THE PARENT IS REGISTI	ERED () ELIGIBLE	E TO BE, BUT NO	T REGISTERED ()			
WITH THE ABOVE TRIB	E.					
THE CHILD IS REGISTER WITH THE ABOVE TRIB		TO BE, BUT NO	T REGISTERED ()			
MARRIAGES: (IF PARENT HAS BEEN N NAME OF SPOUSE (INCLUDE MAIDEN NAME)	DATE OF MARRIAG	CITY/S	TATE E MARRIAGE		OF LICENSE	
DIVORCES: INCLUDE ANNULMENTS	S/SEPARATIONS/A	NY TYPE DISSOI	LUTIONMENTS OF M	MARRIAGE)		
NAME OF SPOUSE	DATE AND TY	YPE	CITY/STATE OF I	DIVORCE	COURT	
	OF DISSOLUTION	NIMIENIT	DECREE			
	DISSOLUTIO	NIVIENI				
IF MARRIAGE ENDED W	THE DEATH C	F A SPOUSE, PL	EASE COMPLETE TH	IE FOLLOWING	G INFORMATION:	
NAME OF SPOUSE		DATE OF	CITY/COUNTY/	/STATE		
NAME OF SPOUSE		DATE OF DEATH	CITY/COUNTY/ WHERE DEATH			

	T	T
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		
HODDING DIMEDUGMS		
HOBBIES, INTERESTS		
AND TALENTS		
PERSONALITY		
RELIGION		
GENERAL HEALTH/HISTORY		
IF DECEASED CAUSE OF		
DEATH	NEG NO	ALDS NO
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
	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)

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		

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		

BACKGROUND INFORMATION FOR		
	(NAME OF CHILD)	_

INFORMATION	BIRTH FATHER'S PATERNAL GRANDMOTHER	BIRTH FATHER'S PATERNAL GRANDFATHER
FULL LEGAL NAME	GRANDMOTHER	GRAIDFAITER
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 0250-7-1302, continued)		
BACKGROUND INFORMATION FOR	(NAME OF CHILD)	
OTHER CHILDREN BORN TO THE BIRTH MOTHER		
FULL LEGAL NAME		

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
AWARE OF PLAN FOR ADOPTIVE PLACEMENT	1 ES NO	YES NO
	TO DESCRIBE OTHER CHILDREN DODA	TO THE BIRTH MOTHER OR BIRTH FATHER
HAVE ANY X-RAY, ELECT. IF YES TO ANY OF THE AB DID YOU HAVE ANY OF THE FOLLOW! GERMAN MEASLES VENEREAL DISEASE VIRUS TYPE INFECTIONS TYPE WERE YOU INVOLVED IN ANY ACCIDITYES () No ()	OMPLICATIONS? Yes () No () ROCARDIOGRAM OR RADIATION EXPO- ROVE, PLEASE EXPLAIN: ING DURING THIS PREGNANCY? Yes () No () DATE Yes DURING THIS PREGNANCY?	
DELIVERY HISTORY: DURATION OF LABOR TYPE OF DELIVERY WERE THERE OTHER PREGNANCIES O IF YES, PLEASE DESCRIBE THE PREGN ETC.)	OF THE BIRTH MOTHER: Yes () No ()	IDED (ABORTION, STILL BIRTH, MISCARRIAGES
MEDICAL HISTORY FOR NAME OF BIRTH MOTHER () BIRTH I	FATHER()	

PLEASE INDICATE BY A CHECK MARK (X) IF \underline{YOU} 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	MEDICAL CONDITION SELF		YES - OTHER RELATIVE	COMMENTS		
	YES	NO	(SPECIFY)			
ACQUIRED						
IMMUNE						
DEFICIENCY						
SYNDROME						
(AIDS)						
ALCOHOLISM						
ALLERGIES						
ARTHRITIS						
BONE DISEASE						
CANCER						
CEREBRAL PALSY						
CLEFT PALATE						
CONGENITAL DEFECTS						
CORONARY (HEART)						
PROBLEMS						
CYSTIC FIBROSIS						
DEAFNESS						
MEDICAL CONDITION	SE	SELF YES - OTHER RELATIVE		COMMENTS		
CONDITION	YES	NO	(SPECIFY)			
DIABETES			, ,			
EAR INFECTIONS						
ECZEMA						
EPILEPSY/						
SEIZURES						
GONORRHEA/ SYPHILIS						
HAY FEVER/						
ASTHMA				1		
HEARING PROBLEMS						
HEART PROBLEMS	1					
HEMOPHILIA						
HERPES						
HODGKIN'S						
HORMONE DISORDER						
HYPERTENSION						
KIDNEY DISEASE						
MENTAL ILLNESS						
MENTAL RETARDATION			·			
MIGRAINES						
Wildia ii (25						

MUSCULAR DYSTROPHY		
NARCOTIC ADDICTION		

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

$\underline{\textbf{SUBSTANCE USE HISTORY}} \textbf{-} \textbf{BIRTH MOTHER}$

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.

(Rule 0250-7-1302, continued)
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.)
PSYCHIATRIC HISTORY: 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:

(Rule 0250-7-13-.02, continued) Legal Guardian(s): FURTHER AFFIANT SAITH NOT. This _____, 20_____ Signature: __ Parent or Legal Guardian Sworn to and subscribed before me this _____ day of ______, 20____ NOTARY PUBLIC My Commission Expires: OR Please Print: ___ ____Chancellor ____Circuit Judge ___Juvenile Court Judge ____Warden or ___ Judge or ___Clerk of Court of Record In another State; or ____ U.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).

		OF) Y OF)		
Bei	ng dul	y sworn according to law, affiant would state:		
1.	I am	ı:		
	a.	Mother:	(Date of Birth)	, or
	b.	Father:	(Date of Birth)	, 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.	This	s child was born in wedlock \square / out of wedlock \square .		
4.	State	e the names and relationships of any other legal/biological p	parent, legal guardian or poss	sible biological parent for this child:
	a.	(1) Name:		

		(3)	Address						
		(4)	City, State Zip						
		(5) (6)	Other identifyir	nber: Home:ng information concerning the	Work: above identifi	ed other lea	al or biologi	cal narent/legal guard	lian
		(0)							_
									- and
									_ and
	b.			a 191					
				the child:					
		(4)	City, State Zip						
		(5)	Telephone Num	ber: Home:	Work:				
		(6)	•	ng information concerning the		_	_		
									- -
									_ and
	c.	(1)	Name:						
		(2)	Relationship to	the child:					
		(3)	Address						
		(4) (5)	Telephone Num	nber: Home:	Work:				
				ng information concerning the				legal guardian.	
									-
									_
									-
5.			ty is unknown fo l parent						
	a. b.	Lega Biolo	gical parent	Yes \square No \square					
	c.	Lega	l guardian applicable	Yes □ No □					
	d.	Not a	applicable	Yes □ No □					
6.	The	where	abouts is unknov	yn for the other					
0.	a.	Lega	l parent	Yes □ No □					
	b.	Biolo	ogical parent l guardian	Yes □ No □					
	c. d.	Lega	l guardian applicable	Yes □ No □ Yes □ No □					
	u.	NOU	присавіє	res 🗖 No 🗖					
7.				n concerning the identity, wh					
				rdian has been () or will by whom the above child is being		to the Teni	nessee Depar	rtment of Children's	Services or the License
	CIII	iu-i iac	ing Agency to w	nom the above child is being i	surrendered.				
8.	Info	rmatio	n Concerning Cl	hild's Native American Herita	ge:				
	a.	Are v	you or the child o	of Native American heritage?	Yes 🗖	No □			
	и.		, go to # 9.	or realize runerican neritage.	105 🗷	110 🖪			
	b.			e for tribal membership?	Yes 🗖	No 🗖			
	c. d.	If ye	s, give name of t	ribeith a Native American tribe?	Yes 🗖	No 🗖			
	e.		s, give name of t		168	NO L			
	f.	Is yo	ur child eligible	for tribal membership?	Yes 🗖	No 🗖			
	g.		s, give name of t	ribe registered with a Native Ameri	aan tuiba?	Yes 🗆	No. 🗖		
	h. i.		s, give name of t		can tribe?	ies 🗆	No 🗖		
	j.		information is u		Yes 🗖	No 🗆			
0		337:11	41.11.11.4 1	44 CT 441		6 14:	9		
9.	a.	Will	Yes	t out of Tennessee to another s No If no, go to #10	state or country	y for adopti	on?		
	b.	If ye	s, name of state of						
	c.	If ye	s, I understand T	ennessee law will govern the i	interpretation of	of this surre	nder.		
		-			_				
10.				red or been promised any mon- placement of this child for adop		nuneration (of thing of va	alue in connection wi	th the birth of
	Yes		No 🗖	nacement of this child for ado	puon:				

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

b. Is it expected that the child will become possessed of any real or personal property? Yes No No No No No No No No No N			Amount	To Whom	Dr. Whom	Date	Type Service/Cost	
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 argive the property value: Do you currently have:		Г	Paid	To Whom	By Whom	Received/Paid	Service/Cost	
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 argive the property value: Do you currently have:								
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 argive the property value: Do you currently have:								
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If, yes please describe property, who currently owns the property, the time and circumstances under which the child becomes owner are give the property value: Do you currently have:	11. a.						perty owned and give the p	property
If, yes please describe property, who currently owns the property, the time and circumstances under which the child becomes owner are give the property value: Do you currently have:	1.	T- :4 .		:11 1			N. T	
12. a. Do you currently have: Only legal custody of the child? Yes	b.							owner and
12. a. Do you currently have: Only legal custody of the child? Yes				erty, who current	ry owns the property, the ti	me and encumstances unde	a which the chird becomes	Owner and
Only legal custody of the child? Yes			FF					
Only legal custody of the child? Yes								
Only legal custody of the child? Yes								
Only legal custody of the child? Yes								
Only legal custody of the child? Yes								
Only legal custody of the child? Yes								
Only physical custody of the child? Yes	12. a.	Do	you currently have:					
b. If another person(s) holds legal custody of the child? Yes								
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 No C 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: State: Zip: Do you intend to give custody to the licensed child placing agency or the Tennessee Department of Children's Services? Yes No C g. Explain any other circumstances regarding the custody status of this child: 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 C b. Do you desire counseling regarding such assistance which may be available to you or regarding other issues surrounding adoption parenting from the Tennessee Department of Children's Services a licensed child-placing agency, or a licensed clinical social work								
Name: Relationship, if any, to you or the child: Address:								
Relationship, if any, to you or the child: Address: (Street, RR, P.O. Box) (Town/City) (State) (Zip) Telephone Number (Home) (Work) (State) (Zip) Telephone Number (Home) (Work) (State) (Zip) Telephone Number (Home) (Work) (State) (Zip) Relationship, if any, to you or the child: (Street, RR, P.O. Box) (Town/City) (State) (Zip) Telephone Number (Home) (Work) (State) (Zip) (Z	b.							
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 No = 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 licensed child placing agency or the Tennessee Department of Children's Services? Yes No = State: No = g. Explain any other circumstances regarding the custody status of this child: Yes No = No = b. Do you desire counseling regarding such assistance which may be available to you or regarding other issues surrounding adoption parenting from the Tennessee Department of Children's Services a licensed child-placing agency, or a licensed clinical social work		Nai Rel	ne:	u or the child:				
Telephone Number (Home) (Work)		Ada	dress:	u or the child				
Telephone Number (Home) (Work)		7100	(Street, RR, P.0	O. Box)	(Town/City)	(State) (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 No 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: 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? Yes No e. Explain any other circumstances regarding the custody status of this child: Yes No o 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 o No or o		Tel	ephone Number (Home	e)	_(Work)	, , , , , ,		
Relationship, if any, to you or the child:	c.	If a	nother person(s) holds	physical custody	of the child at this time, gi	ive the following information	on:	
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Telephone Number (Home) (Work) d. Is the person(s) who holds custody the prospective adoptive parent? Yes			ationship, if any, to you	u or the child:				
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Name of Agency:	d.	Add Tele	ationship, if any, to you dress:(Street, RR, P.G ephone Number (Home	O. Box)	(Town/City)	(State)	(Zip)	
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concerning the decision to place this child for adoption? Yes \square No \square	e. f. g. 13 a.	Addo Tele Is the If a of y Narr Street Town Do Exp Are	ationship, if any, to you dress: (Street, RR, P.Cephone Number (Home he person(s) who holds a licensed child placing your child, give the follome of Agency: Let/Rural Route/P.O. Bown/City: Yes	O. Box) custody the prosagency, the Depowing information ox: cody to the license tances regarding ce which may be regarding such a	(Town/City) (Work)	(State) Yes No ices or another State agency Zip: the Tennessee Department hild: the child should you desire vailable to you or regarding	y holds physical and/or legation of Children's Services? et o parent this child? g other issues surrounding a	adoption or
c. Has such counseling been made available to you? Yes No	e. f. g. 13 a.	Add Tele Is the If a of y Narr Street Toy Do Exp Are	ationship, if any, to you dress: (Street, RR, P.Cephone Number (Homene person(s) who holds a licensed child placing your child, give the follome of Agency: pet/Rural Route/P.O. Bown/City: you intend to give cust Yes No lolain any other circums e you aware of assistance Yes No you desire counseling enting from the Tennes	O. Box) custody the prosagency, the Depowing information ox: cody to the license tances regarding ce which may be regarding such a ssee Department	(Town/City) (Work)	(State) Yes No ices or another State agency Zip: the Tennessee Department hild: the child should you desire vailable to you or regarding censed child-placing agency	y holds physical and/or legation of Children's Services? et o parent this child? g other issues surrounding a	adoption or

14.	a. b.	If not, do y Yes □	you desire to No □	o consult w	by legal counsel at the ith legal counsel province in the ith legal counsel province in the item is a second country and item is a second country in the item		proceeding? cution of the surrence	Yes der of the chil	No □ d?	
15.	the		y manner fo	orever, tha	t your rights and	responsibilit				t to act as parent of d that the child will
16.	a.	surrender	r, you may	revoke or		der by signi				e date you sign the ENDER before the
	b.	the surrer revocation the tenth Saturday,	nder will b n period is (10th) day	egin on the <u>ten (10) ca</u> falls on a S r legal holic	e day following the lendar days and w Saturday, Sunday	e signing of <u>vill expire or</u> or legal holi	the surrender, or (a the tenth (10th) da day, the last day for	Mo/Day/Yr) ay or (Mo/Da r revocation	ny/Yr)will be the next	od of revocation of The If t day which is not a Do
	c.	Departme custody of	ent of Child f the child, l that you r	dren's Serv , <u>unless</u> the	ices or Licensed C court finds that	hild-Placing to do so wil	g Agency will be req Il likely result in in	quired to retu nmediate hai	ırn the child, <u>if</u> rm to the healt	riod, the Tennessee you currently have h and safety of the to represent you in
17.							or pressure by any sted by other person			irrender the above-
FUR		R, AFFIAN		·	•	•				
This	the _	day of _		_ 20						
Sign	ature	e:	Biological	l Legal_	Father				of	
Swo	rn to	and subscrib	hed before r		day of	20				
SWO	iii to	Please Pri		ine uns uie .	uay or	., 20				
		ricase rri			Chancellor,C	Circuit Judge,	orJuvenile Court	t Judge	-	
		Ciamatuuna			of		County, Tennes	ssee		
		Signature		Chancello	Circuit Judge, or	Juvenile Cou	rt Judge			
						PART 1	п			
Α.	LIC	ENSED CI	HILD-PLA	CING AG		EPTANCE	OF THE SURREN			SERVICES OR A E DEPARTMENT
		OF TENNE								
Bein	ng dul	y sworn acc	ording to la	aw, affiant v	vould state:					
1.	I am					or				
						-				

July, 2005 (Revised)

	b.			
	c.	Legal Guardian: of:		
2.	a.			
	b.	child's Date of Birth:		
	c.	. Child's Place of Birth:		
	d.			
	e.	. Child's Race:		
3.	term Lice pers	understand that by my signature to this document, all of my parent erminated and ended; that this child will be placed for adoption by icensed Child-Placing Agency, or by the Tennessee Department ersons, and that I will have no further right to see this child, or to act hild.	of Children's Services and that th	e child will be adopted by other
I.	I un	understand that by signing this document, I will not be entitled to and doption of my child by other persons.	y notice, legal or otherwise, of an	y other legal proceedings for the
5.	a.	. I have read and fully understand Part I of this document and fully do so by(Date from # 16b. of Part I) by presenting 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	e Revocation of Surrender form.	
ó.	I FI MY TO:	FREELY AND VOLUNTARILY, WITHOUT DURESS OF ANY MY PARENTAL OR GUARDIANSHIP RIGHTS TO	KIND, SURRENDER ALL OF	
	a. b.	E E ;		
		FURTHER AFFIANT SAITH NOT.		
		This the day of, 20		
		Signature: Biological, LegalMother Biological, LegalFather Legal Guardian		
		Sworn to and subscribed before me this the day of	, 20	
		Please Pr	nt:	
			Chancellor, Circuit Judge,_	or Juvenile Court Judge
			of	County, Tennessee
		Signature	:	
Se	e Not	Note Below Before Signing	Chancellor, Circuit or Juve	enile Court Judge

NOTES TO THE 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 and the child's parent(s) and biological relatives must be completed under oath <u>prior</u> to execution of the surrender. T. C. A. § 36-1-111(k).
- 3. When applicable, as noted above, all provisions of Section B. <u>must</u> be completed as directed prior 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). Section B.4. does <u>not</u> have to be completed by the Department of Children's Services. T.C.A. 36-1-111(n).
- 4. The surrender itself is not sufficient to vest custodial or guardianship authority with the Licensed Child-Placing Agency or the Department 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).

NOTES	TO	THE	CL	ERK:
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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 6 th 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
В.	ACCEPTANCE OF SURRENDER BY LICENSED CHILD-PLACING AGENCY OR TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES
CT.	ATE OF
S1A CO	ATE OF) UNTY OF)
Bei	ng 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
	Name and True of Authorized Representative
	Signature:
	Signature of Authorized Representative
	BSECTIONS 2a2d. MUST BE MARKED TO DESIGNATE THE APPLICABLE SITUATION. ONE OF THESE SUBSECTIONS IST EXIST BEFORE THE SURRENDER CAN BE RECEIVED BY THE COURT: Icertify 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.
	BSECTIONS 3. AND 4. <u>MUST</u> BE ANSWERED "YES" OR <u>MUST</u> BE MARKED "NOT APPLICABLE" BEFORE THE RRENDER 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) Interstate Compact on the Placement of Child Form 100A adoption or foster care. If the ICPC Form 100A is not available.	for a child broug	ght into Tennessee for
	□ Not Applicable		
FU:	RTHER AFFIANT SAITH NOT.		
	TII:		
	This day of, 20		
		Signature:	Authorized Representative of Licensed Child-Placing Agenc 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
			ofCounty, Tennessee
		Signature:_	Chancellor, Circuit or Juvenile Court Judge
		_	_Chancellor, Circuit or Juvenile Court Judge
	<u>(</u>	CERTIFICATION	<u>ON</u>
			_
_	I,	, Cle	erk of the
	urt for C render Forms to be true and accurate copies of the document	ounty, Tennessons filed with the o	ee hereby certify the foregoing copies of Parts I and II of tourt.
	•		
			Clerk of the Court of
			County, Tennesse
			(Seal)
	CONTAC	PART III T VETO REGI	STRATION
	T.C	C.A. § 36-1-111	(k)(3)
ST	ATE OF		
CO	OUNTY OF)		
Bei	ng duly sworn according to law affiant would state:		
1.	I am:		
	a. Mother: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.			am surrendering (adopted person) and by certain other classes s to the sealed records, sealed adoption records or post adopti

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	g Birth & Married Names)	(Street/Rural Route/P. O.	Box)
(Tow	rn/City)	(State)	(Zip Code)
(Hon	ne Telephone No.)	(Work Telephone No.)	
	n address the department may use		wishes regarding contact.
(Street/Rural Ro	ute/P. O. Box)	(Town/City)	(State)
(Zip Code)	(Work Telephone)	(Home Teleph	one)
	n address a person requesting cor f no, please share the address to		
(Street/Rural Ro	ute/P. O. Box)	(Town/City)	(State)
(Zip Code)	(Work Telephone)	(Home Teleph	one)
If no, may the lis	te numbers the numbers the departed telephone numbers be shareder(s), if any, that might be shared	l with eligible persons requesting	YES □ NO □. g contact? YES □ NO □. If no, please
(Work Telephon	e No.)	(Home Telephone No.)	

8.	a.		ne adopted person and all other classes of eligible pealed adoption records or post adoption record to be	persons, who may, as may be permitted by law, to have contact with me. \Box
	b.	ancestors, and the spouses of may, however, exclude pers themselves or, upon location	f those persons so that they cannot be contacted to sons in those classes from this automatic coverage.	applicable to your siblings, lineal descendants, linea by a person eligible to have the records opened. You age so that they will have to register a contact veto they will have to register a contact veto at the time these persons.
	c.	 (1) My siblings: Yes □ (2) My lineal descendants: (3) My lineal ancestors: (4) The spouses of: (a) siblings Yes □ (b) lineal descendants (c) lineal ancestors 	Yes No Yes No No No Yes Yes	
Ple	ase co	emplete the following for any kr		A 11
		Name	Relationship To Surrendering Person	Address Street. RR, P. O. Box, Town, State, Zip
Plea	d.	I wish to veto contact with: (1) Any future siblings of the s	Yes □ No □ Name of current spouse Yes □ No □ ndants Yes □ No □	
		Name	Relationship To Surrendering Person	Address Street. RR, P. O. Box, Town, State, Zip
		Ivaine	Suitendering Ferson	Street, RK, F. O. Box, Town, State, Zip
9.	a.		am surrendering (adopted person) and <u>ALL</u> other of led records, sealed adoption records or post adoption	classes of eligible persons who, as may be permitted by on record to have contact with me. \Box
	b.	I wish to limit consent to cer	tain persons and only give consent for contact with	the following classes of people:
		(3) The adopted person's ac(4) The adopted person's li	Yes No doptive parents Yes No doptive siblings Yes No neal descendants Yes No ses of any of these persons Yes No near Near Near Near Near Near Near Near N	
	c.	If contact is limited to the leg	al representative of certain classes of persons, plea	se 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 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:
	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
FUR	THER, AFFIANT SAITH NOT.
This	the day of, 20
~ •	
Sign	ature: Biological Legal Mother
	Biological Legal Father
	Legal Guardian
C	
Swo	n to and subscribed to before me this day of, 20
	Di Di
	Please Print:
	Chancellor,Circuit Judge,Juvenile Court Judge of
	County, Tennessee
	or .
	Signature:
	Chancellor, Circuit Judge, Juvenile Court Judge
	CERTIFICATION
_	I,, Clerk of the Court of County
Cou	essee, certify the foregoing copy of Part III of the Surrender Forms to be a true and accurate copy of the document executed before this t.
	Clerk of the Court of
	Clerk of the Court of County, Tennessee
	County, Tennessee
	(61)
	(Seal)

PART IV

REVOCATION OF SURRENDER BY A PARENT OR GUARDIAN

Rain			
Delli	ıg dul	ly sworn according to law affiant would state:	
1.	I an	1:	
	a.	Mother:	. or
	b.	Father:	
	c.	Legal Guardian:	
2.	a.		
	b.	Child's Date of Birth:	
	c.	Child's Place of Birth:	
	d.	Child's Sex:	
	e.	Child's Race:	
_		5	
3.			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:	
••	1110	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.
FUR	THE	CR AFFIANT SAITH NOT.	
This	tha	day of, 20	
THIS	the _	day of	
Sion	ature	: Biological Legal Mother	
51511	ature	Biological Legal Father	
		Legal Guardian:	
		Legai Guardian.	
Swo	rn to	and subscribed before me this day of	, 20
This	Revo	ocation of Surrender was received by me on the da	ay of, 20
		Please Print:	
		riease riiit.	Chancellor,Circuit Judge, orJuvenile Court Judge
			Chancenor,Circuit Judge, orJuvenile Court Judge
			of County, Tennessee
		Signature (See notes below):	

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.
- 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

Ι,	, Clerk of the		
County, Tennessee, certify the for executed before this Court.	egoing 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.

(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).

CATE	E OF _)		
OUI				
	Bei	ng duly sworn according to law, affiant w	ould state:	
Ιa	am:			
a.	Mo	her:	(Date of Birth)	,or
b.	. Fatl	ner:	(Date of Birth)	,or
c.	Leg	al Guardian:	(Date of Birth)	,of:
a.	Chi	ld's Name		
b.	. Chi	ld's Date of Birth		
c.	Chi	ld's Place of Birth		
d.	. Chi	ld's Sex		
e.	Chi	ld's Race		
Tl	his child	l was born in wedlock □/ out of wedlock	□.	
Ç,	toto tho	names and relationships of any other lega	1/hiological parent local quardien or nos	sible higherized parent for this
SI	tate the	lames and relationships of any other lega	i/biological parent, legal guardian of pos	sible biological parent for this t
a.		Name:		
		Relationship to the child:		
	(3)	Address		
		City, State Zip		
	(5)	Telephone Number: Home:	Work:	
	(6)	Other identifying information concerning	ng the above identified other legal or bio	logical parent/legal guardian.
				and
b.	. (1)	Name:		
	(2)	Relationship to the child:		
	(3)	Address		
	(4)	City, State Zip		
		Telephone Number: Home:		
	(5)		Work:	
	(6)	Other identifying information concerning	Work: ng the above identified other legal or bio	logical parent/legal guardian.
		Other identifying information concerning	ng the above identified other legal or bio	logical parent/legal guardian.
		Other identifying information concerning	_Work: ng the above identified other legal or bio	logical parent/legal guardian.
c.	(6)	Other identifying information concerning	ng the above identified other legal or bio	logical parent/legal guardian.
c.	(6)	Other identifying information concerning State of the Concerning State of the Child:	ng the above identified other legal or bio	logical parent/legal guardian and
c.	(6)	Other identifying information concerning State of the Concerning State of the Child: Relationship to the child: Address	ng the above identified other legal or bio	logical parent/legal guardian and
c.	(6) (1) (2)	Other identifying information concerning Name: Relationship to the child: Address City, State Zip	ng the above identified other legal or bio	logical parent/legal guardian and
c.	(6) (1) (2) (3)	Other identifying information concerning the state of the child: Name: Relationship to the child: Address	ng the above identified other legal or bio	logical parent/legal guardian and

(Rule	0250-7	7-1304,	continued)

	e identity is unknown fo							
a. b.	Legal parent Biological parent	Yes □ ☐						
c.	Legal guardian	Yes \square						
d.	Not applicable	Yes 🗖	No □					
	e whereabouts is unkno							
a. b.	Legal parent Biological parent	Yes □ ☐						
c.	Legal guardian	Yes 🗆						
d.	Not applicable	Yes 🗖						
pa		been() o	or will be given	() to the prospec	ctive adoptive pare	ents to whom th	cerning the other legal of e above child is being sur	
In	Formation Concerning C	hild's Nat	ive American l	Heritage:				
a.	Are you or the child If no, go to # 9.	of Native	American heri	tage? Yes □	No 🗖			
b. c.	If yes, are you eligible If yes, give name of		al membership	? Yes □ No □				
d.	Are you registered w		ve American tr	ibe? Yes □	No 🗖			
e. f.	If yes, give name of the Is your child eligible	tribe	membershin?	Yes T No T				
g.	If yes, give name of	tribe						
h.	Has your child been		with a Native	American tribe?	Yes □ No □			
i	If yes, give name of			Yes 🗆 No 🗖				
;								
j.	This information is u	ilikilowii.		103 110 11				
j. a.	Will this child be ser Yes ☐ No ☐	nt out of To	ennessee to and to #10.		try for adoption?			
	Will this child be ser	nt out of To	ennessee to and to #10.		ry for adoption?			
a.	Will this child be ser Yes ☐ No ☐	or country	ennessee to and to #10.	other state or count				
а. b. c.	Will this child be ser Yes No I If yes, name of state	or tout of Tour If no, go or country will gove eived or be tement of t	ennessee to and to to #10. The contract of the interpretation of	etation of this surre	nder.	of thing of valu	e in connection with the	birth of the
а. b. c.	Will this child be ser Yes No Tennessee law we you been paid, recovernamed child or place Yes No Tennessee law.	or tout of Tour If no, go or country will gove eived or be tement of t	ennessee to and to to #10. The contract of the interpretation of	etation of this surre	nder. er remuneration o	of thing of valu Date	e in connection with the Type	birth of th
а. b. c.	Will this child be ser Yes No If yes, name of state If yes, Tennessee law we you been paid, recove-named child or place Yes No If no, go to #11. If yes, please comple	or tout of Tour If no, go or country will gove eived or be tement of t	ennessee to and to to #10. The contract of the interpretation of	etation of this surre	nder. er remuneration o	·	_	birth of the
а. b. c.	Will this child be ser Yes No I If yes, name of state If yes, Tennessee law we you been paid, recovernamed child or place Yes No I If no, go to #11. If yes, please completed Amount	or tout of Tour If no, go or country will gove eived or be tement of t	ennessee to and to #10. dern the interpresent promised this child for according:	etation of this surre any money or oth doption?	nder. er remuneration o	Date	Туре	birth of th
а. b. c.	Will this child be ser Yes No I If yes, name of state If yes, Tennessee law we you been paid, recovernamed child or place Yes No I If no, go to #11. If yes, please completed Amount	or tout of Tour If no, go or country will gove eived or be tement of t	ennessee to and to #10. dern the interpresent promised this child for according:	etation of this surre any money or oth doption?	nder. er remuneration o	Date	Туре	birth of the
а. b. c.	Will this child be ser Yes No I If yes, name of state If yes, Tennessee law we you been paid, recovernamed child or place Yes No I If no, go to #11. If yes, please completed Amount	or tout of Tour If no, go or country will gove eived or be tement of t	ennessee to and to #10. dern the interpresent promised this child for according:	etation of this surre any money or oth doption?	nder. er remuneration o	Date	Туре	birth of the
а. b. c.	Will this child be ser Yes No I If yes, name of state If yes, Tennessee law we you been paid, recovernamed child or place Yes No I If no, go to #11. If yes, please completed Amount	or tout of Tour If no, go or country will gove eived or be tement of t	ennessee to and to #10. dern the interpresent promised this child for according:	etation of this surre any money or oth doption?	nder. er remuneration o	Date	Туре	birth of the
а. b. c.	Will this child be ser Yes No I If yes, name of state If yes, Tennessee law we you been paid, recovernamed child or place Yes No I If no, go to #11. If yes, please completed Amount	or tout of Tour If no, go or country will gove eived or be tement of t	ennessee to and to #10. dern the interpresent promised this child for according:	etation of this surre any money or oth doption?	nder. er remuneration o	Date	Туре	birth of the
а. b. c.	Will this child be ser Yes No I If yes, name of state If yes, Tennessee law we you been paid, recovernamed child or place Yes No I If no, go to #11. If yes, please completed Amount	or tout of Tour If no, go or country will gove eived or be tement of t	ennessee to and to #10. dern the interpresent promised this child for according:	etation of this surre any money or oth doption?	nder. er remuneration o	Date	Туре	birth of the
а. b. c.	Will this child be ser Yes No I If yes, name of state If yes, Tennessee law we you been paid, recovernamed child or place Yes No I If no, go to #11. If yes, please completed Amount	or tout of Tour If no, go or country will gove eived or be tement of t	ennessee to and to #10. dern the interpresent promised this child for according:	etation of this surre any money or oth doption?	nder. er remuneration o	Date	Туре	birth of t
а. b. c.	Will this child be ser Yes No I If yes, name of state If yes, Tennessee law we you been paid, recovernamed child or place Yes No I If no, go to #11. If yes, please completed Amount	or tout of Tour If no, go or country will gove eived or be tement of t	ennessee to and to #10. dern the interpresent promised this child for according:	etation of this surre any money or oth doption?	nder. er remuneration o	Date	Туре	birth of t
а. b. c.	Will this child be ser Yes No I If yes, name of state If yes, Tennessee law we you been paid, recovernamed child or place Yes No I If no, go to #11. If yes, please completed Amount	If no, go or country will gove eived or bette the following the transfer of th	ennessee to and to to #10. dern the interpresent promised this child for according: To Whom	etation of this surre any money or oth doption? By Who	m Rece	Date ived/Paid	Туре	

	b.	Is it expected that the child will become possessed of any real or personal property? Yes \(\sigma \) No \(\sigma \) 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 CONLY physical custody of the child? Yes No CONLY Physical Custody of the child? Yes No CONLY Physical Custody of the child? Yes No CONLY Physical Custody of the child? Yes No CONLY Physical Custody of the child? Yes No CONLY Physical Custody of the child? Yes No CONLY Physical Custody of the child? Yes No CONLY Physical Custody of the child? Yes No CONLY Physical Custody of the child? Yes No CONLY Physical Custody of the child? Yes No CONLY Physical Custody of the child? Yes No CONLY Physical Custody of the child? Yes No CONLY Physical Custody of the child? Yes No CONLY Physical Custody of the child? Yes No CONLY Physical Custody of the child? Yes No CONLY Physical Custody of the child? Yes No CONLY Physical Custody of the child? Yes No CONLY Physical Custody of the child? Yes No CONLY Physical Custody of the child? Yes No CONLY Physical Custody of the child? Yes No CONLY Physical Custody of the child? Yes No CONLY Physical Custody of the Child? Yes No CONLY Physical Custody Ph
	b.	Both legal and physical custody of the child? Yes \(\simeq \) No \(\simeq \) 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:
	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:
		Address:
	d. e.	Is the person(s) who holds custody the prospective adoptive parent? Yes \(\begin{align*} \text{No} \\ \begin{align*} \Bo \\ \end{align*} \] 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: \(\begin{align*} \Bo \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
		Street/Rural Route/P.O. Box: Town/City: State: Zip:
	f. g.	Do you intend to give custody to the prospective adoptive parents? Yes No Explain any other circumstances regarding the custody status of this child:
13	a. b.	Are you aware of assistance which may be available to you to care for the child should you desire to parent this child? Yes \(\sigma\) No \(\sigma\) 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 \(\sigma\) No \(\sigma\)
	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. b. c.	Do you desire to be represented by legal counsel at this surrender proceeding? Yes \(\backslash \text{No} \) \(\backslash If not, do you desire to consult with legal counsel prior to the execution of the surrender of the child? Yes \(\backslash \text{No} \) \(\backslash Have you requested the prospective adoptive parents to provide such counseling for you?
	d.	Yes □ No □ If not, go to #15. If so, has such counseling been made available to you by the prospective adoptive parents? Yes □ No □
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 \square No \square
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 $\underbrace{REVOCATION\ OF\ SURRENDER}$ before the judge who is here today, or his or her successor? Yes \square No \square
	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 \square No \square
	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 \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 above-

		FURTHE	R, AFFIANT SAI	TH NOT.	
		This the _	day of	, 20	
	Sign	nature:			
					of
					Name of Child
		Sworn to a	and subscribed be	fore me this the da	ay of, 20
				Please Print:	
					Chancellor,Circuit Judge, orJuvenile Court Judge
					ofCounty, Tennessee
				Signature:	
				Chanc	cellor, Circuit Judge, or Juvenile Court Judge
					PART II
A.	SUI	RRENDER	BY PARENT O	R GUARDIAN DIREC	CTLY TO PROSPECTIVE ADOPTIVE PARENTS
ST	ATE (OF TENNE	SSEE)	
CO	DUNT	Y OF)	
		Being duly	y sworn affiant w	ould state:	
1.	I an	n:			
	a.	Mother: _			or
	b. c.				
	C.	•			
2.	a.	Child's Na	ame:		
	b. c.	Child's Da	ate of Birth:		
	d.	Child's Se	ace of Bittii		
	e.	Child's Ra	ace:		
3.	Ι	adarstand th	ot by my signotu	ra to this document al	ll of my parental or guardianship rights to the child named above will be forever
٥.					by[Name(s) of
	pros	spective ado	optive parent(s)],	and that I will have no	o further right to see this child, or to act as parent of this child, or to otherwise be
			life of this child.		
4.			at by signing this child by other per		be entitled to any notice, legal or otherwise, of any other legal proceedings for the
5.	a.	do so by _	(Dat		ament and fully understand that if I change my decision to surrender this child I must by presenting the Revocation of Surrender Form, attached to this document, to the her successor.
	b.	By my sig	nature to this part	, I acknowledge receipt	t of a copy of the Revocation of Surrender form.
6.					RESS OF ANY KIND, SURRENDER ALL OF MY PARENTAL OR
	GU	AKDIANSI	HIP RIGHTS TO	(CHILD'S NAM	

(Rule 0250-7-13-.04, continued) TO: Prospective Adoptive Mother a. Prospective Adoptive Father_ 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 the ____ day of ____ _Chancellor, __Circuit or __Juvenile Court Judge of _____County, Tennessee Signature: *See Note Below Before Signing Chancellor, Circuit or Juvenile Court Judge NOTES TO COURT: 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. 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 above, all provisions of Section B. must be completed as directed prior 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). 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). 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: 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). 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). 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 ACCEPTANCE OF SURRENDER BY PROSPECTIVE ADOPTIVE PARENTS STATE OF TENNESSEE COUNTY OF _____

Being duly sworn, affiant(s) would state:

1.	a. b.		loptive Mother's Date of B	irth		
	c. d.		loptive Mother's Marital Stoptive Mother's Address _			
2.	a. b. c.	Prospective Ad	loptive Father's Date of Bi loptive Father's Marital Sta	atus		
	d.	Prospective Ad	loptive Father's Address _			
3.		agree t	o assume responsibility for		thin thirty (30) days of the date of this	
		(Name of Child		unough court order wi	anny (30) days of the date of this	
	edu	cation, moral, and	d spiritual training of this c	child.	onsible for the care, custody, financial support, medical care,	
4.	The	following costs	have been paid by(me/us		the placement of this child.	
	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 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)	
			MUST BE MARKED TO THE SURRENDER CA		PLICABLE SITUATION. ONE OF THE FOLLOWING HE COURT:	
5.	a.	I/We 1	nave physical custody of th	is child; or		
	b.				arent or legal guardian within five (5) days of this surrender. Turdian to this effect has been presented to the court at this time;	
	c.				I upon his or her release from a hospital or health care facility, d by § 36-1-111 (d)(6) has been presented to the court at this time.	
	d.	person or ager		1 (d)(6) which indicates	of the child. I/We have presented to the court an affidavit of their waiver of the right to custody of the child upon entry of	

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

00.	
6.	Yes \(\sqrt{N}\) No \(\sqrt{L}\) I/We have presented to the court a currently effective or updated home study or preliminary home study of my/or 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 certificate of the completion of ()legal/()social counseling <u>if</u> counseling was requested to the surrendering parent. <u>See</u> Item #s 13 and 14 in Part I above. \square 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 100 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 \(\sqrt{No} \) No \(\sqrt{I/We} \) 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. \(\sqrt{Not Applicable}. \)
SUE	SECTION 10 MUST BE ANSWERED "YES", OR ITEM b. MUST EXPLAIN HOW COMPLIANCE WILL BE EFFECTED:
10.	Yes \square No \square 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. \square Not Applicable.
	b. If not, how will it be effected?
FUR	THER AFFIANT(S) SAITH NOT
This	day of, 20
	Signature of Prospective Adoptive Mother
	Signature of Prospective Adoptive Mother
	Signature of Prospective Adoptive Father
Swo	rn to and subscribed before me this day of, 20
	Please Print:
	Chancellor,Circuit Judge, orJuvenile Court Judge
	ofCounty, Tennessee
	Signature:Chancellor,Circuit Judge, orJuvenile Court Judge
	Chancehol,Cheun Judge, ofJuvenile Count Judge
	<u>CERTIFICATION</u>
	I,, Clerk of the
	rt forCounty, Tennessee hereby certify the foregoing copies of Parts I and II of the ender Forms to be true and accurate copies of the documents filed with the court.
	Clerk of theCourt of
	County, Tennessee
	(Seal)

STATE OF __

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

CO	UNT	Y OF)	
3ei	ng du	aly sworn according to law affiant would state:	
l.	I an	m:	
	a.	Mother:	, o
	b.	Father:	
	c.	Legal Guardian:	
2.	a.	Child's Name:	
	b.	Child's Date of Birth:	
	c.	Child's Place of Birth:	
	d.	Child's Sex:	
		Child's Page	

- 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 INFORM	1ATION MUST	BE UPDATED	WITH THE	DEPARTMENT	TO ENSURE	THAT FUTURE	CONTACT CAL
BE MADE.							

	Name (Including Birth & Mar	(Street/Rura	(Street/Rural Route/P. O. Box)				
	(Town/City)	(State)	,	Zip Code)			
	(Home Telephone	No.)	(Work Tele	phone No.)			
b.	Is this address an address the department may use t please share address to be used:		nay use to write to you co	ncerning your wis	hes regarding contact. Yes 🗖 No 🗖 If no,		
	(Street/Rural Route/P. O. Box)	(Town/City	·)	(State)		
	(Zip Code) (Work 7	Telephone)	,	(Home Telephone	·)		
c.	Is this address an address a per used:	son requesti	ng contact may use to wr	ite to you? Yes	No □. If no, please share the address to be		
	(Street/Rural Route/P. O. Box)		(Town/City)	(State)		
	(Zip Code)	(Work T	elephone)	(Home	Telephone)		
d.	Are the telephone numbers the YES □ NO □. If no, may the please list telephone number(s	e listed telep	hone numbers be shared	with eligible perso	ons requesting contact? YES ☐ NO ☐. If no		
	(Work Telephone No.)	······································	(Home Telephone No.	.)			
a.	I wish to veto contact with the access to the sealed records, se				as, who may, as may be permitted by law, to		
	access to the scaled records, so	area adoptic	in records or post adoptio	in record to have c	onact with the.		
c.	themselves or, upon location [T.C.A. § 36-1-130(a)(6)]. Plot I wish to exclude from the auto-	by the depa case indicate omatic conta	rtment, pursuant to a sea whether you wish to exc ct veto the following:	arch request, they	that they will have to register a contact will have to register a contact veto at the persons.		
	(1) My siblings:(2) My lineal descendants:	Yes □ Yes □	No □ No □				
	(3) My lineal ancestors: (4) The spouses of:	Yes 🗖	No 🗖				
	(a) siblings	Yes 🗖	No 🗖				
	(b) lineal descendants(c) lineal ancestors	Yes □ Yes □	No □ No □				
]	Please complete the following for	or any know	ı individuals:				
			Relationship To		Address		
	Name	1	Surrendering Person	Street.	RR, P. O. Box, Town, State, Zip		
	Traine						
	Traine						
	Nume						
	Nume						
	Nume						
	Nume						
	Nume						

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
9.	a.			and <u>ALL</u> other classes of eligible persons who, as may be permitted rds or post adoption record to have contact with me.
	b.	·	•	or contact with the following classes of people:
		 The adopted person The adopted person's adoptive pare The adopted person's adoptive sible The adopted person's lineal descent 	ings Yes □ No □ dants Yes □	No
		(5) The legal representatives of any of	•	No 🗆
	c.	If contact is limited to the legal represent		of persons, please describe:
10.	or q Tele Lett Pers Pers	qualifications to these methods of contact) ephone ters sonal contact, unannounced sonal contact, prearranged with me, eith sonal contact through another person Ple tact:	er via phone or corresease give name, relations	spondence hip to you, if any, and information to be released regarding how to
11.	Otho	er information I wish to have released aborrovided)	ut me to any eligible pers	sons (please identify to whom and the contents of the information to
12.		ould you wish no contact with any other eli r decision, please share that information he		share a statement of your feelings, or circumstances which impact
13.		* *	with the Contact Veto Re	egistry at the Post Adoption Services Unit of the Department of
	Chil	ldren's Services.		
FUF	RTHE	ER, AFFIANT SAITH NOT.		
This	the _	day of, 20		
Sign	atur	e: Biological Legal Biological Legal Legal Guardian	Father	
Swo	rn to	and subscribed to before me this	day of	, 20

`		Please Print:	
		Trease Time.	Chancellor,Circuit Judge,Juvenile Court Judge ofCounty, Tennessee
	Signature:		Chancellor, Circuit Judge, Juvenile Court Judge
			CERTIFICATION
Ten Cou		I,, Clerk of e, certify the foregoing copy of Part III of the Surrend	the Court of County er Forms to be a true and accurate copy of the document executed before this
			Clerk of theCourt ofCounty, Tennessee
			(Seal)
			PART IV
		REVOCATION OF SUR	RRENDER BY A PARENT OR GUARDIAN
CO	UNT	OF TENNESSEE Y OF	
		ly sworn according to law affiant would state:	
1.	I an a.	Mother:	
	b. c.	Father:	
2.	a.	Child's Name:	
	b. c.	Child's Date of Birth:Child's Place of Birth:	
	d.	Child's Sex:	
	e.	Child's Race:	
3.	On	(Date), I executed a s	surrender of my parental or guardianship rights to the child named in #2 to:
	a.	Prospective Adoptive Parent(s)	
	b. c.	Licensed Child-Placing Agency Tennessee Department of Children's Services	
		-	
4.		surrender was executed before: me of Judge and Name of Court)	
5.	I he	reby revoke and void the surrender of the above-name	ed child.
FUI	RTHE	R AFFIANT SAITH NOT.	
This	s the _	day of, 20	
Sigi	nature	Biological LegalFather	
		Legal Guardian:	
Swo	orn to	and subscribed before me this day of	, 20
Γhis	s Rev	ocation of Surrender was received by me on the	_ day of, 20

Please Print:		
	Chancellor,Circuit Judge	e, 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

I,	, Clerk of the	Court of	
County, Tennessee, certify the for executed before this Court.	regoing copy of the Revocation of Surrender to	o be a true and accurate copy of the	Revocation of Surrender
		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, 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).

		OF	
Bei	ng dul	nly sworn according to law, affiant would state:	
1.	I am	m:	
	a.	Mother:	(Date of Birth), or
	b.		
	c.	Legal Guardian:	(Date of Birth), of:
2.	a.	Child's Name:	
	b.		
	c.	Child's Place of Birth:	
	d.	Child's Sex:	
	e.	Child's Race:	
3.	This	is child was born in wedlock \square / out of wedlock \square .	
4.	State	te the names and relationships of any other legal/biological pare	nt, legal guardian or possible biological parent for this child:
	a.	(1) Name:	

		(2) (3)	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 guar	rdian.
				and
	L.	(1)		und
	b.	(1) (2)	Name:	
		(3)	Address	
		(4)	City, State Zip	
		(5)	Telephone Number: Home:Work:	
		(6)	Other identifying information concerning the above identified other legal or biological parent/legal guar	dian. -
				- and
				-
	c.	(1)	Name:	
		(2)	Relationship to the child:	
		(4)	AddressCity, State Zip	
		(5)	Telephone Number: Home:Work:	
		(6)	Other identifying information concerning the above identified other legal or biological	
			parent/legal guardian.	
				-
				- -
5.	The	identi	ity is unknown for the other:	
	a.	Lega	al parent Yes 🗆 No 🗆	
	b.	Biol	ogical parent Yes No	
	c. d.	Lega	al guardian Yes □ No □ applicable Yes □ No □	
ó.	The a.		eabouts is unknown for the other: al parent Yes No	
	a. b.	Biol	ogical parent Yes No No	
	c.	Lega	al guardian Yes No	
	d.	Not	al guardian Yes No applicable Yes No	
7.			at all information concerning the identity, whereabouts, and social and medical history concerning the	
			parent/legal guardian has been() or will be given() to the Tennessee Department of Children's cing Agency to whom the above child is being surrendered.	Services or the Licensed
3.	Infor	matior	n Concerning Child's Native American Heritage:	
	a.	Are	you or the child of Native American heritage? Yes □ No □	
		If no	o, go to # 9.	
	b. c.		es, are you eligible for tribal membership? Yes No No ses, give name of tribe.	
	d.	Are	you registered with a Native American tribe? Yes ☐ No ☐	
	e.		es, give name of tribe.	
	f.		our child eligible for tribal membership? Yes No No s, give name of tribe.	
	g. h.		your child been registered with a Native American tribe? Yes \(\square\) No \(\square\)	
	i.		ss, give name of tribe	
	j.		information is unknown. Yes \(\bar{\cup} \) No \(\bar{\cup} \)	
).	a.	Will	this child be sent out of Tennessee to another state or country for adoption?	
	b.	If ye	Yes No If no, go to #10. s, name of state or country.	
	c.	If ye	es, I understand Tennessee law will govern the interpretation of this surrender.	

	Amount Paid	To Whom	By Whom	Date Received/Paid	Type Service/Cost
	Turu	To whom		Received/1 and	Bervice, Cost
a.	Does the child own any reavalue:				roperty owned and give the pro
a.	Do you currently have:				
a. b.	If another person(s) holds l	y of the child? Ye al custody of the c egal custody of the	s	e the following information	:
	Only legal custody of Only physical custody Both legal and physic If another person(s) holds l Name:	y of the child? Ye cal custody of the cegal custody of the	s □ No □ hild? Yes □ No child at this time, give	the following information	:
	Only legal custody of Only physical custody Both legal and physic If another person(s) holds l Name: Relationship, if any, to you Address:	y of the child? Ye all custody of the cegal custody of the or the child:	s □ No □ hild? Yes □ No child at this time, give	the following information	:
	Only legal custody of Only physical custody Both legal and physic If another person(s) holds l Name: Relationship, if any, to you Address: (Street, RR, P.C.	y of the child? Ye all custody of the cegal custody of the or the child:	s No No No hild? Yes No child at this time, give	the following information	:
b.	Only legal custody of Only physical custody Both legal and physic If another person(s) holds l Name: Relationship, if any, to you Address: (Street, RR, P.C Telephone Number (Home	y of the child? Ye all custody of the cegal custody of the or the child:	s No No No hild? Yes No child at this time, give	e the following information (State)	(Zip)
	Only legal custody of Only physical custody Both legal and physic If another person(s) holds I Name: Relationship, if any, to you Address: (Street, RR, P.C Telephone Number (Home If another person(s) holds p	y of the child? Ye all custody of the cegal custody of the or the child:	s No No No hild? Yes No child at this time, give Town/City) Work) the child at this time, §	(State)	(Zip)
b.	Only legal custody of Only physical custody Both legal and physic If another person(s) holds I Name: Relationship, if any, to you Address: (Street, RR, P.C Telephone Number (Home If another person(s) holds p Name: Relationship, if any, to you	y of the child? Ye all custody of the cegal custody of the or the child:	s No No No hild? Yes No child at this time, give Town/City) Work) the child at this time, §	(State)	(Zip)
b.	Only legal custody of Only physical custody Both legal and physic If another person(s) holds I Name: Relationship, if any, to you Address: (Street, RR, P.C Telephone Number (Home If another person(s) holds p Name: Relationship, if any, to you Address: (Street, RR, P.C	y of the child? Ye all custody of the cegal custody of the cegal custody of the or the child:	s No No No hild? Yes No child at this time, give Town/City) Work) the child at this time, §	(State)	(Zip)
b.	Only legal custody of Only physical custody Both legal and physic If another person(s) holds I Name: Relationship, if any, to you Address: (Street, RR, P.C Telephone Number (Home If another person(s) holds p Name: Relationship, if any, to you Address: (Street, RR, P.C Telephone Number (Home	y of the child? Ye all custody of the cegal custody of the cegal custody of the or the child:	s No No No hild? Yes No child at this time, give Town/City) Work) Town/City) Town/City) Work)	(State) (State) (State)	(Zip) ion:
b. c.	Only legal custody of Only physical custody Both legal and physic If another person(s) holds I Name: Relationship, if any, to you Address: (Street, RR, P.C Telephone Number (Home If another person(s) holds properties (Street, RR, P.C Telephone Number (Home Is the person(s) who holds If a licensed child placing a of your child give the followed.	y of the child? Ye all custody of the cegal custody of the cegal custody of the cegal custody of the or the child:	s No No No No No No No No No N	(State) (State) (State) (State) (State) Ves	(Zip) ion: (Zip) (Zip) (Zip)
b. c.	Only legal custody of Only physical custody Both legal and physic If another person(s) holds I Name: Relationship, if any, to you Address: (Street, RR, P.C Telephone Number (Home If another person(s) holds properties (Street, RR, P.C Telephone Number (Home Is the person(s) who holds If a licensed child placing a of your child give the followed.	y of the child? Ye all custody of the cegal custody of the cegal custody of the cegal custody of the or the child:	s No No No No No No No No No N	(State) (State) (State) (State) (State) Ves	(Zip) ion: (Zip) (Zip) (Zip)
b. c.	Only legal custody of Only physical custody Both legal and physic If another person(s) holds I Name:	y of the child? Ye all custody of the cegal custody of the cegal custody of the or the child: D. Box) (0) (0) (0) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	s No No No No No No No child? Yes No No child at this time, give No No Child at this time, give No No No No No No No No No N	(State) (State) (State) (State) (State) Yes	(Zip) ion: (Zip) (Zip) (Zip) cy holds physical and/or legal of

	b.	Do you desire counseling regarding such a parenting from a social services agency or Yes \(\begin{array}{cccccccccccccccccccccccccccccccccccc				
	c.	Has such counseling been made available	to you? Yes	I No □		
14.	a.	Do you desire to be represented by legal c	ounsel at this surrence	der proceeding?	Yes □ No □	ם
	b.	If not, do you desire to consult with legal Has such counseling been made available			surrender of the child? Ye	es 🗖 No 🗖
	c.	has such counseling been made available	to you? Yes	I No □		
15.	the o	you understand that if you sign the follow child in any manner forever, that your ri ome the legal child of other persons?		ilities to and wi		
16.	a.	If you sign the surrender of the above- surrender, you may revoke or cancel th judge or clerk who is here today, or his	nis surrender by sig	ning a paper ca		
	b.	By signing the surrender of the above the surrender will begin on the day foll revocation period is ten (10) calendar d the tenth (10th) day falls on a Saturday Saturday, Sunday or legal holiday. If t you understand this?	owing the signing on ays and will expire years, Sunday or legal how this is the situation in	of the surrende on the tenth (1 oliday, the last	r , or (Mo/Day/Yr) 0th) day or (Mo/Day/Yr day for revocation will b	The The If the next day which is not a
	c.	Do you understand that if you do sign Department of Children's Services or L custody of the child, unless the court for child, and that you may contest this decitat proceeding? Yes No	icensed Child-Placi inds that to do so v	ng Agency will will likely resul	be required to return th t in immediate harm to	e child, <u>if</u> you currently have the health and safety of the
		FURTHER, AFFIANT SAITH NOT. This the day of 20 mature: Biological Legal More Biological Legal Fath Legal Guardian of	ther			
		-		Name of C	hild	_
					iiiid	
	Sw	vorn to and subscribed before me this the	day of, 20	0		
		Please Print:				
			Chancellor,J	Judge, of a Cour	t of Record of the	
			County or Parish	of	Court of	
			county of Furish,	01	(State or Territory)	
				(6:4)	·	
				(City)		
		Signature:				
			Chancellor Or Jud	dge Of Court Of	Record Named Above	
OR	BY A	CLERK OF A COURT OF RECORD:				
		Please Print:	Name of Clark of	Court of Recor	d of The	
		Please Print:	Name of Clerk of Court of	Court of Record	d of The, Count or Parish	
		Please Print:	Name of Clerk of Court of		d of The, Count or Parish, (City)	n of

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

Signature:

Clerk of Court of Record

PART II

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

STA	ATE (OF			
co	UNT	Y OF			
Rei	na du	ly sworn according to l	aw, affiant would state:		
DCI	ng uu	ly sworn according to i	aw, arriant would state.		
1.	I an				
	a.		or		
	b.		, or		
	c.	Legal Guardian:		_ of:	
2.	a.	Child's Name			
۷.	b.	Child's Date of Birth	l:		
	c.	Child's Place of Birt	h:		
	d.	Child's Sex:			
	e.	Child's Race:			
3.					dianship rights to the child named above will be forever
	tern	ninated and ended; tha	at this child will be placed for a	doption by	, a Licensed Child-
					I that the child will be adopted by other persons, and that I terwise be involved in the life of this child.
4.		derstand that by signing ption of my child by of		itled to any notice, lega	al or otherwise, of any other legal proceedings for the
5.	a.	do so by		presenting the Revoc	I that if I change my decision to surrender this child I must ation of Surrender Form, attached to this document, to the
	b.	By my signature to this	s part, I acknowledge receipt of a	copy of the Revocation	n of Surrender form.
6.		REELY AND VOLUM ARDIANSHIP RIGH		S OF ANY KIND, SU	URRENDER ALL OF MY PARENTAL OR
	GU	AKDIANSIIIF KIGII	(CHILD'S NAME)		
	то	:	(CITED STATUE)		
	a. I	Licensed Child-Placing	Agency	(N	Name of LCPA)
	b	_Tennessee Departme	nt of Children's Services (Please	check if applicable.)	
		FURTHER AFFIAN	T SAITH NOT.		
		This the day of _	. 20		
		Signature:	Biological, Legal Mother _		
		· ·	Biological, LegalFather		
			Legal Guardian		
Swo	orn to	and subscribed before	me this the day of	, 20	
				Dlagge Dwint.	
				Please Print:	Chancellor, Judge, of a Court of Record
					County or
					Domish of

July, 2005 (Revised)

			(State Or Territory)
			(City)
		Signature:	
*S	ee Notes Below Before Signing	Chancellor or Judge of C	Court of Record Named Above
	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)	
	(Suite of Territory)	(enj)	
	Signature:		
See Notes Below Before Signing	Clerk of	Court of Record	

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 <u>prior</u> to execution of the surrender. T. C. A. § 36-1-111-(k).
- 3. 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. 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.
- 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 form received pursuant to T.C.A. § 36-1-111(h) 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. 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;

1. The copies of the surrender filed by the licensed child-placing agency or the Tennessee Department of Children's Services 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. \S 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

		OF) Y OF)	
Bei	ng du	ly sworn according to law, affiant would state:	
1.	I, _	, an authorized representative of:	
	a. b.	Licensed Child-Placing AgencyCounty Tennessee Department of Children's S execution of Parts I and IIA. by the parent or guardian named therein befor named therein, accept the surrender of: Name of ChildDATE:	Services upon re Judge or Clerk of the Court
		Please Print:	Name and Title of Authorized Representative
		Signature:	
			Signature of Authorized Representative
2.	I _ Lice or th		(Name of Agency);
		_Tennessee Department of Children's Services;	
	a. b. c.	That my agency has physical custody of this child; or That my agency has received the affidavit required by § 36-1-111 (d) from the surrendering parent or guardian within five (5) days of the date of custodial parent or guardian to that effect has been attached with the accep My agency has the right to receive physical custody of the child upo health care facility, and the affidavit of the custodial parent or guardian to has been attached with the acceptance at this time; or That another person or agency has physical custody of the child. The agency required by § 36-1-111 (d)(6) which indicates their waiver of the riupon entry of an order of guardianship pursuant to § 36-1-136(r) has been time.	f this surrender. The affidavit of the stance at this time; or on his or her release from a hospital or this effect required by § 36-1-111 (d)(6) are affidavit of that person or agency the custody of the child
		TIONS 3. AND 4. <u>MUST</u> BE ANSWERED "YES" OR <u>MUST</u> BE MAR NDER IS COMPLETED BY THE COURT.	KED "NOT APPLICABLE" BEFORE THE
3.		□ No □ That if the Indian Child Welfare Act, 25 U.S.C. § 1901 et seq., ap been compliance with the Act. □ Not Applicable	plies because of the child's Native American heritage, there

Yes \(\bigcap \) No \(\bigcap \) (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 thi	s is not required.	_	
□ Not Applicable			_	
FURTHER AFFIANT SAITH NOT.				
This, 20				
Please Print:				
Name an	nd title of authorized repres Fennessee Licensed Child-l		epartment of Children's	s Services
C!				
Signature				
Sworn to and subscribed before me this day of	, 20	<u>_</u> ·		
		NOTARY PUBLIC		
My commission expires:				
CERTIFICA	ATION OF OUT-OF STA	TE CLERK		
I, County (P	, Clerk of the	21	Court of	
county (Parereby certify the foregoing copies of Parts I and II of the S	urrender Forms to be true a	(Name of State and accurate copies of the	e) he documents filed with	the court.
	Clerk of the		Court of	
		Coun	ty (Parish),	
			·	
			(Seal)	
CERTIFIC	CATION OF TENNESSE	E CLERK		
I,County, T	, Clerk of the	oing copies of Parts I an	Court of d II of the Surrender Fo	orms to be
rue and accurate copies of the documents filed with this Co	ourt.	Clerk of the		Court of
			County,	
			(Seal)	, 1011103300.
CONT	PART III TACT VETO REGISTRA T.C.A. § 36-1-111(k)(3)	TION		
STATE OF				
Being duly sworn according to law affiant would state:				
. I am:				
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. 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	g Birth & Married Names)	(Street/Rural Route/I	P. O. Box)
(Tow	rn/City)	(State)	(Zip Code)
(Hon	ne Telephone No.)	(Work Telephone No	o.)
Is this address at Yes No 1	address the department may use If no, please share address		your wishes regarding contac
(Street/Rural Ro	ute/P. O. Box)	(Town/City)	(State)
(Zip Code)	(Work Telephone)	,(Home Te	elephone)

b.

d. 4 2 3 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	no, please list telephone number(s), if (Work Telephone No.) I wish to veto contact with the adopte access to the sealed records, sealed act. The filing of a contact veto by you ancestors, and the spouses of those properties may, however, exclude persons in	ers the department may use to isted telephone numbers be slany, that might be shared and (Home Telephone and all other classes deption records or post adoption a makes the contact veto authorse classes from this auto department, pursuant to a see	(Home Telephone) contact you? nared with eligible pel used to contact you ephone No.) s of eligible persons, on record to have contomatically applicable contacted by a permatic coverage so tarch request, they we	who may, as may be permitted by law, to have ntact with me. ble to your siblings, lineal descendants, lineal rson eligible to have the records opened. You that they will have to register a contact veto will have to register a contact veto at the time.
d. 2	Are the telephone numbers the number YES NO NO If no, may the Ino, please list telephone number(s), if (Work Telephone No.) I wish to veto contact with the adopted access to the sealed records, sealed and The filing of a contact veto by you ancestors, and the spouses of those Imay, however, exclude persons in themselves or, upon location by the [T.C.A.§ 36-1-130(a)(6)]. Please indicates the number of the number of the number of the properties of the number	ers the department may use to isted telephone numbers be slany, that might be shared and (Home Telephone and all other classes deption records or post adoption a makes the contact veto authorse classes from this auto department, pursuant to a see	contact you? nared with eligible pel used to contact you ephone No.) s of eligible persons, on record to have contomatically applicable contacted by a permatic coverage so tarch request, they we	who may, as may be permitted by law, to have ntact with me. ble to your siblings, lineal descendants, lineal rson eligible to have the records opened. You that they will have to register a contact veto will have to register a contact veto at the time.
8. a. I a b. a i t c. I ((((((((((((((((((YES NO . If no, may the lano, please list telephone number(s), if (Work Telephone No.) I wish to veto contact with the adopte access to the sealed records, sealed and The filing of a contact veto by you ancestors, and the spouses of those panay, however, exclude persons in themselves or, upon location by the [T.C.A.§ 36-1-130(a)(6)]. Please individuals are considered to the constant of the co	isted telephone numbers be slany, that might be shared and (Home Telephone numbers of the shared and the shared and the shared and person and all other classes doption records or post adoption a makes the contact veto authors on that they cannot be those classes from this auto department, pursuant to a see	nared with eligible per lused to contact you ephone No.) sof eligible persons, on record to have contomatically applicable contacted by a per matic coverage so tarch request, they we	who may, as may be permitted by law, to have ntact with me. ble to your siblings, lineal descendants, lineal rson eligible to have the records opened. You that they will have to register a contact veto will have to register a contact veto at the time.
8. a. I a b. a i t t c. I (I wish to veto contact with the adopte access to the sealed records, sealed ad The filing of a contact veto by you ancestors, and the spouses of those pmay, however, exclude persons in themselves or, upon location by the [T.C.A.§ 36-1-130(a)(6)]. Please indi-	ed person and all other classes loption records or post adoption a makes the contact veto au persons so that they cannot be those classes from this auto- department, pursuant to a se	of eligible persons, on record to have contomatically applicable e contacted by a permatic coverage so tarch request, they we	ole to your siblings, lineal descendants, lineal rson eligible to have the records opened. You that they will have to register a contact veto will have to register a contact veto at the time.
b.	The filing of a contact veto by you ancestors, and the spouses of those pmay, however, exclude persons in themselves or, upon location by the [T.C.A.§ 36-1-130(a)(6)]. Please indi-	a makes the contact veto au persons so that they cannot be those classes from this auto department, pursuant to a se	on record to have contomatically applicable contacted by a permatic coverage so tarch request, they we	ole to your siblings, lineal descendants, lineal rson eligible to have the records opened. You that they will have to register a contact veto will have to register a contact veto at the time.
c. I	ancestors, and the spouses of those properties may, however, exclude persons in themselves or, upon location by the [T.C.A.§ 36-1-130(a)(6)]. Please indicates the spouse of the spouse of the spouses of	persons so that they cannot be those classes from this auto- department, pursuant to a se	e contacted by a per matic coverage so t arch request, they w	rson eligible to have the records opened. You that they will have to register a contact veto will have to register a contact veto at the time.
((I wish to exclude from the automatic			
((1) My siblings: Yes (2) My lineal descendants: Yes (3) My lineal ancestors: Yes (4) The spouses of: (a) siblings Yes (b) lineal descendants Yes (c) lineal ancestors Yes	No No No No No No No No		
I	Please complete the following for any	known individuals:		
	Name	Relationship To Surrendering Person	Stree	Address et., RR, P. O. Box, Town, State, Zip
-		2 22		,,,,,
-				
-				
_				
_				
(((1) Any future siblings of the adopted(2) A current spouse Yes □ No □ I			
Please comp	plete the following for any known inc	lividuals:		
<u>-</u>	Name	Relationship To Surrendering Person	Stree	Address et., RR, P. O. Box, Town, State, Zip
-				
-				
-				

9.	a.		ss to the sealed records, s						permitted
	b.	I wish to limit conse	ent to certain persons and	only give co	onsent for contac	ct with the follow	ring classes of pe	ople:	
		(3) The adopted per(4) The adopted per	son's adoptive parents son's adoptive siblings son's lineal descendants entatives of any of these	Yes ☐ No Yes ☐ No					
	c.	If contact is limited t	to the legal representative	e of certain c	lasses of persons	s, please describe	đ		
10.	or q Tele Lett Pers	ualifications to these rephoneterssonal contact, unannou	s of contact by those personethods of contact) nnced ged with me , either vis				k all that apply a	and indicate any li	mitations
		sonal contact through a tact:	another person. Please gi	ve name, rel	ationship to you	, if any, and infor	mation to be rele	ased regarding ho	w to
11.			o have released about me						
12.		uld you wish no conta	ct with any other eligible e that information here:						
13.		ereby request that this ldren's Services	information be filed wi	th the Conta	ct Veto Registr	ry at the Post Ad	loption Services	Unit of the Depar	rtment of
	FUI	RTHER AFFIANT SA	ITH NOT.						
		This the day of	of, 20	·					
		Signature:	Biological Legal _ Biological Legal _ Legal Guardian	F					
		Sworn to and subscr	ibed to before me this	day o	:				
					Chancellor,	Court of	cierk of the		
					County or Pari	sh, of			
					(STATE OR T	ERRITORY)			

`		,			
			at	(CITY)	
			G:		
			Signature:Chancellor, Jud	dge or Clerk of Court of Record Na	med Above
			CERTIFICATION	N	
Cto	to of	I,, certify the foregoing	, Clerk of the	Court of	County,
exe	cuted l	before this Court.	g copy of Part III of the Surre	nder Forms to be a true and accurate	e copy of the document
				Clerk of the	Court of County,
				State of	
				(Seal)
			PART IV		
		REVOCATION	OF SURRENDER BY A P.	ARENT OR GUARDIAN	
		OF Y OF			
		y sworn according to law affiant would state			
			z.		
1.	I am a.	n: 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 _ a.	(Date), I exc Prospective Adoptive Parent(s)			nild named in #2 to:
	b.	Licensed Child-Placing Agency			
	c.	Tennessee Department of Children's Servi	ices	·	
4.	The	overmondon vyog ovoovtod koforov			
4.	The	surrender was executed before:	(Name of Judge or Clerk a	and Name of Court)	
5.	I hei	reby revoke and void the surrender of the ab	ove-named child.		
		FURTHER AFFIANT SAITH NOT.			
		This theday of, 20			
		Signature: Biological Legal	Mother		
		Biological Legal	Father		
		Legal Guardian:			
		Sworn to and subscribed before me this	day of	_, 20	
		This Revocation of Surrender was received	d by me on the day of	, 20	

Please Print:	
	Chancellor, Judge, or Clerk of Court of Record
	ofCounty, State of
Signature (See no	otes 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 Re	vocation of Surrender to be a true and a	ccurate copy of the
Revocation of Surrender exec	euted before this Court.		
		Clerk of the	Court of
		State 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-.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:

STATE OF

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).

CO	UNI	1 OF		
Bei	ng du	ly sworn according to law, affiant would state:		
1.	I an	n:		
	a.	Mother:	(Date of Birth)	,0:
	b.	Father:		,0
	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		

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

	a. (1) 2)	Name: Relationship to	the child	l:							
	(3)	Address									
	(4)	City, State Zin	D								
	(5)	Telephone Nu	mber: Ho	me:		Work:					
	(6)	Other identify		nation conce	erning the at	ove identifi	ed other lega	al or biologi	cal		
			parent/legal gu									
											 and	
											and	
	b. (Name: Relationship to	the child								
	,	2) 3)	Address	o the child	l							
	,	4)	City, State Zip	p								
		5)	Telephone Nu	mber: Ho	me:		Work:					
	(6)	Other identifyi	ing inforn						cal		
			parent/legal gu									
											 and	
		(1)										
	c.	(1) (2)	Name: Relationship to									
		(3)	Address	o the enne	••							
		(4)	City, State Zi	p								
		(5)	Telephone Nu	mber: Ho	me:		Work:					
		(6)	Other identifyi		nation conce	erning the ab	ove identifi	ed other lega	al or biologi	cal		
			parent/legal gu									
												
5.	The		ty is unknown f									
	a.	Lega	l parent	Yes 🗖	No 🗖							
	b.	Biole	ogical parent ıl guardian	Yes □	No 🗆							
	c. d.	Note	applicable	Yes 🗆	No □							
	u.	1101	аррисавіс	103 🗖	ПОБ							
ó.		where	abouts is unkno	own for th	e other:							
	a.	Lega	al parent ogical parent	Yes □	No 🗆							
	b. c.	B1010	ogicai parent	Yes 🗆	No □							
	d.	Not	d guardian applicable	Yes 🗆	No 🗖							
7.	pare	nt/leg	al guardian has	been()	or will be g	given() to	the prospect	ive adoptive	parents to	whom the abov	ng the other legal or bive child is being surrence	dered, to
3.	Info	rmatic	on Concerning C	Child's Na	tive Americ	can Heritage	e:					
	a.		you or the child , go to # 9.	of Native	American	heritage?	Yes 🗖	No 🗖				
	b.		s, are you eligib		al members	ship?	Yes 🗖	No 🗖				
	c. d.		s, give name of you registered v		ive America	an tribe?	Yes 🗖	No □				
	e.		s, give name of		ive runerie	an unoc.	103 🗅	110 🖪				
	f.		our child eligible		l membersh	ip?	Yes 🗆	No 🗆				
	g.	If ye	s, give name of	tribe								
	h.		your child been			tive America	an tribe?	Yes 🗆 N	o 🗖			
	i j.		s, give name of information is				Yes 🗖	No 🗖				
	,											
).	a.	Will	this child be se Yes ☐ No ☐			o another sta	ate or country	y for adoptic	on?			

b. If yes, name of state or country.

c. If y	es, 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		D 111	Date	Type Service/Cost
Paid	To Whom	By Whom	Received/Paid	Service/Cost

11	a.	value:			
	b.	Is it expected that the child will become If, please describe property, who currer give the property value:	e possessed of any real or p	ersonal property? Yes 🗖 N	
12.	a.	Do you currently have: Only legal custody of the child? Only physical custody of the child Both legal and physical custody of	d? Yes □ No □	o 🗆	
	b.	If another person(s) holds legal custody Name: Relationship, if any, to you or the child Address:	:		
		(Street, RR, P.O. Box)	(Town/City)	(State)	(Zip)
	c.	Telephone Number (Home)	ody of the child at this time	e, give the following informa	
		Relationship, if any, to you or the child	:		
		Address:(Street, RR, P.O. Box) Telephone Number (Home)	(Work)	_	(Zip)
	d.	Is the person(s) who holds custody the	prospective adoptive paren	t? Yes 🗖 No 🗖	
	e.	If a licensed child placing agency, the legal custody of your child, give the for Name of Agency:	ollowing information:		
		Street/Rural Route/P.O. Box:	G		
	c	Town/City: Do you intend to give custody to the pr	State:	Zip:	
	f. g.	Explain any other circumstances regard			

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?

ADOPTION PROCESS FORMS CHAPTER 0250-7-13 (Rule 0250-7-13-.06, continued) Yes □ No □ 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? Have you requested the prospective adoptive parents to provide such counseling for you? Yes □ No □ If not, go to #14. If so, has such counseling been made available to you by the prospective adoptive parents? Yes □ No □ Do you desire to be represented by legal counsel at this surrender proceeding? 14. a. Yes □ No □ If not, do you desire to consult with legal counsel prior to the execution of the surrender of the child? Yes \square No \square Have you requested the prospective adoptive parents to provide such counseling for you? Yes ☐ No ☐ If not, go to #15. 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 \square No \square 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 ☐ No ☐ ____, the period of revocation of By signing the surrender of the above named child on this date, (Mo/Day/Yr) 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 you understand this? Yes □ No □ 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, if you currently have custody of the child, unless 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 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 \(\sigma \) No \(\sigma \) FURTHER, AFFIANT SAITH NOT. This the ____ day of _____ 20___. Signature: Biological___ Legal___ Mother____

Biological Legal Father Legal Guardian of	
Legar Guardian or	
	Name of Child
worn to and subscribed before me this the da	ay 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 CLERK OF A COURT OF RECORD:

Please Print: Name Of Clerk Of Court Of Record Of The __

			Court OfParish Of		, County Or		
			(State Or Territory) Signature:		(City)	_	
			Signature.	Clerk Of Co	ourt Of Record		
				PART II			
Α.	SUI	RRENDER OF CHI	LD BY PARENT OR GUARDL	AN IN ANOT	HER STATE		
			RECTLY TO PROSPECTIVE A				
		OF TENNESSEE Y OF)				
CO	ONI						
		Being duly sworn a	ccording to law affiant would stat	e:			
1.	I an		,	Ar.			
	b. F	ather:		or			
	c. L	egal Guardian:		of:			
2.	. (Thild's Nome.					
۷.	а. С b. (Child's Date of Birth:					
	c. (Child's Place of Birth:					
	d. (Child's Sex:					
	е. С	Jiliu s Race					
3.	tern	ninated and ended; the	signature to this document, all of hat this child will be adopted bent(s)], and that I will have no fu	у			[Name(s) of
		olved in the life of this				•	
4.		nderstand that by sign ption of my child by o	ing this document, I will not be other persons.	entitled to any	notice, legal or other	wise, of any other legal pr	oceedings for the
5.	a.	must do so by	ly understand Part I of this docu- (Date from # 16b. of Pa conducting this proceeding, or his	rt I) by presen	ting the Revocation of		
	b.	By my signature to	this part, I acknowledge receipt of	f a copy of the	Revocation of Surrence	der form.	
6.		REELY AND VOI ARDIANSHIP RIGI	LUNTARILY, WITHOUT DU	TRESS OF A	NY KIND, SURRE	ENDER ALL OF MY P	ARENTAL OR
			(CHILD'S NAME)			
	то	:					
	a. b.		ve Motherve Father				
FU	RTHE	ER AFFIANT SAITH	NOT.				
Th:	a tha	day of	20				
1111	s the _	day of	, 20				
		Signature:	Biological Legal Biological Legal Legal Guardian				
Sw	orn to	and subscribed before	e me this the day of	, 2	20		
				Please Prin	t:		
					Chancellor, Jud	dge, of Court of Record of	
					Parish, of	Court of	_ County or at
					2 411011, 01	(State Or Territory)	at

	(City)
	Signature:
*See Notes Below Before Signing	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)
	Signature:	
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 <u>prior</u> to execution of the surrender. T. C. A. 36-1-111(k).
- 3. When applicable, as noted above., all provisions of Section B. must be completed prior 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).
- 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).
- 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).

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

STA	ATE (OF)		
co	UNT	Y OF			
		,	g to law, affiant(s) would sta		
1.	a.	I am		, Prospective Adoptive	Mother.
	b. с.	Prospective Adoptive Moth	ner's Date of Birth ner's Marital Status		
	d.	Prospective Adoptive Moth	ner's Address		
2.	a.	I am		, Prospective Adoptive	Father.
	b.	Prospective Adoptive Fathe	er's Date of Birther's Marital Status		
	c. d.	Prospective Adoptive Father	er's Address		
3.	Un	on execution of Parts I and II	A by the parent or quardian	named therein before a Jud	ge or Clerk of a Court of Record in the State or
٥.		ritory where the surrender is	accepted agree t		
			(I/We)	ourt order within thirty (30)	days of the date of this surrender
		(Name of Child)	-		
		e, T.C.A. 36-1-111(u)], and w spiritual training of this child		onsible for the care, custod	y, financial support, medical care, education, moral,
4.	The	e following costs have been p	oaid by for activitient (me/us)	es involving the placement	of this child.
		A (D.1	` '	D (D) I	T. G. : /G
	_	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
	_				Hospital or Medical Costs for the Birth of the Child Medical Care/Other Birth Related Expenses
	_				Hospital or Medical Costs for the Birth of the Child
					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
	_ _ _				Hospital or Medical Costs for the Birth of the Child Medical Care/Other Birth Related Expenses for Mother and/or Child
					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

		TIONS 5a5d. <u>MUST</u> BE MARKED TO DESIGNATE THE APPLICABLE SITUATION. ONE OF THE FOLLOWING XIST 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 \S 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).
		TIONS 6-9 <u>MUST</u> BE ANSWERED "YES" OR <u>MUST</u> BE MARKED "NOT APPLICABLE" BEFORE THE SURRENDER IS ETED BY THE COURT OR CLERK:
6.	Yes	No I I/We have attached hereto a currently effective or updated home study or preliminary home study of my/our home ducted by a licensed child-placing agency, a licensed clinical social worker, or the Tennessee Department of Children's Services.
7.	Yes requ	No □ I/We have attached the certificate of the completion of (_)legal/(_)social counseling <u>if</u> counseling was lested by the surrendering parent. <u>See</u> Item #s 13 and 14 in Part I. □Not Applicable.
8.		□ No □ If the child is to be brought into Tennessee for foster care or adoption, I/we have attached a copy of the ICPC 100A ther substitute form required for ICPC compliance or a sworn statement stating why such form is not required by the ICPC. ot Applicable.
9.	chile	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 d's Native American heritage, there has been compliance with the Act. ot Applicable.
SUI	SEC	TION 10 MUST BE ANSWERED "YES", OR ITEM b. MUST EXPLAIN HOW COMPLIANCE WILL BE EFFECTED:
10.		□ No □ a. If the child is to be removed from Tennessee for adoption in another state, there has been compliance with the Interstate apact or the Placement of Children. □Not Applicable.
	b.	If not, how will it be effected?
		D. A. FELANTE (C. G. A. MELLA NOT.
		R AFFIANT(S) SAITH NOT
Inis	· '	day of, 20
		Signature of Prospective Adoptive Mother
		Signature of Prospective Adoptive Father
Swo	orn to	and subscribed before me this day of, 20
		NOTARY PUBLIC
Mv	comm	nission expires:

CERTIFICATION OF OUT-OF STATE CLERK

	I,	, Clerk of the	ne	Court of
		County (Parish)	(Name of	of State)
ereby	certify the foregoing copies of Parts I	and II of the Surrender Forms to be	true and accurate copie	es of the documents filed with the cou
		\overline{C}	lerk of the	Court of
		_		County (Parish),
		_		·
				(Seal)
		CERTIFICATION OF TENN	ESSEE CLERK	
	Ţ	Clark of th	a	Court of
	1,	County Tennessee certify the	foregoing copies of Par	Court of tts I and II of the Surrender Forms to l
ue an	d accurate copies of the documents fil		roregoing copies of 1 an	to rune in or the purchase round to
		C	erk of the	Court of
		_		County, Tennessee.
				(Seal)
				(2.2.17)
		PART III		
		CONTACT VETO REGI		
		T.C.A. § 36-1-111(x)(3)	
TD 4 TD	r or		x)(3)	
TAT	E OF)	a)(3)	
TAT	E OF)	a)(<i>3)</i>	
COUN Being	duly sworn according to law affiant w		a)(<i>0</i>)	
COUN Being . I	duly sworn according to law affiant w	ould state:		
Seing . I	duly sworn according to law affiant w am: . Mother:	ould state:	, or	
COUN Being . I	duly sworn according to law affiant w am: . Mother: b. Father:	ould state:	, or , or	
eing I a	duly sworn according to law affiant w am: . Mother: Father: Legal Guardian:	ould state:	, or , or of:	
Seing . I a b c	duly sworn according to law affiant wam: Mother: Father: Legal Guardian:	rould state:	, or , or of:	
Being . I a b c	duly sworn according to law affiant wam: . Mother: b. Father: . Legal Guardian: c. Child's Name: b. Child's Date of Birth:	rould state:	, or , or of:	
Being . I a b c	duly sworn according to law affiant wam: Mother:	rould state:	, or , or of:	
Being . I a b c	duly sworn according to law affiant w am: . Mother:	rould state:	, or, or, or of:	
Seing . I a b c . a	duly sworn according to law affiant wam: . Mother:	rould state:	, or, or of:	

- 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]. 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	te/P. O. Box)	
(Town/City)		(State)	(2	(Zip Code)	
(Home Telephone	No.)	(Work Telephone	No.)	·	
Is this address an addres Yes ☐ No ☐ If no, ple			ou concernin	ng your wishes regarding contact.	
(Street/Rural Route/P. C	D. Box)	(Town	/City)	(State)	
(Zip Code) (Work Telephone)	,,	(Home	e Telephone)	
Is this address an address used:	ss a person requesti	ng contact may use t	o write to yo	you? Yes No . If no, please share the	address to be
(Street/Rural Route/P. C	D. Box)	(To	own/City)	(State)	
(Zip Code)	Work Telephone)	,	(Home	e Telephone)	
YES □ NO □. If no, r If no, please list telepho (Work Telephone No.)		y, that might be shar			NO □.
				gible persons, who may, as may be permitted to have contact with me.	ed by law, to hav
ancestors, and the spou may, however, exclude	ses of those perso e persons in those cation by the depa	ns so that they cannot classes from this a rtment, pursuant to	ot be contact automatic co a search rec	cally applicable to your siblings, lineal dacted by a person eligible to have the recoverage so that they will have to regist equest, they will have to register a contact by of these persons.	ords opened. Yo
I wish to exclude from t	he automatic conta	ct veto the following	<u>;</u> :		
(1) My siblings:	Yes 🗆	No 🗖			
(2) My lineal descend(3) My lineal ancestor		No □ No □			
(4) The spouses of:	J. 103 🗖	1.0 🕒			
(a) siblings	Yes 🗖	No 🗖			
(b) lineal descend	ants Yes 🗖	No 🗖			
(c) lineal ancestor	rs Yes □	No 🗖			

8.

Please complete the following for any known individuals:

		Name	Relationsl Surrendering			Address Street., RR, P. O. Box, Town, State, Zip
	d.	I wish to veto contact with: (1) Any future siblings of the a (2) A current spouse (3) Future spouse of mine (4) Any of my lineal descendar	Yes ☐ No ☐ Na Yes ☐ No ☐	Yes 🗖 🗈 1	No □. spouse	
		Please complete the following for	r any known individua	als:		
		Name	Relationsl Surrendering		•	Address Street., RR, P. O. Box, Town, State, Zip
9.	a.					ther classes of eligible persons who, as may be permitted adoption record to have contact with me.
	b.	I wish to limit consent to certain	persons and only give	e consent for	contact v	with the following classes of people:
		(1) The adopted person(2) The adopted person's adopted	tive parents		No 🗆	
		(3) The adopted person's adopt(4) The adopted person's lineal	tive siblings Yes 🗖	No 🗖	No 🗖	
		(5) The legal representatives of			No 🗖	
	c.	If contact is limited to the legal re	epresentative of certain	n classes of p	ersons, p	please describe:
10.	or q	sh the following types of contact buildifications to these methods of cophone	ontact)			e: (Please check all that apply and indicate any limitations
	Lett	• =				
	Pers Pers	sonal contact, prearranged with me sonal contact through another personal contact through a personal contact through the personal co	☐, either via phone ☐ on ☐ Please give nam	e, relationshij	to you,	if any, and information to be released regarding how to
11.		er information I wish to have relead provided):	sed about me to any e	eligible perso	ns (pleas	se identify to whom and the contents of the information to

12. Should you wish no contact with any other eligible persons your decision, please share that information here:	but wish to share a statement of your feeli	ngs, or circumstances which impact
13. I hereby request that this information be filed with the Con Children's Services	ntact Veto Registry at the Post Adoption	Services Unit of the Department of
FURTHER AFFIANT SAITH NOT.		
This the day of, 20		
Signature: Biological Legal Mother Biological Legal Father Legal Guardian		
Sworn to and subscribed to before me this day of	, 20	
	Please Print:	
	Please Print: Chancellor, Judge, or Court	of
	County or Parish, of	TATE OR TERRITORY)
	at	
	Signature:	,
	Chancellor, Judge or Clerk of C	
CEI	RTIFICATION	
I,, Clerk	k of the (Court of
true and accurate copy of the document executed before this Court.		If of the Surrender Points to be a
	Clerk of theState of	
		(Seal)
	PART IV	
REVOCATION OF SURREI	NDER BY A PARENT OR GUARDIAN	
12,00,110,00 00,110		
STATE OF		
Being duly sworn according to law affiant would state:		
1. I am: a. Mother:	, or	
b. Father: c. Legal Guardian:	, or	
2. a. Child's Name: b. Child's Date of Birth:		

	C.	Cilild 8 Flace 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
	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 her	reby revoke and void the surrender of the above-named child.
ET 11	тис	R AFFIANT SAITH NOT.
roi	XITE.	KAPTANI SAITI NOT.
Thi	s the _	day of, 20
		Cignotrum Dialogical Local Mathon
		Signature: Biological Legal Mother
		Biological Legal Father Legal Guardian:
		Legai Guardian.
Swo	orn to	and subscribed before me this day of, 20
		, , , , , , , , , , , , , , , , , , , ,
Thi	s Revo	ocation 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.

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, certifexecuted before this Court.	y the foregoing copy of Part III of the Surr	ender Forms to be a true and accurate	copy of the document
		Clerk of the	Court ofCounty,
		State of	County,
			(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 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).

CIT	Y O	R OTHER LOCATION		
Bei	ng du	ly sworn according to law, affiant would state:		
1.	I an	n:		
	a.	Mother:	(Date of Birth)	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		

COUNTRY OF

3.			was born in wedlock \square / out of wedlock \square .			
4.	Stat	te the 1	names and relationships of any other legal/biologic	cal parent, l	egal guardian or possible biologi	cal parent for this child:
	a.	(1)	Name:			
		(2)	Relationship to the child:			
		(3)	Address			
			City, State Zip Telephone Number: Home:	Worls		
		(5) (6)	Other identifying information concerning the ab	WOFK:	ed other legal or biological	
		(0)	parent/legal guardian.	ove identific	ed other regal of biological	
						and
	b.	(1)	Name:			
		(2)	Relationship to the child:			
		(3)	AddressCity, State Zip			
		(5)	Telephone Number: Home:	Work:		
		(6)	Other identifying information concerning the ab	ove identifie	ed other legal or biological	
		. ,	parent/legal guardian.			
						and
	c.		Name:			
			Relationship to the child:			
		(3)	Address			
		(5)	City, State Zip Telephone Number: Home:	Work:		
		(6)				
		. ,	Other identifying information concerning the ab parent/legal guardian.		c c	
5.	The	e ident	ity is unknown for the other:			
	a.		al parent Yes \(\sigma \) No \(\sigma \)			
	b.		ogical parent Yes No No			
	c. d.	Not	al guardian Yes □ No □ applicable Yes □ No □			
6.	The a.	where	eabouts is unknown for the other:			
	b.	Biol	ogical parent Yes \(\Dag{\text{Vos}} \) No \(\Dag{\text{Vos}} \)			
	c.	Leg	al guardian Yes 🗆 No 🗖			
	d.	Not	al parent Yes No al ogical parent Yes No al quardian Yes No applicable Yes No			
7.	I st	ate th	at all information concerning the identity, wher	eabouts, an	d social and medical history co	oncerning the above-named legal o
	biol	logical	parent/legal guardian has been() or will be §	given() 1		
	Chi	ld-Pla	cing Agency to whom the above child is being sur	rendered.		
8.	Info	ormatio	on Concerning Child's Native American Heritage:	:		
	a.	Are	you or the child of Native American heritage?	Yes □	No 🗖	
		If no	o, go to # 9.			
	b.		es, are you eligible for tribal membership?	Yes 🗖	No 🗖	
	c. d.		es, give name of tribe you registered with a Native American tribe?	Yes 🗖	No 🗖	
	a. e.		es, give name of tribe.	168	110 🗖	
	f.	Is yo	our child eligible for tribal membership?	Yes 🗖	No 🗖	
	g.	If ye	es, give name of tribe.	. 7 . 2		
	h. i.		your child been registered with a Native America es, give name of tribe.	n tribe'?	Yes □ No □	
	j.		information is unknown.	Yes 🗖	No 🗖	

9.	a.	Yes □ No □ If no,	ut of Tennessee to another go to #10.	r state or country for add	option?		
	 b. If yes, name of state or country. c. If yes, I understand Tennessee law will govern the interpretation of this surrender. 						
10.	abov Yes If no	e you been paid, received ve-named child or placem o, go to #11.	or been promised any meent of this child for adopt	oney or other remuneration		nnection with the birt	h of the
		Amount Paid	To Whom	By Whom	Date Received/Paid	Type Service/Cost	
11.	a.	Does the child own any value:	real or personal property	? Yes □ No □ If yes,	please describe the pro	perty owned and giv	re the property
	b.		hild will become possesse erty, who currently owns				mes owner and
12.	a.	Do you currently have: Only legal custody of th Only physical custody of Both legal and physical		res □ No □ res □ No □ res □ No □			
	b.	If another person(s) hole	ds legal custody of the ch	ild at this time, give the fe	•	_	
	c.	Telephone Number (Ho If another person(s) hole Name: Relationship, if any, to	Street, RR, P.O. Box) me) (Wo ds physical custody of the	ork) child at this time, give th	•		
		Address:(S	Street, RR, P.O. Box) me) (Wor	(Town/City)	(State)	(Zip)	
	d. e.	Is the person(s) who hold If a licensed child placin of your child, give the Name of Agency: Street/Rural Route/P.O.	Ids custody the prospective agency, the Department following information: Box:	re adoptive parent? Yes	or another State agency h		legal custody
	f.	Town/City:	ustody to the licensed chi	State:	Zip:	 Children's Services?	,

	g.	Yes □ No □ Explain any other circ	cumstances regardin	g the custod	y status of	this child:				
13	a.	Are you aware of ass: Yes No	istance which may b	e available t	o you to ca	re for the child shoul	d you desire to pa	rent this child?		
	b.	Do you desire counse parenting from a soci						ssues surrounding adoption or for adoption?		
	c.	Has such counseling	been made available	e to you?	Yes 🗖	No □				
14.	a. b.	Do you desire to be re If not, do you desire t Yes \(\square\) No \(\square\)						o 🗆		
	c.	Has such counseling	been made available	e to you?	Yes 🗖	No 🗖				
15.	the		forever, that your r		sponsibili			ve no right to act as parent of ninated and that the child will		
16.	a.		revoke or cancel t	his surrend	er by signi			ys from the date you sign the OF SURRENDER before the		
	b.	the surrender will b revocation period is the tenth (10th) day	egin on the day fol ten (10) calendar d falls on a Saturday r legal holiday. If t	llowing the lays and wil y, Sunday o	signing of <u>l expire o</u> r legal holi	the surrender, or (n the tenth (10th) da iday, the last day for	Mo/Day/Yr) ay or (Mo/Day/Y r revocation will	, the period of revocation of The If be the next day which is not a Yr) Do		
	c.	Department of Child custody of the child	dren's Services or I I, <u>unless</u> the court	Licensed Ch finds that to	ild-Placing o do so wi	g Agency will be req Ill likely result in in	uired to return t imediate harm t	0) day period, the Tennessee he child, <u>if</u> you currently have o the health and safety of the gal counsel to represent you in		
17.		owing the above, do you						desire to surrender the above-		
		FURTHER, AFFIAN	IT SAITH NOT.							
		This the day of	20							
		•								
		Signature:								
			Legal Guardian of					of		
		Name of Child								
		Sworn to and subscri	bed before me this th	he day	of,	20				
					Please F	Print:				
					Name ar	nd Title of Officer of Forces Authorized to	-			
						re:				
					Name ar	nd Title of Officer of Forces Authorized to	-			

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

CO	UNTI	RY OF:)
CIT	Y OF	R OTHER LOCATIO	ON:)
		Being duly sworn ac	cording to law ,affiant would st	state:
1.	I am	1:		
	a.	Mother:	or	
	b.		, or	
	c.	Legal Guardian:	, or	of:
2.	a.	Child's Name:		
	b.	Child's Date of Birth	1:	
	c.		h:	
	d.			
	e.	Child's Race:		
3.	term	ninated and ended; that	t this child will be placed for ad	f my parental or guardianship rights to the child named above will be forever doption by, a Licensed Child-Placing Agency, or s and that the child will be adopted by other persons, and that I will have no
				hild, or to otherwise be involved in the life of this child.
4.			ng this document, I will not be e on of my child by other persons	entitled to any notice, legal or otherwise, of any other legal as.
5.	a.	must do so by		cument and fully understand that if I change my decision to surrender this child I Part I) by presenting the Revocation of Surrender Form, attached to this document, or his or her successor.
	b.	By my signature to the	his part, I acknowledge receipt	of a copy of the Revocation of Surrender form.
6.			NTARILY, WITHOUT DURI	RESS OF ANY KIND, SURRENDER ALL OF MY PARENTAL OR
			(CHILD'S N	NAME)
	TO:			
	a.	Licensed Child-Placi	ing Agency	(Name of LCPA)
	b.	Tennessee Departs	ment of Children's Services (Pl	'lease check if applicable.)
		FURTHER AFFIAN	T SAITH NOT.	
		This the day of _	, 20	
		Signature:	Biological, LegalFather	r
Swo	orn to	and subscribed before	me this the day of	
				Please Print:
			Armed	Name and Title of Officer of the Foreign Service or the United d Forces Authorized to Administer Oaths
				Signature:
*Se	e Note	es Below Before Signi	ing	Name and Title of Officer of the Foreign Service or the United

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 <u>prior</u> to execution of the surrender. T. C. A. § 36-1-111(k).
- 3. 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. 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:

1.		copies of the surrender forms filed by the licensed child-placing agency or the Tennessee Department of Children's Services with this t shall be entered in a special docket for surrenders and shall be styled
		Re
		(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.	cost	nin 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 to: Adoption Services, Tennessee Department of Children's Services, 436 6th Avenue North, Nashville, TN 37243-1290. T.C.A. § -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.	OR	CEPTANCE OF SURRENDER BY LICENSED CHILD-PLACING AGENCY TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES
ST	ATE (OF
CO	UNTY	Y 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:

(Rule 0250-7-13-.07, continued) c. 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 U.S. FOREIGN SERVICE OFFICER OR OFFICER OF THE U. S. ARMED FORCES: ___certify on behalf of: Licensed Child-Placing Agency__ ____(Name of Agency); _ Tennessee Department of Children's Services: ___ That my agency has physical custody of this child; or 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 ____ 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 _ 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. MUST BE ANSWERED "YES" OR MUST BE MARKED "NOT APPLICABLE" BEFORE THE SURRENDER IS COMPLETED BY THE U. S. FOREIGN SERVICE OFFICER OR OFFICER OF THE U. S. ARMED FORCES. Yes 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 Yes D No Citicensed 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 Of	ficer of the U.S. Foreign Service	oran Officer of the United States
					d accurate copies of the documents
0/10	cutcu	and filed with file.			
				N. I.W.I. CII. C.	
				Officer of the United Sta	Foreign Service Officer or
				Officer of the Officer Sta	tes Affied Poices
			<u>CERTIFICATION C</u>	OF TENNESSEE CLERK	
		_			
		1,	County Tonnesses	Clerk of the of Po	Court of ts I and II of the Surrender Forms to be
tru	and:	accurate copies of the documen		ertify the foregoing copies of Pai	ts I and II of the Surrender Forms to be
tru	o and a	accurate copies of the documen	ns med with this Court.		
				Clerk of the	Court of
					County, Tennessee.
					(Seal)
				RT III	
				O REGISTRATION 36-1-111(k)(3)	
			1.C.A. y .	50-1-111(k)(5)	
ST	ATE	OF)		
CC	UNT	Y OF)		
	_	ly sworn according to law affia	ant would state:		
1.	I an a.			O.T.	
	a. b.				
	c.				
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:			
2		I undoustand that contact wi	th me may be acquested by the	a abild I am an annondarina (adant	ad managam) and by southin athen alassa

- 3. 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/R	tural Route/P. O.	. Box)
(Town/City)		(State)	(Zip Coo	ide)
(Home Telephone N	,,,	(Work Telephone N	0.)	
Is this address an address Yes □ No □ If no, plea			concerning your	ir wishes regarding contact.
(Street/Rural Route/P. O.	Box)	(Town/C	City)	(State)
(Zip Code) (W	ork Telephone)	,	(Home Teleph	hone)
Is this address an address used:	a person requestir	ng contact may use to	write to you? Y	Ves \square No \square . If no, please share the address to be
(Street/Rural Route/P. O.	Box)	,(Tov	wn/City)	(State)
(Zip Code) (W	ork Telephone)	,	(Home Teleph	hone)
please list telephone num (Work Telephone No.)	ber(s), if any, that		used to contact your contact yo	you.
(Work Telephone No.)				
I wish to veto contact wit	1 1	son and all other class	es of eligible per	rsons, who may, as may be permitted by law, to have contact with me.
I wish to veto contact wit access to the sealed recor The filing of a contact veancestors, and the spouse records opened. You may	ds, sealed adoption eto by you makes t s of those persons y, however, excludor, upon location b	son and all other classes in records or post adopt the contact veto autom so that they cannot, we de persons in those cla by the department, purs	es of eligible per otion record to ha natically applicability without their consusses from this au suant to a search	ble to your siblings, lineal descendants, lineal asent, be contacted by a person eligible to have the automatic coverage so that they will have to registent request, will have to register a contact veto at the

8.

	Name	Relationship Surrendering Per		Address Street., RR, P. O. Box, Town, State, Zip
	тчаше	Surrendering Per	.5011	Succe, AR, 1. O. BOX, 10wii, State, Zip
I w: (1) (2) (3) (4)	Any future siblings of the adopt A current spouse Yes ☐ No ☐			
Ple	ase complete the following for any	known individuals:		
	Name	Relationship Surrendering Per		Address Street., RR, P. O. Box, Town, State, Zip
_				
				er classes of eligible persons who, as may be proption record to have contact with me.
I w	ish to limit consent to certain pers	ons and only give consent fo	or contact wit	th the following classes of people:
(1) (2) (3) (4)	The adopted person's adoptive of the adopted person's adoptive of the adopted person's lineal des	siblings Yes 🗖	No □ No □ No □ No □	
(5)	The legal representatives of any	-	No 🗖	
It c	ontact is limited to the legal repres	entative of certain classes of	persons, ple	ase describe:
		et)		(Please check all that apply and indicate any lin
sh th	cations to these methods of contacte			
sh th ualifi ephor ers C onal onal	e Contact, unannounced contact, prearranged with me , e	ither via phone or corres	pondence 🗖 p to you, if ar	ny, and information to be released regarding how

9.

10.

11.

(Rule 0250-7-13-.07, continued) 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 _____, 20____. Biological ___ Legal ___ Biological ___ Legal ___ Mother _____ Signature: Father _____ Legal Guardian ____ Sworn to 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 _____, 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 copy of the document 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 COUNTRY _ CITY OR OTHER LOCATION ___ Being duly sworn according to law affiant would state: 1. I am: Mother: ______, or a. b. Father: ___ Legal Guardian: _____ c. a. Child's Name: b. Child's Date of Birth: c. Child's Place of Birth: d. Child's Sex: e. Child's Race: ____ (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____ Tennessee Department of Children's Services_____ c.

4.	The surrender was executed before:	
	(Name of U.S. Foreign Service Officer or Officer or	f the U.S. Armed Forces)
5.	I hereby revoke and void the surrender of the above	-named child.
FUF	JRTHER AFFIANT SAITH NOT.	
This	nis the, 20	
Sign	gnature: Biological Legal Mother Biological Legal Father Legal Guardian:	
Swo	vorn to and subscribed before me this day of	, 20
This	nis Revocation of Surrender was received by me on the	day of, 20
	Please Print:	LG Familia Gamilia Official of the H.C. Annual
	Forces	J.S. Foreign Service Officer or Officer of the U.S. Armed
	Signature (See notes below):	J.S. Foreign Service Officer or Officer of the U.S. Armed
	Forces	s.s. I dreigh service officer of Officer of the U.S. Affice

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.

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:

1.	I an a.		her:		(Date of Birth)	or	
	b.				(Date of Birth)		
	c.	Lega	ol Guardian:		(Date of Birth)	, of:	
	٠.	205.			(2 110 01 21111)	, 011	
2.	a.	Chil	d's Name				
	b.	Chil	d's Date of Birth				
	c.						
	d.						
	e.	Chil	d's Race				
3.	This	s child	was born in wedloc	k □/ out of wedlock	□.		
4.	Stat	e the r	names and relationsh	ips of any other lega	al/biological parent, legal guardian or po	ssible biological parent for t	this child:
	a.	(1)	Name:				
		(2)	Relationship to the	child:			
		(3)	Address				
		(4)	City, State Zip _				
		(5)			Work:		
		(6)	Other identifying is parent/legal guardi		ng the above identified other legal or bi	ological	
						and	
	b.	(1)	Name:				
		(2)	Relationship to the	child:			
		(3)	Address				
		(4)	City, State Zip				
		(5)			Work:		
		(6)	Other identifying is parent/legal guardi		ng the above identified other legal or bi	ological	
						and	
	c.	(1)	Name:				
	C.						
		(4)	City, State Zip _				
		(5)	Telephone Number	r: Home:	Work:		
		(6)			ng the above identified other legal or bi		
		(-)	parent/legal guardi		<i>6</i> · · · · · · · · · · · · · · · · · · ·		
5.	TI	: 4 4 :	ty is unknown for th				
٥.	a.		•	es No			
	a. b.			es No No			
	c.		0 1	es No No			
	d.		C	es No No			
6.	The	where	eabouts is unknown	for the other:			
	a.			es □ No □			
	b.			es 🗖 No 🗖			
	c.		0	es 🗖 No 🗖			
	d.	Not	applicable Y	es □ 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 If no, go to # 9.		C	I No □				
	b.	If yes, are you eligible		? Yes □ No □					
	c. d.	If yes, give name of tril Are you registered with	nen n a Native American tr	ibe? Yes 🗖	No 🗖				
	e.	If yes, give name of tril	be						
	f.	Is your child eligible for		Yes □ No □					
	g. h.	If yes, give name of tril Has your child been reg	be	American tribe?	Vec [J No □			
	i.	If yes, give name of tril		American tribe:	168	J NO L			
	j.	This information is unk		Yes 🗆 No 🗆					
9.	a.		If no, go to #10.	other state or cour	ntry for ado	ption?			
	b.	If yes, name of state or							
	c.	If yes, Tennessee law v	vill govern the interpre	etation of this surr	ender.				
10.	abov Yes If no	e you been paid, receive ve-named child or placen \(\subseteq \text{No} \subseteq \) o, go to #11. es, please complete the form	nent of this child for a		ner remune	ration of thing of	value in connec	tion with the birth of	the
		Amount				Date		Type	
		Paid	To Whom	By Who	m	Received/Paid	S	ervice/Cost	
				_					
11	a. b.	Does the child own any Yes No I If yes, please describe t Is it expected that the c If yes, please describe	the property owned and	d give the propert	or personal			the child becomes ov	- - - -
		and give the property v	1 1 .						- - -
12.	a.	Do you currently have: Only legal custody of ti Only physical custody Both legal and physical	he child? Yes I No of the child? Yes I	No 🗖	П				
	b.	If another person(s) hole Name: Relationship, if any, to	lds legal custody of the	e child at this time	e, give the f	•			
		Address:							
		(Street, RR,	P.O. Box)	(Town/City)	(State)	(Zi	p)		
		Telephone Number (Ho	ome)	(Work)	 .	6.11	.•		
	c.	If another person(s) hol			_	_			
		Name: Relationship, if any, to	you or the child:						
		relationship, if any, to	you or the clind						

		Address:						
			(Street, RR, P.O. Box) e Number (Home)	(Town/City)	(State)	(Zip)		
		Telephone	e Number (Home)	(Work)				
	d. e.		son(s) who holds custody the				s physical and/or legal custody	
	C.		nild, give the following inform		is services or and	oniei State agency noid	s physical and/or legal custody	
		Name of A	Agency:					
		Street/Rui	Agency: al Route/P.O. Box: y: total to give quatedy to the graden					
		Town/Cit	y:	State:		Zip:		
	f.	170 VOII III	nena to give custoay to the bi	OSDECTIVE ACCOUNTS DATE	mis/ res i i ino			
	g.	Explain a	ny other circumstances regard	ing the custody status of	i this chiid:			
13	a.	Are you a	ware of assistance which may	be available to you to	care for the child s	should you desire to par	ent this child?	
	b.		esire counseling regarding su a social service agency or a l				issues concerning adoption or	
	c.		requested the prospective ad-				adoption? Tes 🗆 No 🗅	
	٠.		o If not, go to #14.	optive parents to provid	o such counseling	101) 0		
	d.	If so, has Yes □ N	such counseling been made a	vailable to you by the pr	cospective adoptive	e parents?		
14.	a.		esire to be represented by lega	al counsel at this surrence	ler proceeding?	Yes □ No □]	
	b.	es □ No □						
	c. Have you requested the prospective adoptive parents to provide such counseling for you?							
		Yes ☐ No ☐ If not, go to #15. If so, has such counseling been made available to you by the prospective adoptive parents?						
	d.	Yes \square N	_	vailable to you by the pi	cospective adoptive	e parents?		
16.		If you sig surrender officer wh By signing the surre	r, you may revoke or cance ho is here today, or his or ho ng the surrender of the abo nder will begin on the day	ve-named child, do you like this surrender by sight er successor? Yes we named child on this following the signing of	ou understand the ning a paper call l No s date, (Mo/Dayo of the surrender,	/Yr) or (Mo/Day/Yr)	ys from the date you sign the OF SURRENDER before the, the period of revocation of The If	
		the tenth Saturday	(10th) day falls on a Saturd , Sunday or legal holiday.	lay, Sunday or legal he	oliday, the last da	y for revocation will l	by the next day which is not a Yr) Do	
	c.	adoptive do so wil	parents will be required to	return the child, <u>if</u> yo harm to the health ar	u currently have ad safety of the c	custody of the child, hild, and that you ma	day period, the prospective unless the court finds that to by contest this decision not to so No -	
17.			bove, do you freely, volunts that the child may be place				lesire to surrender the above- ents? Yes □ No □	
FUF	RTHE	R, AFFIAN	VT SAITH NOT.					
This	the _	day of	20					
	Sian	ature:	Piological Local M	other				
	Sign	ature.	Biological Legal M Biological Legal F					
			Legal Guardian of					
			-			-		
					Name of Chil	ld		
a		,	1 11 6	1 6 20				
Swo	rn to	and subscri	bed before me this the	tay of, 20				

		Please Print:
		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 PROSPECT OR TEMPORARILY RESIDING IN A FOREIGN	TIVE ADOPTIVE PARENTS BY PARENT OR GUARDIAN RESIDING COUNTRY
CO	UNTRY OF)
CIT	UNTRY OF	
	Being duly sworn according to law affiant would state	
	being daily sworn according to law arriant would state	
1.	I am: 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.	terminated and ended; that this child will be adopted by	f my parental or guardianship rights to the child named above will be forever [Name(s) of rther right to see this child, or to act as parent of this child, or to otherwise be
4.	I understand that by signing this document, I will not be ent adoption of my child by other persons.	itled to any notice, legal or otherwise, of any other legal proceedings for the
5.		nt and fully understand that if I change my decision to surrender this child I must presenting the Revocation of Surrender Form, attached to this document, to the successor.
	b. By my signature to this part, I acknowledge receipt of a	copy of the Revocation of Surrender form.
6.	GUARDIANSHIP RIGHTS TO	RESS OF ANY KIND, SURRENDER ALL OF MY PARENTAL OR
	(CHILD'S NAME)	
	TO:	
	a. Prospective Adoptive Mother	
	b. Prospective Adoptive Father	
FUF	RTHER AFFIANT SAITH NOT.	
This	s the day of, 20	
Sigr	Biological Legal Father	
	Legal Guardian	
Swo	orn 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	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 <u>prior</u> 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. must be completed prior 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. 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).
- 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 els
	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

ST.	ATE UNT	OF Y OF)		
			ording to law, affiant(s) would sta	ite:	
1.	a. b. c. d.	Prospective Adoptive Prospective Adoptive	Mother's Date of Birth Mother's Marital Status Mother's Address		
2.	a. b. c. d.	Prospective Adoptive Prospective Adoptive	Father's Date of Birth Father's Marital Status Father's Address		
3.	Upo For	on execution of Parts I a	nd II A. by the parent or guardia ster oaths(I/We)	n named herein before a U. S agree to assume	Foreign Service Officer or Officer of the Armed
	res _l	oonsibility for obtaining er within thirty (30) days	guardianship of	(Name of Child) e, T.C.A. § 36-1-111(u)], and v	through court ve agree, therefore, to be responsible for the care. l.
4.	Th	e following costs have be	een paid by for activiti (me/us)	es involving the placement of t	his child.
		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)
Μl	J <u>ST</u> F	XIST BEFORE THE S		VED BY THE A U.S. FORE	ATION. ONE OF THE FOLLOWING IGN SERVICE OFFICER OR OFFICER OF
5.	a. b.	I/We will rece			dian within five (5) days of this surrender. The
	c.				elease from a hospital or health care facility, and (d)(6) has been attached with the acceptance at

	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).
		CTIONS 6-9 <u>MUST</u> BE ANSWERED "YES" OR <u>MUST</u> BE MARKED "NOT APPLICABLE" BEFORE THE SURRENDER IS LETED BY THE U. S. FOREIGN SERVICE OR ARMED SERVICES OFFICER:
6.		es 🗆 No 🗖 I/We have attached a currently effective or updated home study or preliminary home study of my/our home conducted by a ensed child-placing agency, a licensed clinical social worker, or the Tennessee Department of Children's Services.
7.	su	es \square No \square I/We have attached the certificate of the completion of () legal/() social counseling if counseling was requested by the rrendering parent. See Item #s 13. and 14. above in Part I. Not Applicable.
8.	su	es \(\sigma\) No \(\sigma\) 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 bestitute form required for ICPC compliance or a sworn statement stating why such form is not required by the ICPC. Not Applicable.
9.	N	es \square No \square 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 ative American heritage, there has been compliance with the Act. Not Applicable.
SUE	SE	CTION 10 <u>MUST</u> BE ANSWERED "YES", OR ITEM b. <u>MUST</u> EXPLAIN HOW COMPLIANCE WILL BE EFFECTED:
10.		es 🗆 No 🗖 a. If the child is to be removed from Tennessee for adoption in another state, there has been compliance with the Interstate ompact or the Placement of Children. 💮 Not Applicable.
	b.	If not, how will it be effected?
FUR	ХΤН	ER AFFIANT(S) SAITH NOT
		_ day of, 20
		Signature of Prospective Adoptive Mother
		Signature of Prospective Adoptive Father
Swo	rn t	o and subscribed before me this day of
		NOTARY PUBLIC
Му	con	unission expires:
•		
		CERTIFICATION OF U.S. FOREICN SERVICE OFFICER
		CERTIFICATION OF U. S. FOREIGN SERVICE OFFICER OR OFFICER OF THE UNITED STATES ARMED FORCES
		I,
cxec	ute	a and theu with the.

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

CERTIFICATION OF TENNESSEE CLERK

		I,	County Tonnesses contify the foreseine	Court of copies of Parts I and II of the Surrender Forms to be
true	and a	accurate copies of the documents filed wi		copies of Parts I and II of the Suffender Porms to be
			Clerk of the	Court of County, Tennessee.
				(Seal)
			PART III CONTACT VETO REGISTRATIO T.C.A. § 36-1-111(k)(3)	ON .
		OF		
	ng dul I an	ly sworn according to law affiant would s	tate:	
	a. b. c.			or
2.	a. b. c. d. e.	Child's Name:		

- 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

Nam	ne (Including Birth &	Married Names)	(Street/Rural	Route/P. O.	Box)		
	(Town/City)		(State)		(Zip Code)		
	(Home Telep	hone No.)	(Work Telep	none No.)			
	is address an address No I If no, plea		ay use to write to you condo be used:	cerning your	wishes regarding	ng contact?	
(Stre	eet/Rural Route/P. O	. Box)	(Town/City)	,	(State)		
(Zip	Code) (V	Vork Telephone)	,(F	Iome Teleph	none)		
Is th		s a person request	ing contact may use to wi	ite to you?	Yes □ No □.	If no, please share the address	to b
(Stre	eet/Rural Route/P. O	. Box)	,	Yown/City)	(State)		
(Zip	Code) (V	Vork Telephone)	,(F	Iome Teleph	ione)		
			none numbers be shared we e number(s), if any, that mi				
YES (Wo	ork Telephone No.)	lease list telephone,,	(Home Telephone No.)	ght be share f eligible pe	d and used to co	ontact you.	hav
YES (Wo I wis acce The ance may them	sh to veto contact we ses to the sealed recording of a contact estors, and the spous however, exclude needed or, upon loc	ith the adopted per rds, sealed adoption veto by you makes of those persons persons in those ation by the depart	(Home Telephone No.) son and all other classes on records or post adoption tes the contact veto autor as so that they cannot be classes from this automatical successions.	ght be share f eligible percord to ha matically apcontacted by ttic coverag	rsons, who may ve contact with plicable to you a person eligile so that they they will have to	ontact you.	linea Yo
YES (Wo I wis acce The ance may them [T.C	sh to veto contact we sest to the sealed recording of a contact estors, and the spous, however, exclude a selves or, upon loc C.A. § 36-1-130(a)(6)	lease list telephone weth the adopted per rds, sealed adoption veto by you make ses of those person persons in those ation by the depart of the automatic contact are automatic contact are automatic veto services. Yes services yes yes yes yes yes yes yes yes yes y	(Home Telephone No.) son and all other classes on records or post adoption tes the contact veto autor as so that they cannot be classes from this automatument, pursuant to a sear	ght be share f eligible percord to ha matically apcontacted by ttic coverag	rsons, who may ve contact with plicable to you a person eligile so that they they will have to	ontact you. 7, as may be permitted by law, to me. 11 r siblings, lineal descendants, ble to have the records opened. will have to register a contact	line: Yo
The ance may, them [T.C] I wis (1) (2) (3) (4)	sh to veto contact was sto the sealed reconstitution of a contact estors, and the spouse, however, exclude nselves or, upon loc C.A. § 36-1-130(a)(6) sh to exclude from the My siblings: My lineal descendation of the spouses of: (a) siblings (b) lineal descendations of the spouses of: (b) lineal descendations of the spouses of: (c) siblings (d) lineal descendations of the spouses of: (d) siblings (e) lineal descendations of the spouses of:	ith the adopted per rds, sealed adoption veto by you make uses of those persons in those ation by the depart of the automatic contact and the automatic contact are automatic ves the vest the v	(Home Telephone No.) son and all other classes on records or post adoption are the contact veto autors so that they cannot be classes from this automatment, pursuant to a sear whether you wish to exclude the classes from the following: No N	ght be share f eligible percord to ha matically apcontacted by ttic coverag	rsons, who may ve contact with plicable to you a person eligile so that they they will have to	ontact you. 7, as may be permitted by law, to me. 11 r siblings, lineal descendants, ble to have the records opened. will have to register a contact	line: Yo

8.

d.	(1) Any future siblings of the adopted(2) A current spouse Yes I		e
	Please complete the following for any kn	own individuals:	
	Name	Relationship To Surrendering Person	Address Street. RR, P. O. Box, Town, State, Zip
a.			L other classes of eligible persons who, as may be permitte st adoption record to have contact with me.
b.	I wish to limit consent to certain perso	ns and only give consent for con	atact with the following classes of people:
	 The adopted person The adopted person's adoptive pa The adopted person's adoptive sil The adopted person's lineal desce The legal representatives of any or 	olings Yes □ No □ endants Yes □ No □	
		_	
c.	If contact is limited to the legal represe	ntative of certain classes of perso	
I wisor of Telester Person	ish the following types of contact by tho qualifications to these methods of contact ephone	se persons requesting contact with	ith me: (Please check all that apply and indicate any limita
I wisor of Telester Person	ish the following types of contact by tho qualifications to these methods of contact ephone	se persons requesting contact with	ith me: (Please check all that apply and indicate any limita
I wind or of Tele Letter Period Con Con Control Con Control Co	ish the following types of contact by tho qualifications to these methods of contact; ephone ters sonal contact, unannounced sonal contact, prearranged with me sonal contact through another person. Pleatact:	her via phone or corresponde case give name, relationship to y	ith me: (Please check all that apply and indicate any limitation on the control of the control o
I word	ish the following types of contact by tho qualifications to these methods of contact; ephone	her via phone or corresponde case give name, relationship to yout me to any eligible persons (p	ith me: (Please check all that apply and indicate any limitate and ind
I word	ish the following types of contact by tho qualifications to these methods of contact; ephone	her via phone or corresponde case give name, relationship to yout me to any eligible persons (p	ons, please describe: ith me: (Please check all that apply and indicate any limita ith me: (Please check all that apply and indicate any limita ence ou, if any, and information to be released regarding how to

13.		ereby request ildren's Servic		ation be filed	with the Conta	act Veto Reg	gistry at the	Post Adopti	on Services	s Unit of the	Department of
FUI	RTHI	ER AFFIANT	SAITH NOT.								
Thi	s the	day of		, 20							
Sig	natur	re:	Biological L Biological L Legal Guardian _	egal egal	Mother Father				-		
Swo	orn to	and subscribe	ed to before me t	his da	ay of		_, 20				
				e Print: Forces	U.S. Foreign	Service Off	icer or Offic	cer of the U.S	. Armed		
			Force		eign Service Of	fficer or Offi	cer of the U	J.S. Armed			
					CERT	FIFICATIO	N				
			executed before		Foreign Servic, certify the f						
					U Armed Force	-	Service Offi	icer or Office	r of the U.S		
					F	PART IV					
			RE	EVOCATION	OF SURRENI	DER BY A	PARENT C	OR GUARDI	AN		
CO	UNT FY O	RY R OTHER L	OCATION								
			sworn according	to law affiant	would state:						
1.	I ar a. b. c.	Mother: Father:	lian:				, or				
2.	a. b. c. d. e.	Child's Dat Child's Plac Child's Sex	ne:e of Birth:e of Birth:e e of Birth:e e:e:								
3.	a. b.	Prospective A Licensed Chi	Adoptive Parent(ld-Placing Agenepartment of Chi	s) cy					thts to the c	hild named in	ı #2 to:
4.			s executed before		er of the U.S. A					-	
5.	I he	ereby revoke a	nd void the surre	ender of the abo	ove-named chil	ld.					

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

ADOPTIO	N PROCESS FORMS CHAPTER 0250-7-13
(Rule 0250	-7-1308, continued)
I,of the Revoca	, 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 tion of Surrender executed before me.
	U.S. Foreign Service Officer or Officer of the U.S. Armed Forces
	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 Order #6, January 12, 1996. Administrative History: Original rule filed September 7, 2001; effective 21, 2001
PLACING	.09 SURRENDER DOCUMENTS FOR USE IN SURRENDERS TO A LICENSED CHILD-AGENCY OR THE TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES IN THESE S, 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:
	ER OF A CHILD BY A PARENT OR GUARDIAN INCARCERATED IN A STATE OR FEDERAL PENITENTIARY TO NESSEE DEPARTMENT OF CHILDREN'S SERVICES OR A TENNESSEE LICENSED CHILD-PLACING AGENCY
	PART I
	PRE-SURRENDER INFORMATION
correctional fa	owing information is required by Tennessee Code Annotated § 36-1-111 and must be completed before the Warden of the acility where the parent or guardian is incarcerated and sworn to before a Notary Public prior to execution of the surrender in PART at or legal guardian:
	nyms must not be used nor may spaces for the identities of persons whose names are known be left blank. The Warden shall rsons executing these documents to prove their identities satisfactorily to him or her. T.C.A. § 36-1-111(g).
STATE OF _ COUNTY OF) F)
Be	ing duly sworn according to law, affiant would state:

a. Mother: _ b. Father: ___

c. Legal Guardian: ___

1. I am:

(Date of Birth)_____, of:

_______(Date of Birth)________,or _________(Date of Birth)________, or

2.	a.	Chil	d's Name				_	
	b.	Chil	d's Date of Birt	h			_	
	c.	Chil	d's Place of Bir	th			_	
	d.						_	
	e.	Cnii	d s Race				_	
3.	This	s child	was born in we	edlock \square / out of wedlock \square .				
4.	Stat	e the i	names and relati	onships of any other legal/biolog	ical parent, l	egal guardi	an or possible biologi	ical parent for this child:
	a.	(1)	Name:					
		(2)	Relationship to	o the child:				
		(3)	Address					
		(4)	City, State Zij	p				
		(5)	Telephone Nu	mber: Home:	Work:			
		(6)	parent/legal gu					
								and
	b.			4 191				
		(2)	Address	o the child:				
		(4)	City State Zi	p				
		(5)	Telephone Nu	mber: Home:	Work			
		(6)		ing information concerning the al				
								and
	c.	(1)	Name:	o the child:				
				o the child:				
		(4)	City, State Zin	p				
		(5)	Telephone Nu	mber: Home:	Work:			
		(6)		ing information concerning the al				
								
								
5.			ty is unknown f	for the other: Yes No				
	a. b.	Riol	ai pareili ogical parent	Yes No				
	о. с.	Leg	ogicai paieiii	Yes No				
	d.	_	applicable	Yes No No				
_								
6.				own for the other: Yes No				
	a. b		al parent ogical parent	Yes No				
	b. c.		al guardian	Yes No				
	d.		applicable	Yes □ No □				
7.	biol	ogical	parent/legal gu		given ()			oncerning the above-named legal of Children's Services or the License
8.	Info	ormatio	on Concerning (Child's Native American Heritage	e:			
	a.		you or the child o, go to # 9.	of Native American heritage?	Yes 🗖	No 🗖		
	b. c.	If ye		ble for tribal membership?		Yes 🗖	No 🗖	
	d.			with a Native American tribe?	Yes 🗆	No 🗖		

	e.	If yes, give name of trib	ne				
	f.	Is your child eligible fo	r tribal membership?	Yes 🗖	No 🗖		
	g. h.	If yes, give name of trib	egistered with a Native An	nariaan triba? Va	s		
	i.	If yes, give name of trib	be		8 D NO D		
	j.	This information is unk					
).	a.		out of Tennessee to anoth	er state or country	for adoption?		
	b.	Yes ☐ No☐ I If yes, name of state or	f no, go to #10. country.				
	c.	If yes, I understand Ter	nnessee law will govern t	he interpretation o	f this surrender.		
0.	abov Yes If no		nent of this child for adop		uneration of thing of val	lue in connection with the	birth of the
		Amount	-		Date	Type	
		Paid	To Whom	By Whom	Received/Pai		
1.	a.		real or personal property			the property owned and gi	ve the property
	b.					■ No □ under which the child become	omes owner and
2.	a.	Do you currently have:					
		Only legal custody of the Only physical custody of		s 🗆 No 🗖			
		Both legal and physical	custody of the child? Y	res □ No □			
	b.		ds legal custody of the cl				
		Relationship, if any, to	you or the child:				
		Address:(Street_RR	P.O. Box) (To	own/City)	(State)	(Zip)	
		Telephone Number (Ho	ome)(W	ork)			
	c.	Name:					
			you or the child:				
		(Street, RR,	P.O. Box) (To	own/City)	(State)	(Zip)	
	d.	Is the person(s) who hol	ome) (Wo	ve adoptive parent	? Yes □ No □		

	e.		the following information:		Services or another State agency holds p	hysical and/or legal custody
		Street/Rural Route/	P.O. Box:			
		Town/City:	S	State:	Zip:	
	f.	Do you intend to give Yes No	ve custody to the licensed child pla	cing agenc	y or the Department of Children's Servi	ces?
	g.	Explain any other c	ircumstances regarding the custod	y status of t	this child:	
13.	a.	Are you aware of as Yes \(\begin{array}{ccc} No \(\beta \end{array} \)	ssistance which may be available to	o you to ca	re for the child should you desire to pare	ent this child?
	b.	parenting from the		n's Service	be available to you or regarding other is a licensed child-placing agency, or a his child for adoption?	
	c.	Has such counseling	g been made available to you?	Yes 🗖	No □	
14.		•	represented by legal counsel at the e to consult with legal counsel prior		r proceeding? Yes \(\simeq \) No \(\simeq \) ceution of the surrender of the child?	
	c.	Has such counseling	g been made available to you?	Yes 🗖	No □	
15.	the		forever, that your rights and re		above-named child that you will hav ties to and with the child will be termi	
16.	a.	surrender, you ma		er by signi	understand that within ten (10) daying a paper called a <u>REVOCATION (</u> No □	
	b.	the surrender will	begin on the day following the	signing of	date, (Mo/Day/Yr) the surrender, or (Mo/Day/Yr) the tenth (10th) day or (Mo/Day/Yr)	<u>The</u>
		the tenth (10th) da	y falls on a Saturday, Sunday or or legal holiday. If this is the si	r legal holi	day, the last day for revocation will b this case, that date will be (Mo/Day/Y	e the next day which is not a
	c.	Department of Chi custody of the chil	ildren's Services or Licensed Ch ld, <u>unless</u> the court finds that to	ild-Placing o do so wi	Surrender form within the ten (10) g Agency will be required to return th ll likely result in immediate harm to be child to you and you may have lega	e child, <u>if</u> you currently have the health and safety of the
17.					or pressure by any other person(s) do oted by other persons? Yes \Box No \Box	
		JRTHER, AFFIANT		ii and adoj	ned by other persons. Tes 110 1	
	Th	is the day of	20			
		Signature:	Biological Legal Fath	er		
			Doğur Guardını ör			_ 01
			Name of Child			
On t	his	day of	, 20, personally ap	peared bef	ore me,	
a No	tary I	Public for the State ar			(Name of Parent or	
			Notary P	ublic		
Му	Comn	nission Expires:				

		Di D			
		Please Print:	Name of the Warder	en of	
			Correctional Facility	y Located at	
			(City, County and S	State of Facility)	
		Signature:			
		Ü	WARDEN		
On	this _	day of	O personally appear	red before me, a Notar	y Public for the
Stat	e and	County noted above	, Ward	den of the correctional facility noted above, who acknow	wledged that
he/s	she wi	tnessed the completion of the pre-surrender	information noted abov	ve.	
				Mataur Dublia	
				Notary Public	
My	Com	mission Expires:			
			PART 1	П	
A.	SUI	RRENDER OF CHILD BY A PARENT O	R GUARDIAN INC	ARCERATED IN A STATE OR FEDERAL PENIT	ENIARY TO
			ILDREN'S SERVICE	ES OR A TENNESSEE LICENSED CHILD-PLAC	ING
	AG	ENCY			
		OF TENNESSEE			
co	UNT	Y OF			
Bei	ng dul	ly sworn according to law affiant would stat	e:		
1.	I an	n:			
1.	a.	Mother:	or		
	b.	Father:	, or		
	c.	Legal Guardian:	of:		
2.		Child's Name			
۷.	a. b.	Child's Name:Child's Date of Birth:			
	c.	Child's Place of Birth:			
	d.	Child's Sex:			
	e.	Child's Race:			
3.	I un	derstand that by my signature to this docum	ent, all of my parental	or guardianship rights to the child named above will be	e forever
		ninated and ended; that this child will be pla			
	_			, a Licensed Child-Placing Agency, or	
		nessee Department of Children's Services a child, or to act as parent of this child, or to		e adopted by other persons, and that I will have no furt in the life of this child.	her right to see
4.		derstand that by signing this document, I very ption of my child by other persons.	vill not be entitled to a	any notice, legal or otherwise, of any other legal production	ceedings for the
	auo	ption of my clind by other persons.			
5.	a.	•	of Part I) by presenting	y understand that if I change my decision to surrender to g the Revocation of Surrender Form, attached to this dor.	
	b.	By my signature to this part, I acknowledge	ge receipt of a copy of t	the Revocation of Surrender form.	
6.		REELY AND VOLUNTARILY, WITHO ARDIANSHIP RIGHTS TO	UT DURESS OF ANY	Y KIND, SURRENDER ALL OF MY PARENTAL	OR
		(CHI	LD'S NAME)		
	TO a.	: Licensed Child-Placing Agency		(Name of LCPA)	

bTennessee De	partment of Children's S	ervices (Please check if applicable.)	
FURTHER AFFIANT	SAITH NOT.		
This the day of	. 20		
Signature:		alMother alFather Legal Guardian	
On this day of for the State and County no surrender of the child,	ted above,	, 20, personally appeared before me, (Name of Parent or Guardian), who	, a Notary Public o acknowledged that the above ily.
My Commission Expires: _		Notary Public	
	Please Print:	Name of the Warden of	
		(City, County and State of Facility)	
*See Notes Below Before Signing	Signature:	WARDEN	
for the State and County no	ted above,	20, personally appeared before me, Warden of the correctional facility not by (Name of Child)	
(Name of Parent/ Guardian			
		NOTARY PUBLIC	
My Commission Expires:			

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 <u>prior</u> to execution of the surrender. T. C. A. § 36-1-111(k).
- 3. 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(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

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. § 36-1-111(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 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).

<u>NO</u>	TES 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 (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 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 Warden.
В.	PART II ACCEPTANCE OF SURRENDER BY TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES OR A TENNESSEE LICENSED CHILD-PLACING AGENCY
STA	ATE OF)
CO	UNTY OF)
	Being duly sworn according to law, affiant would state:
1.	I,, an authorized representative of:
	 a. Licensed Child-Placing Agency; or the bCounty Tennessee Department of Children's Services upon execution of Parts I and IIA. by the parent or guardian named therein before the Warden named therein, accept the surrender of: c. Name of Child DATE:
	Please Print: Name and Title of Authorized Representative
	Signature:
	Signature of Authorized Representative
	BSECTIONS 2a2d. <u>MUST</u> BE MARKED TO DESIGNATE THE APPLICABLE SITUATION. ONE OF THOSE SUBSECTIONS IST EXIST BEFORE THE SURRENDER CAN BE RECEIVED BY THE WARDEN:
2.	Icertify 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 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. \underline{MUST} BE ANSWERED "YES" OR \underline{MUST} BE MARKED "NOT APPLICABLE" BEFORE THE SURRENDER IS COMPLETED BY THE WARDEN.

3.	Yes □ No □ That if the has been compliance with		et seq., applies because of the child's Native American heritage, there
4.			ed to the court a copy of the Interstate Compact on the Placement of oster care. If the ICPC Form 100A is not available, explain why this
	■ Not Applicable		
FUF	RTHER AFFIANT SAITH	NOT.	
This	ay of	, 20	
	Please Print:		
		Name and title of authorized representative Services or Tennessee Licensed Child-Plac	
		Signature:	
		_	
Swo	orn to and subscribed before	me this day of	, 20
		NOTAR	A DATE OF THE STATE OF THE STAT
		NOTARY	Y PUBLIC
My	commission expires:		
		CERTIFICATION OF WARI	<u>DEN</u>
	ī.	, Warden of the	(Name
	forrectional Facility) located	l at	(Location
	acility) hereby certify that the es of the documents execute	he foregoing copies of Parts I and II of the Su	rrender Forms are true and accurate
сорі	es of the documents executi	ed before me.	
	This day of _	, 20	
			Warden,
			(Name of Correctional Facility)
	Sworn to and subscr	ibed before me this day of	, 20
			NOTARY PUBLIC
	My Commission Exp	pires:	
		CERTIFICATION OF TE	NNESSEE CLERK
	Ι,	, Clerk of the	Court of the foregoing copies of Parts I and II of the Surrender Forms to be
	and accurate copies of the	County, Tennessee, certify	the foregoing copies of Parts I and II of the Surrender Forms to be

Clerk of the	Court of
	County, Tennessee.
	(Seal)

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

51	ATE (OF)	
		TY OF	
Bei	ng du	aly sworn according to law affiant would state:	
1.	I an	m:	
	a.	Mother:	, (
	b.	Father:	
		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. 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.

No If no, please she remains the remains	nare address to	(State) (Work Telephone No.) y use to write to you corbe used: (Town/City)	(Zip Code) cerning your wishes reg	garding contact.
ddress an address the No I If no, please should read the Rural Route/P. O. Box de) (Work	nare address to	y use to write to you cor be used:	cerning your wishes reg	garding contact.
No If no, please she remains the remains	nare address to	be used:	cerning your wishes reg	garding contact.
de) (Work	<u></u>	(Town/City)		
,	Telephone)		(State)	
ddress an address a pe		,	Home Telephone)	
	rson requestin	g contact may use to wri	te to you? Yes 🗖 No 🗀	1 . If no, please share the address
Rural Route/P. O. Box)	,	Γown/City) (State)
de) (Work	Telephone)	,	Home Telephone)	·
NO □. ay the listed telephone	e numbers be s	hared with eligible perso	ns requesting contact?	YES □ NO □.
Celephone No)		(Home Teles	phone No.)	
elephone No.)		(Home Tele)	mone ivo.)	
rs, and the spouses of wever, exclude person wes or, upon location l	those persons s as in those clas by the departm	so that they cannot be co ses from this automatic c ent, pursuant to a search	ntacted by a person eligi coverage so that they wi request, they will have	ible to have the records opened. It ll have to register a contact veto to register a contact veto at the time
y siblings:	omatic contact Yes	veto the following:		
	Yes □	No □		
	Yes 🗖	No 🗖		
0	Yes 🗖	No 🗖		
nplete the following f	or any known	individuals:		
		Relationship To		Address
Name		Surrendering Person	Street. RR, P.	O. Box, Town, State, Zip
ny future siblings of th	a adopted per	son. Yes □ No f		
	telephone numbers the NO □. ay the listed telephone ease list telephone numbers the listed telephone numbers the listed telephone numbers are list telephone No.) by veto contact with the listed telephone No.) by veto contact with the listed telephone of the sealed records, so and the spouses of swever, exclude persor listed the listed persor listed the listed telephone in the listed telephone in the listed telephone listed t	telephone numbers the numbers the NO ay the listed telephone number be si ease list telephone number(s), if any Telephone No.) to veto contact with the adopted person of the sealed records, sealed adoption and of a contact veto by you makes the rs, and the spouses of those persons in those class vess or, upon location by the departm § 36-1-130(a)(6)]. Please indicate very siblings: The spouses of: The spouses of:	telephone numbers the numbers the department may use to co NO □. ay the listed telephone numbers be shared with eligible perso ease list telephone number(s), if any, that might be shared and relephone No.) (Home Telephone No.) (In the Telephone No.) (In	telephone numbers the numbers the department may use to contact you? NO □. ay the listed telephone number(s), if any, that might be shared and used to contact? ease list telephone number(s), if any, that might be shared and used to contact you. Telephone No.) O veto contact with the adopted person and all other classes of eligible persons, who to the sealed records, sealed adoption records or post adoption record to have contact sing of a contact veto by you makes the contact veto automatically applicable to your rest, and the spouses of those persons so that they cannot be contacted by a person elignous or upon location by the department, pursuant to a search request, they will have § 36-1-130(a)(6)]. Please indicate whether you wish to exclude any of these persons or exclude from the automatic contact veto the following: O exclude from the automatic contact veto the following: y siblings: Yes □ No □ y lineal descendants: Yes □ No □ y lineal ancestors: Yes □ No □ y l

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.			ALL other classes of eligible persons who, as may be permitted by post adoption record to have contact with me.
	b.	I wish to limit consent to certain person	ns and only give consent for c	ontact with the following classes of people:
		 The adopted person The adopted person's adoptive pa The adopted person's adoptive sit The adopted person's lineal desce The legal representatives of any or 	rents Yes No No No Ndants	fes
	c.	If contact is limited to the legal represer	ntative of certain classes of pe	rsons, please describe:
10.	or q Tele Lett Pers Pers	ualifications to these methods of contact) phone ers conal contact, unannounced conal contact, prearranged with me ens en	her via phone or corresponase give name, relationship to	dence de dence dence de dence
11.	Otho	er information I wish to have released aborovided)	out me to any eligible persons	(please identify to whom and the contents of the information to
12.		uld you wish no contact with any other el r decision, please share that information h		are a statement of your feelings, or circumstances which impact
13.		reby request that this information be filed	with the Contact Veto Regis	try at the Post Adoption Services Unit of the Department of
		R AFFIANT SAITH NOT.		
		day of, 20		
Sigi	atur	Biological Legal	Mother Father	
Swo	orn to	and subscribed to before me this	_ day of	

				Notary Public	
My	comn	nission expires			
		Please Print:			
		Trease Time.	Warden o	of State or Federal Penitentiary	
			Name of	Facility and Location	
		Signature:			
		orginature.	Warden	of State or Federal Penitentiary	
Swe	orn to	and subscribed to before me this	_ day of	, 20	
				Notary Public	
Му	comn	nission expires			
			CI	ERTIFICATION	
	ī	W	arden of the	Correctional Excility located at	
	-,	, , , , ,		Correctional Facility located at, cert	tify the
fore	egoing	g copy of Part III of the Surrender Forms to	be a true and	accurate copy of the document executed before me.	
				Warden of State or Federal Penitentiary	
				water of State of Federal Fellichtary	
Swe	orn to	and subscribed before me this day	of	, 20	
		,			
				Notary Public	
Mv	comn	nission expires on			
1,17	•				
				PART IV	
		REVOCATIO	N OF SURRI	ENDER BY A PARENT OR GUARDIAN	
ST	ATE (OF			
CO	UNT	Y OF			
Bei	ng dul	ly sworn according to law affiant would sta	ate:		
1.	I am	1:			
	a.	Mother:		, or	
	b. с.	Father:		, or , of:	
		-			
2.	a. b.	Child's Name:Child's Date of Birth:			
	о. с.	Child's Place of Birth:			
	d.	Child's Sex:			
	e.	Child's Race:			
3.	On	(Date), I e	executed a sur	render of my parental or guardianship rights to the child named in #2 to:	
٥.	a.	Prospective Adoptive Parent(s)			
	b.	Licensed Child-Placing Agency			
	c.	Tennessee Department of Children's Ser			

The surrender was executed before:

••	The surrender was	· checuted service		
	(Warden of State or Federal Pen	itentiary)	
	(Name of Facility and Location		
5.	I hereby revoke ar	nd void the surrender of the abo	ve-named child.	
FUR	THER AFFIANT S	SAITH NOT.		
This	theday of	, 20		
Sign	E	Biological Legal Biological Legal Legal Guardian:	Father	
Swo	rn to and subscribe	d before me this day of	, 20	
This	Revocation of Sur	render was received by me on the	ne day of	, 20
		Please Print:		
			Warden of State or Federal	Penitentiary
			Name of Facility and Locat	ion
	S	signature (See notes below):		
			Warden of State or Federal	Penitentiary
Swo	rn to and subscribe	d before me this day of	, 20	
				Notary Public
Мус	commission expires	s 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).

- 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 locate	ed at
	,	County, State of	, certify the
foregoing copy of the Revocation	on of Surrender to be a true and accurate copy	of the Revocation of Surrender executed before n	ne.
	Warden o	of State or Federal Penitentiary	
Sworn to and subscribed before	me this day of		
		Notary Public	

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

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).

ΓA ¹	TE (OF _)	
,	7111			
		Beir	ng duly sworn according to law, affiant would state:	
	I an			
	a.		her: (Date of Birth)	
	b.		er: (Date of Birth)	
	c.	Leg	al Guardian:(Date of Birth)	of:
	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.	Chil	d's Race	
	This	s child	was born in wedlock □/ out of wedlock □.	
	Stat	e the 1	names and relationships of any other legal/biological parent, legal guardian or possible bio	logical parent for this
	a.	(1)	Name:	
			Relationship to the child:	
		(3)	Address	
		(4)	City, State Zip	
		(5)	Telephone Number: Home:Work:	
		(6)	Other identifying information concerning the above identified other legal or biological	
			parent/legal guardian.	
				and
	b.	(1)	Name:	
		(2)	Relationship to the child:	
		(3)	Address	
			City, State Zip	
		(5)		
		(6)	Other identifying information concerning the above identified other legal or biological parent/legal guardian.	
				and
	c.	(1)	Name:	
			Relationship to the child:	
		(3)	Address	
			City, State Zip	
		(5)	Telephone Number: Home:Work:	
		(6)	Other identifying information concerning the above identified other legal or biological parent/legal guardian.	
			ity is unknown for the other:	
	a. b.		al parent Yes □ No □ ogical parent Yes □ No □	
	v.	2101		

(Rule ()250-7-1	l310, d	continued)
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	Legal guardian Not applicable	Yes □ No □ Yes □ No □					
a I b. E c. I	rhereabouts is unkno Legal parent Biological parent Legal guardian Not applicable	wen for the other: Yes No Yes					
paren	nt/legal guardian has	on concerning the identity, we been() or will be given(_ the adoptive home study, or	_) to the prospe	ctive adoptive parer	nts to whom	the above child is bein	
Inform	nation Concerning C	hild's Native American Heri	tage:				
	Are you or the child If no, go to # 9.	of Native American heritage	? Yes □	No 🗖			
b. I		le for tribal membership?	Yes 🗖	No 🗖			
d. A		vith a Native American tribe?	Yes 🗖	No 🗖			
f. I	Is your child eligible If yes, give name of	for tribal membership?	Yes 🗖	No 🗖			
h. I	Has your child been If yes, give name of	registered with a Native Ametribe.	erican tribe?	Yes 🗆 No 🗆			
J	This information is u						
· ·	Will this child be ser Yes ☐ No ☐ If yes, name of state	If no, go to #10. or country.	r state or countr	y for adoption?			
c. I	If yes, Tennessee lav	w will govern the interpretation	on of this surren	der.			
above-	-named child or plac	ved or been promised any mo ement of this child for adopti					
	Amount	ease complete the following:		Dai n Receive		Type Service/Cost	
	go to #11. If yes, pl	To Whom	By Whom			Type Service/Cost	1
	go to #11. If yes, ple Amount						
	go to #11. If yes, ple Amount						
	go to #11. If yes, ple Amount						
	go to #11. If yes, ple Amount						
	go to #11. If yes, ple Amount						
	go to #11. If yes, ple Amount						
If no, §	go to #11. If yes, ple Amount Paid Does the child own a		By Whon	n Receive	ed/Paid		ve the prop
If no, §	go to #11. If yes, ple Amount Paid	To Whom	By Whon	n Receive	ed/Paid	Service/Cost	ve the prop
If no, §	go to #11. If yes, ple Amount Paid Does the child own a	To Whom	By Whon	n Receive	ed/Paid	Service/Cost	ve the prop
a. I v	Amount Paid Does the child own avalue:	To Whom	By Whom Yes □ N d of any real or	n Receive	describe the p	property owned and giv	

12.	a.	Do you currently have: Only legal custody of the child? Yes
	b.	Both legal and physical custody of the child? Yes No 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)
	c.	Telephone Number (Home) (Work) 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:
		Relationship, if any, to you or the child:
		Address:
	d. e.	Is the person(s) who holds custody the prospective adoptive parent? Yes No 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:
	f. g.	Do you intend to give custody to the prospective adoptive parents? Yes \(\bar{\cup} \) No \(\bar{\cup} \) 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
	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? Yes \square No \square
	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. b. c. d.	Do you desire to be represented by legal counsel at this surrender proceeding? Yes No Hond, do you desire to consult with legal counsel prior to the execution of the surrender of the child? Yes No Have you requested the prospective adoptive parents to provide such counseling for you? Yes No Hond, go to #15. If so, has such counseling been made available to you by the prospective adoptive parents?
15.	the	Yes \square No \square 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 \square No \square
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 \square No \square
	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 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?

(R	ule 0	250-7-1310, continued)		
		Yes □ No □		
17.	Kno nan	owing the above, do you freely, voluntarily a ned child so that the child may be placed for	and without duress or pressure by any other person(s) desire to sur adoption and adopted by the prospective adoptive parents? Yes \Box	render the above- No □
FU.	RTHE	R AFFIANT SAITH NOT.		
Thi	s the _	day of, 20		
		Signature: Biological Legal	Mother Father	
		Legal Guardian	Father of	
On	this_	day of	20, personally appeared before me	, a Notary
Pub ack	olic for nowle	r the State and County noted above, (Name of I dged that the above document is correct to the	Parent or Guardian)best of his/her information and belief.	who
				-
Му	comn	nission expires	Notary Public 	
		Planca Pri	nt	
		Tiease Till	Name of the Warden of	•
			Correctional Facility Located at	
			(City, County and State of Facility	-
			(City, County and State of Facility	
		Signature:	Warden	
On	this _	day of,	, 20, personally appeared before me	, a Notary
Pub	olic for	r the State and County noted above,	, Warden of the correctional pletion of the pre-surrender information noted above.	l facility noted
abo	ve, wi	no acknowledges that he/she withessed the con	ipietion of the pre-surrender information noted above.	_
N /			Notary Public	
My	comn	nission expires	·	
			DA DEL H	
			PART II	
	CLIDI	DEVIDED OF A CAME DIVIDED OF CO.	WARDNAN INCARCED ATTER IN A	
Α.		RENDER OF A CHILD BY PARENT OR G ATE OR FEDERAL PENITENTIARY	GUARDIAN INCARCERATED IN A	
	DIF	RECTLY TO PROSPECTIVE ADOPTIVE	PARENTS	
ST	ATE (OF Y OF		
CO	UNT	Y OF		
		Being duly sworn according to law affiant we	ould state:	
1.	I an			
	a. b.	Mother:		
	c.	Father:		
_				
2.	a.	Child's Name:		
	b.	Child's Date of Birth:		
	c. d.	Child's Place of Birth:Child's Sex:		
	a. e.	Child's Race:		

or to act as parent of this child, or to otherwise be involved in the life of this child.

4.			at by signing th child by other		rill not be en	ntitled to any notice, legal or othe	rwise, of any other legal proceedings for the	
5.	a.	do so by		(Date from #	16b. of Par		change my decision to surrender this child I of Surrender Form, attached to this documen	
	b.	By my sig	nature to this p	art, I acknowled	ge receipt o	of a copy of the Revocation of Su	render form.	
6.							PER ALL OF MY PARENTAL OR TO	:
	a. b.							
FUF	THE	R AFFIAN	T SAITH NOT					
This	the _	day of _		, 20				
Sigr	ature	e:	Biological Biological Legal Guardi	_Legal _Legal nn	Mother Father			
Pub	ic for	the State a	nd County note	d above, (Name	of Parent o	or Guardian)	, a Nowho was executed freely and voluntaril	•
My	comm	ission expi	res				Public	
•								
				1 rease	Na	ame of the Warden of prrectional Facility Located at		
						(City, County and	State of Facility	
				Signati	ıre:			
*Se	Note	Below				Warden		
Pub!	ic for	the State a	nd County note	d above,			, a No, Warden of the correctional facility noted	tary I
abov	e, wh					the surrender of the child		
	(Naı	ne of Child)		(Name	of Parent/Guardian)		
							Public	
My	comm	ission expi	res			·		

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.
- 2. A separate medical/social history from for the child, the child's parent(s) and biological relatives must be completed under oath <u>prior</u> 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. must be completed prior 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).
- 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).
- 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.		ne copies of the surrender forms filed by the prospective surrenders and shall be styled "In Re	adoptive parent(s) with this court shall be entered in a special docket for" and
		(Child's Name)	
		all be permanently filed by the court in a separate file for that ithout the written approval of the court. T.C.A. § 36-1-111(p)	t purpose, and shall be confidential and shall not be inspected by anyone else $\mathfrak{g}(1)$ and $\mathfrak{g}(2)$.
2.	Ado		fied copy Parts I and II filed with this court shall be sent, without cost, to: vices, 436 6th Avenue North, Nashville, TN 37243-1290. T.C.A. § 36-1-owing the certification by the Warden.
		1	PART II
n		CONTAINE OF CURRENDED BY PROCRECTIVE A	OODSTATE DA DENISS
В.	AC	CCEPTANCE OF SURRENDER BY PROSPECTIVE AI	JOPTIVE PARENTS
STA	ATE (E OF)	
CO	UNT	TY OF	
		Being duly sworn, affiant(s) would state:	
1.	a.		_, Prospective Adoptive Mother.
	b.		
	c.	Prospective Adoptive Mother's Marital Status	
	d.	1 Tospective Adoptive Mother's Address	
2.	d. a.	I am	_, Prospective Adoptive Father.
2.		I am	_, Prospective Adoptive Father.
2.	a.	I amProspective Adoptive Father's Date of Birth	_, Prospective Adoptive Father.
2.	a. b.	I am	_, Prospective Adoptive Father.
2.	a. b. c. d.	I amProspective Adoptive Father's Date of BirthProspective Adoptive Father's Marital StatusProspective Adoptive Father's Address	, Prospective Adoptive Father med therein before the Warden named therein where the surrender is

(I/We)

(Name of Child)

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

surrender [See, T.C.A. § 36-1-111(u)], and we agree, therefore, to be responsible for the care, custody, financial support, 1	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 phy	sical custod	v 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 ☐ 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 in Part I. ☐ Not Applicable.
- 8. Yes \(\subseteq \text{No} \) \(\subseteq \text{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. \(\subseteq \text{Not Applicable}. \)
- 9. Yes \(\subseteq \text{No} \subseteq \text{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.

 \(\subseteq \text{Not Applicable}. \)

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

b If not how will it l	ent of Children. Not Applicab	
RTHER AFFIANT(S) SA	ITH NOT	
nis day of	, 20	
•		
		Signature of Prospective Adoptive Mother
		Signature of Prospective Adoptive Father
vorn to and subscribed befo	re me this day of	,20
		NOTARY PUBLIC
y commission expires:		
, <u> </u>	·	
		CERTIFICATION OF WARDEN
	W	1 64
I, Correctional Facility) locat	, war ed at	rden of the (Name (Location
Facility) hereby certify that pies of the documents executed the comments are compared to the compared to the comments are compared to the compared to the comments are compared to the compared to	t the foregoing copies of Parts I and	d II of the Surrender Forms are true and accurate
This day of	, 20	
		Warden,
		(Name of Correctional Facility)
Sworn to and subs	cribed before me this day of	of, 20
		NOTARY PUBLIC
My Commission E	Expires:	
My Collinission E	xpires.	
	CERTIFICAT	TION OF TENNESSEE CLERK
Ι,	, Clerk o	of theCourt of essee, certify the foregoing copies of Parts I and II of the Surrender Forms t
ue and accurate copies of the	e documents filed with this Court.	
		Clerk of the Court of
		Clerk of the Court of County, Tennessee.

PART III

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

			,	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
STA	ATE (OF)		
CO	UNT	Y OF	_)		
Bei	ng dul	aly sworn according to law affiant would state:			
1.	I an				
	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.	a.	eligible persons who, as may be permitted by records and those records in any other inform of age or older or their legal representative, t	by law, may have access nation. Those eligible p he adopted person's bir- inge or older of the adopted	am surrendering (adopted person) and by certain other classes to the sealed records, sealed adoption records or post adoptersons currently include the adopted person twenty-one (21) yeth or adopted parents or step-parents, the birth or adopted siblicated person, or their legal representatives. [T.C.A. § 36-1-1270 to the law.	tion ears ings
	b.	those requesting persons or any agent or othe contact veto except as permitted by law. The made available to the requesting party only a not contact or attempt to contact, in any many eligible to file a contact veto until the Depart the person sought to have contact with the recontact in violation of the law shall be guil contacted after filing a contact veto, I shall he	er person acting in concerne sealed adoption reconferer completion by the number, by themselves or ment has completed a serequesting party. [T.C. tty of a Class B misdentave a cause of action in the sealed and attorneys for the sealed action in the sealed actio	ondence or otherwise shall be made in any manner whatsoever tert with those requesting persons, with any person eligible to fit or post-adoption record requested by eligible persons shall requesting party of a sworn statement agreeing that he or she seems in concert with any other persons or entities, any of the persons earch of the Contact Veto Registry to determine the willingness. A. §§ 36-1-127(f); 36-1-130 and 36-1-131]. The person make meanor [T.C.A. § 36-1-132]. I also understand that should in the Circuit or Chancery Court for injunctive relief and damages against any person who has contacted, attempted to contact	ile all be hall sons is of king
4.	I un	nderstand that contact with me by an eligible per	rson is governed by filir	ng my intentions with the Contact Veto Registry.	
5.	choo [T.C will	oose not to file a contact veto at this time, but w C.A. § 36-1-129(b)]. I understand that should the	ish to do so later, I und here be a request for cor of Children's Services	fee for filing with the Contact Veto Registry. However, shou derstand I may do so, but will be required to pay the necessary sontact with me and I have vetoed contact with any eligible personant to determine my desires for contact at that time and will be gi	fees on, l
6.	I wi		.C.A. § 36-1-111(k)(3)(r contact, if any, with the eligible persons and the means of con (B); § 36-1-127-36-1-131]. In doing so, I understand I must w with the Contact Veto Registry:	
		CONTACT VETO REGISTRY POST ADOPTION SERVICES TENNESSEE DEPARTMENT OF CHILD 436 6th AVENUE NORTH NASHVILLE, TENNESSEE 37243-1290	DREN'S SERVICES		
7.	a.	DEPARTMENT CONCERNING YOUR I THIS INFORMATION MUST BE UPDAT	NTENTIONS REGAR	AY BE LOCATED IN THE FUTURE BY THE RDING CONTACT: PARTMENT TO ENSURE THAT FUTURE CONTACT CA	AN
		BE MADE.			
		Name (Including Birth & Married Names)	(Street/Rural	al Route/P. O. Box)	
		(Town/City)	(State)	(Zip Code)	
		(Home Telephone No.)	(Work Telephone No.)	·	

	b.	Is this address an address the department Yes ☐ No ☐ If no, please share address		may use to write to you concerning your wishes regarding contact. to be used:						
		(Street/Rural Route/P. O. Box)	(Town/City)) (State)						
		(Zip Code) (Work Telepho	ne) (Home Telephone)						
	c.	Is this address an address a person reqused:	Is this address an address a person requesting contact may use to write to you? Yes \square No \square . If no, please share the address to be used:							
		(Street/Rural Route/P. O. Box)	,	Town/City) (State)						
		(Zip Code) (Work Telepho	ne) (Home Telephone)	.					
	d.	Are the telephone numbers the number YES ☐ NO ☐. If no, may the listed YES ☐ NO ☐. If no, please list telep	telephone numbers be shared v	vith eligible persons reque						
		(Work Telephone No.)	(Home Tele	phone No.)						
8.	a. b.	access to the sealed records, sealed ad The filing of a contact veto by you ancestors, and the spouses of those p may, however, exclude persons in t themselves or, upon location by the	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. 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 □									
Pie	ease complete the following for any known individuals:									
		Please complete the following for any k Name	Relationship To Surrendering Person	Street. RR, P. C	Address D. Box, Town, State, Zip					
	d.	I wish to veto contact with: [T.C. (1) Any future siblings of the adopted (2) A current spouse Yes (3) Future spouse of mine (4) Any of my lineal descendants	No 🗆.							
		Please complete the following for any k	nown individuals:							
		Name	Relationship To Surrendering Person	Street. RR, P. C	Address D. Box, Town, State, Zip					

(Ru	le ()250-7-1310, 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 No □ (4) The adopted person's lineal descendants Yes No □ (5) The legal representatives of any of these persons Yes No □
	c.	If contact is limited to the legal representative of certain classes of persons, please describe:
10.	or Te	vish the following types of contact by those persons requesting contact with me: (Please check all that apply and indicate any limitations qualifications to these methods of contact)
	Pe Pe Pe	tters \ rsonal contact, unannounced \ rsonal contact, unannounced \ rsonal contact, prearranged with me _, either via phone _ or correspondence \ rsonal contact through another person. Please give name, relationship to you, if any, and information to be released regarding how to ntact:
11.	Oti be	her information I wish to have released about me to any eligible persons (please identify to whom and the contents of the information to provided)
12.		ould you wish no contact with any other eligible persons but wish to share a statement of your feelings, or circumstances which impact ur decision, please share that information here:
13.		nereby request that this information be filed with the Contact Veto Registry at the Post Adoption Services Unit of the Department of ildren's Services.
FUF	тн	ER AFFIANT SAITH NOT.
This	the	day of, 20
Sigr	atu	re: Biological LegalMother Biological LegalFather Legal Guardian
Swo	rn te	o and subscribed to before me this day of, 20
Mυ	com	Notary Public Notary Public
1v1 y	COIII	
		Please Print: Warden of State or Federal Penitentiary

		N _i	Name of Facility and Location	
		Signature:		
		5 —	Warden of State or Federal Penitentiary	
Swe	orn to	and subscribed to before me this day of	of, 20	
My	comr	mission expires	Notary Public	
			CERTIFICATION	
	T.	Warden o	of the Correctional Facility located at	
_			, County, State of	_, certify the
fore	egoing	g copy of Part III of the Surrender Forms to be a tr	true and accurate copy of the document executed before me.	
			W. L. (0) - F. L. (1)	
			Warden of State or Federal Penitentiary	
C	ome to	and subscribed before me this day of	20	
SW	orn to	and subscribed before me this day of	, 20	
			Notary Public	
			•	
Му	comr	mission expires on	<u> </u>	
			PART IV	
		REVOCATION OF	SURRENDER BY A PARENT OR GUARDIAN	
		REVOCATION OF	SCARE DEAD INTEREST ON GUINDIN	
ST	ATE	OF		
CO	UNT	Y OF		
Bei	ng du	ly sworn according to law affiant would state:		
1.	I an	n:		
		Mother:	, or	
	b. c.	Father: Legal Guardian:		
2.		Child's Name:		
۷.	a. b.	Child's Name:Child's Date of Birth:		
	c.	Child's Place of Birth:		
	d.	Child's Sex:		
	e.	Child's Race:		
3.	On		ted 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:	W. L. Gov. F. L. ID. iv. d	
		W	Warden of State or Federal Penitentiary	
		N 65 W 17		
		Name of Facility and Location		

I hereby revoke and void the surrender of the above-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
	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
My commission expi	res on	Notary Public
NOTES TO COUD	E OD OTHER REDCON AUT	IODIZED TO DECEIVE A DEVOCATION AND TO THE CL

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

_, certify the

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

My commission expires on ____

November 21, 2001.

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

CERTIFICATION

I, ______, Warden of the ______ Correctional Facility located at _____, ____ County, State of _____ foregoing copy of the Revocation of Surrender to be a true and accurate 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

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

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

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).

	m:		
a.		ner:(Date of Birth),or	
b.		er:(Date of Birth),or	
a.	Chil	d's Name	
b.		d's Date of Birth	
c.	Chil	d's Place of Birth	
d.	Chil	d's Sex	
e.	Chil	d's Race	
Th	is child	was born in wedlock \square / out of wedlock \square .	
Sta	ate the 1	names and relationships of any other legal/biological parent, legal guardian or possible biolog	gical parent for thi
a.	(1)	Name:	
	(2)	Relationship to the child:	
	(3)	Address	
	(4)	City, State Zip	
		Telephone Number: Home: Work: Other identifying information concerning the above identified other legal or biological	
	(6)	parent/legal guardian.	
			and
b.		Name:	
	(2)	Relationship to the child:	
	(3)	Address	
	(4)	City, State Zip	
	(5)	Telephone Number: Home:Work:	
	(6)	Other identifying information concerning the above identified other legal or biological parent/legal guardian.	
			 and
	(1)	Nome	
_	(1)	Name:	
c.		Address	
c.	(3)	City, State Zip	
c.	(3)		
c.	(4)	Talanhona Number: Home: Work:	
c.	(4)	Telephone Number: Home: Work: Other identifying information concerning the above identified other legal or biological	

Legal parent

Yes 🗖 No 🗖

Rule	0250-7-1311,	continued))

	0250-7-1511, cor	itiliaca)				
b. c. d.	Legal guardian	Yes □ No □ Yes □ No □ Yes □ No □				
a. b. c.	Biological parent Legal guardian	Yes □ No □ Yes □ No □ Yes □ No □				
pa	state that all informatio arent/legal guardian has	Yes □ No □ n concerning the identity, been() or will be given() to the prospective ad	optive parents to whom	the above child is being su	
Infa.	formation Concerning C Are you or the child If no, go to # 9. If yes, are you eligib	the adoptive home study, of Child's Native American H of Native American heritable for tribal membership?	eritage: ge? Yes □ No □	sspective adoptive paren	is.	
c. d. e. f.	Are you registered v If yes, give name of	vith a Native American trib				
g. h. i	If yes, give name of	triberegistered with a Native A		□ No □		
j. a.	This information is a Will this child be se	unknown. Y nt out of Tennessee to anot	es \square No \square ther state or country for a	doption?		
b.		If no, go to #10. or country. Tennessee law will govern				
ab Ye If		eived or been promised at cement of this child for add e following:				
	Amount Paid	To Whom	By Whom	Date Received/Paid	Type Service/Cost	
	Does the child own value:	any real or personal proper	ty? Yes □ No □ 1	If yes, please describe the	e property owned and give	the pro
a.						
a.						

12.	a.	Do you currently have: Only legal custody of the child? Yes No No	
		Only physical custody of the child? Yes	
	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) Telephone Number (Home) (Work)	(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:	
		(Street, RR, P.O. Box) (Town/City) (State) (Zip Telephone Number (Home) (Work)))
	d. e.	Is the person(s) who holds custody the prospective adoptive parent? Yes \(\bar{\sigma} \) No \(\bar{\sigma} \) 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:	
	f.	Have you given custody of the child 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 pare Yes \square No \square	ent this child?
	b.	Do you desire counseling regarding such assistance which may be available to you or regarding other parenting from the Tennessee Department of Children's Services a licensed child-placing agency, or a loconcerning the decision to place this child for adoption? Yes No	
14.	a. b.	Do you desire to be represented by legal counsel at this confirmation proceeding? Yes \square No \square If not, do you desire to consult with legal counsel prior to the confirmation of your parental consent for the Yes \square No \square	ne adoption of this child?
15.	nan	you understand that if the court confirms the parental consent executed by you in the adoption pe med child that you will have no right to act as parent of the above-named child in any manner what ld will become the legal child of other persons? Yes \square No \square	
16.	a.	Do you understand that you may revoke or cancel the parental consent you previously gave for named child in the adoption petition by signing a paper called a Revocation of Parental Consent today? Yes □ No □	
	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 return the child, unless the court finds that to do so will likely result in immediate harm to the heand that you may contest this decision not to return the child to you and you may have legal comproceeding? Yes No	ealth and safety of the child,
17.	nan	owing the above, do you freely, voluntarily and without duress or pressure by any other person(s med child to be adopted by the prospective adoptive parents? \circ \circ No \circ	desire to allow the above-
	FU	URTHER, AFFIANT SAITH NOT.	
	Th	his the day of 20	
	Sign	nature: Biological Legal Mother Biological Legal Fatherof	
		Name of Child	

of

			Please Print:		
				Chancellor,Circuit Judge of	County Tennesses
			~		
			Signature:	Chancellor, Circu	
B. A	FFIDAVIT O	F COMPLIANCE BY	PROSPECTIVE ADOPTIVE I	PARENT(S)	
			A. §§ 36-1-111(k) (m) (o) and(. /	
NOTE	adoption		ersons and may be obtained pri	an order of guardianship based on a pare for to and separately from Part A in o	
STAT COUN	E OF TENNE	SSEE)		
Being	duly sworn, af	fiant(s) would state:			
1. a b	. Prospectiv	ve Adoptive Mother's Da	tte of Birth, Prospe		
d			ace of Birtharital Status		
2. a	. I am		, Prospe	ective Adoptive Father.	
b c	. Prospectiv	ve Adoptive Father's Dat	re of Birth	-	
d			rital Status		
3	ag	ree to assume responsibi	lity for obtaining guardianship o	f	
	(I/We)		through court order w	within thirty (30) days of the date of this	
_		(Name of Child)			
		al, and spiritual training of		ponsible for the care, custody, financial s	support, medical care,
4. T	he following c	osts have been paid by _	for activities involving	the placement of this child.	
		((me/us)		
Aı	nount 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 Guardian	/Legal
				Hospital or Medical Costs for the Bi the Child	rth of
				Medical Care/Other Birth Related E	xpenses
				for Mother and/or Child Counseling Fees for Child	
				Food, Maternity Clothing, Child's C	lothing
				Housing and/or Utilities for Parent/O	Guardian

			<u> </u>	1		-				
MU	ST E		d. <u>MUST</u> BE MAR RE PARENTAL C							
5.	a.	I/W	e have physical cus	tody of th	nis child; or					
	b.		e will receive physi uired by § 36-1-111							
	c.		e have the right to r of the custodial par							
	d.	person or ag	other person or agency required by so order pursuant to §	§ 36-1-11	11 (d)(6) wh					
			IUST BE ANSWE ND ORDER OF G							ER OF
6.			We have presented ensed child-placing							
7.	Yes	□ No □ I/V senting parent	We have attached to See Item #s 13 and	he certifi l 14 in Pa	cate of the cort I above.	ompletion of (_ INot Applicable	_)legal/()social e.	counseling if co	ounseling was rec	quested by the
8.	othe		the child has been rm required for ICP							CPC 100A or
9.	Nati		We have attached a heritage, there has b				lfare Act, 25 U.S.	C. § 1901 et seq.	applies because	of the child's
SUE	SEC'	TION 10 MU	<u>ST</u> BE ANSWERI	ED "YES	o", OR ITEN	и b. <u>MUST</u> EX	PLAIN HOW CO	OMPLIANCE W	VILL BE EFFE	CTED:
10.			If the child is to be accement of Children		from Tennes ot Applicable		in another state, t	here has been co	mpliance with th	e Interstate
	b.	If not, how v	will it be effected?							
										- -
FUR	THE	R AFFIANT(S) SAITH NOT							_
			, 20							
						Si	gnature of Prospec	ctive Adoptive M	lother	
						Si	gnature of Prospec	ctive Adoptive Fa	ather	
Swo	rn to	and subscribe	d before me this	day	y of	, 20	_•			
				Please	Print:	of	,Circuit Judge			
						Tennessee				
				Signatu	are:	C	nancellor or Circu	it Judge	-	
*See	Note	es Below Befo	ore					-		

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. When applicable, as noted above, all provisions of Section B. must be completed as directed prior 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.

DADTI

	PARI II	
IN THE	COURT FOR	COUNTY
IN THE MATTER OF:)))	NO
ORDER	OF CONFIRMATION OF PARENTAL COM	ISENT
This matter came to be heard on the	day of, 20, befor	e the Honorable
	_, Judge of the	_,
Court of	, County, Tennessee upon the adoption petit	ion filed by
	(Prospective Adoptive Parent(s)) which con	tains a parental consent executed pursuant to T.
C. A. 36-1-117(g).		
The parent	(Name of Parent Signing Pet	ition) who signed the adoption petition for the
purpose of giving consent to the adoption of	(Name of Chil	d) having completed Part I of the Forms for
Confirmation of Parental Consent and the court be	ing satisfied that he/she freely and voluntarily	consents to the adoption of
(Name	of Child) by	

(Rule (250-7-1311, continued)		
	(Name	e(s) of Prospective Adopti	ve Parents),
IT IS, TI	HEREFORE, ORDERED THAT:		
	The parental consent of		(Name of Parent) in the Petition for Adoption filed in the above-
styled m	atter is confirmed by the court.		
	2. The parental rights of		(Name of Parent Giving Consent) are, pursuant to
T. C. A.	§ 36-1-111(r), hereby forever terminated	l.	
	Enter this day of	, 20	
			CHANCELLOR OR JUDGE
		<u>CERTIFIC</u>	
T		Clark of de-	
Court for		County, Tennesse	ee, hereby certify the foregoing copies of Parts I and II of the Parental
Consent	Forms to be true and accurate copies of t	ne documents filed with the	ne court.
		Clerk of	f the Court of
			County, Tennessee.
			(Seal)
			(Scal)
		PART CONTACT VETO R T.C.A. § 36-1-	EGISTRATION
STATE	OFY OF		
	lly sworn according to law affiant would		
1. I aı			
a.	Mother:		
b. c.	Father: Legal Guardian:		
2. a.	Child's Name:		
b.	Child's Date of Birth:		
c. d.	Child's Place of Birth: Child's Sex:		
e.	Child's Race:		
3 a			ld Lam surrendering (adopted person) and by certain other classes of

- 3. 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.

(Town/City)		(Street/Rural Route/P. O. Box)		
(Town/City)	(State)	(Zip Code)	,	
(Home Telephone No.)	(Work Telephone No.)	·		
Is this address an address the department n Yes □ No □ If no, please share address	2	erning your wis	shes regarding	g contact.
(Street/Rural Route/P. O. Box)	(Town/City)	·	(State)	
,	,		·	
(Zip Code) (Work Telephone)	(H	ome Telephone)	
(Zip Code) (Work Telephone) Is this address an address a person request used:	·	•	,	o, please share the
Is this address an address a person request	ing contact may use to write	•	,	io, please share the

- 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

(1) My siblings:

I wish to exclude from the automatic contact veto the following:

Yes 🗖 No 🗖

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.

	 (2) My lineal descendants: (3) My lineal ancestors: (4) The spouses of: (a) siblings (b) lineal descendants (c) lineal ancestors 	Yes No Yes Yes	
	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: (1) Any future siblings of the (2) A current spouse (3) Future spouse of mine (4) Any of my lineal descendance Please complete the following for	Yes No Name of current specifies No units Yes No No	□. puse
	riease complete the following for	Relationship To	Address
	Name	Surrendering Person	Street. RR, P. O. Box, Town, State, Zip
. a.			ALL other classes of eligible persons who, as may be permitted or post adoption record to have contact with me.
b.	I wish to limit consent to certain	n persons and only give consent for	contact with the following classes of people:
	(3) The adopted person's adopted(4) The adopted person's line	Yes □ No □ otive parents Yes □ No □ otive siblings Yes □ No □ al descendants Yes □ No of any of these persons Yes □ No	
c.	· ·	representative of certain classes of p	ersons, please describe:
or Te	qualifications to these methods of elephone		with me: (Please check all that apply and indicate any limitatio

Pe	rsonal contact, prearranged with me , either rsonal contact through another person. Please ntact:	e give name, relation	ship to you,	if any, and information to be	released regarding how to
	her information I wish to have released about provided)	me to any eligible pe	ersons (pleas	se identify to whom and the co	ontents of the information
_					
	ould you wish no contact with any other eligi ur decision, please share that information here		to share a st	atement of your feelings, or c	ircumstances which impac
_					
	nereby request that this information be filed waildren's services.	ith the Contact Veto	Registry at t	he Post Adoption Services Un	ait of the Department of
RTH	ER AFFIANT SAITH NOT.				
is the	day of, 20				
natu	re: Biological Legal Mother _ Biological Legal Father _				
orn to	o and subscribed to before me this d	ay of	, 20) .	
		•			
v com	unission expires			Notary Public	
	Please Print:				
	Trease Time.	Chancellor	Circ	uit Judge County, Tennessee	-
	67	01		County, Tennessee	
	Signature	Chancellor or Ci	rcuit Judge		
		CERTIFIC	CATION		
_					_
I, _ nness s Cou	, Cler ee, certify the foregoing copy of Part III of th art.	k of thee Parental Consent F	orms to be a	Court of true and accurate copy of the	County, document executed before
		Clerk	of the	Cour	t of
				County, Tenne	ssee
				(Se	al)

PART IV

REVOCATION OF PARENTAL CONSENT BY A PARENT

		OF TENNESSEE Y OF	
Bei	ng du	ly sworn according to law affiant would state	:
1.	I an a. b.	n: Mother: Father:	
2.	a. b. c. d. e.	Child's Name: Child's Date of Birth: Child's Place of Birth: Child's Sex: Child's Race:	
э.			
		•	ve Adoptive Parent(s)
4.		e petition for adoption containing the parental Cou	consent was filed in the Court for nty, Tennessee.
5.	I he	ereby revoke and void the parental consent to	the adoption of the above-named child.
FU.	RTHE	ER AFFIANT SAITH NOT.	
Thi	s the _	day of, 20	
Sig	nature	E: Biological Legal Mother _ Biological Legal Father	
Sw	orn to	and subscribed before me this day of _	, 20
	Thi	s Revocation of Parental Consent was receive	ed by me on the, 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

See, T.C.A. § 36-1-112(c)(2).

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.			CERTIFICATION
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. 1250-7-1312 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(f)(1) If the person surrendering the child(ren) for adoption has requested that the prospective adoptive parent(s) provide social counseling with regard on 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(f)(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 (Cou Con	I, inty, Tenne sent execu	, Clerk of the Court of Sessee, certify the foregoing copy of the Revocation of Parental Consent to be a true and accurate copy of the Revocation of Parental ted before this Court.
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. 10250-7-1312 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(1)(1) if the person surrendering the child(ren) for adoption has requested that the prospective adoptive parent(s) provide social counseling with regard on the decision of that person to surrender the child for adoption, his certification form must be completed by the person who provided such counseling before the surrender is executed. Sep. T.C.A. § 36-1-111(1)(1). NOTE: This form may be modified for use outside the State of Fennessee as long as the information requested is provided in the modified form. STATE OF TENNESSEE OR (Clerk of the Court of County, Tennessee
1995 , and Executive Order #6, January 12, 1996. Administrative History: Original rule filed September 7, 2001; 19250-7-1312 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(I)(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. Seq. T.C.A. § 36-1-111(I)(I). 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			(Seal)
(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(I)(I) 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, his certification form must be completed by the person who provided such counseling before the surrender is executed. Seg. T.C.A. § 36-1-111(I). 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 () Being duly sworn according to law, affiant would state: 1. I am (Name of Person Providing Social Counseling). 2. I was employed by, (Name of person(s) employing counselor to provide social counseling to surrendering person) to provide counseling to (Name of person(s) employing counselor to whom was provided) regarding the social is suses surrounding the decision by this person to place (Name of person to whom was provided)	19	95), and	Executive Order #6, January 12, 1996. Administrative History: Original rule filed September 7, 2001;
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(I)(I) 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(I)(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 ()25	50-7-13	.12 CERTIFICATION OF SOCIAL COUNSELING FORM.
Seq. (3) Form: CERTIFICATION OF COMPLETION OF SOCIAL COUNSELING RELATED TO ADOPTION PLACEMENT DECISION BY PARENT(S) TENNESSEE CODE ANNOTATED, § 36-1-111(1)(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 rounseling 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 rennessee as long as the information requested is provided in the modified form. STATE OF TENNESSEE OR ((1)	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
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 of 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 ((2)	·
TO ADOPTION PLACEMENT DECISION BY PARENT(S) TENNESSEE CODE ANNOTATED, § 36-1-111(1)(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(1)(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 ((3)	Form:
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 Fennessee as long as the information requested is provided in the modified form. STATE OF TENNESSEE OR (TO ADOPTION PLACEMENT DECISION BY PARENT(S)
Being duly sworn according to law, affiant would state: 1. I am	o tl	ne decision nseling bef	of that person to surrender the child for adoption, this certification form must be completed by the person who provided such fore the surrender is executed. See, T.C.A. § 36-1-111(<i>I</i>)(1). NOTE: This form may be modified for use outside the State of
2. I was employed by,			
2. 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	3ei	ng duly sw	orn according to law, affiant would state:
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	l.	I am	, (Name of Person Providing Social Counseling).
	2.	surrender	ring person) to provide counseling to(Name of person to whom was provided)
		regarding	

	(Name of Birth/Legal Mother)
	(Name of Birth/Legal Father)
	(Legal Guardian)
who is before the Court (), Warden	(), Officer () to surrender the child
(Name of Child)	for the purpose of adoption.

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		
A constant (DIG & minute)		
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		
Meeting adoptive family		

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 atta	ched" 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: Address:	:
Signature:	
Sworn to and subscribed before me this day of	, 20
My Commission Expires:	NOTARY PUBLIC
The above counseling issues have been discussed	S STATEMENT with me. As a result of the issues addressed during this process and in what I believe to (Birth/Legal Mother)
, or	have made the
(Birth/Legal Father) (Legal C	Guardian)
following plan for my child/ward. (Please Describe You	ır Decision/Plan):
Please Print:	of Demot/Level Counting)
(Name	e of Parent/Legal Guardian)
Signature of Parent/Legal Guardian:	
Date:	

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 (o)

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). 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.

	CATE OF TENNESSEE OR () DUNTY OF	
	Being duly sworn according to law, affiant wo	ould state:
1.	I am	Name of attorney providing legal counseling to surrendering person). I am licensed to or such other State or Country as may be applicable. Please specify.)
	My Board of Professional Responsibility Number (or other licensing registration number) is
2.	I was employed by,surrendering person) to provide legal advice torendered) regarding the legal issues surrounding (Name(s) of the child(ren) for adoption.	(Name of person(s) employing attorney to provide legal counseling to (Name of person to whom legal advice was the decision by this person to place
3.	to whom legal advice was rendered), and that legal	ny questions posed by (Name of person all counseling has been completed, and they have stated to me that they understand such d with the plan to surrender the above-named child.
Thi	is the day of, 20	
FU	JRTHER AFFIANT SAITH NOT.	
	Ī	Please Print: Attorney Providing Legal Counsel to Surrendering Person
	A	Address:
	S	Signature:
Swe	vorn to and subscribed before me this day of	, 20
		NOTARY PUBLIC
Му	y 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: __ (Name of Prospective Adoptive Mother) and I am/We are ___ (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. 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: 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:

 (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: 			nses paid to or on behalf of the child's parent(s) including, but not limited to, housing, food, maternity clothing, child's clothing, think ies, transportation (Attach Additional Sheets If Necessary):
(2) The specific purpose of payments, contributions, fees, or value of things given; and, (3) The specific purpose of payments, contributions, fees, or other things of value: Comment			
d. Fees or payments paid to any attorney at law and other costs of legal proceedings in connection with the birth, placement, or litin for the adoption of this 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 other things of value: (3) The specific purpose of payments, contributions, fees, or other things of value: (4) Entities or Persons who received payments, contributions, fees, or other things of value: (5) The specific amount of payments, contributions, fees, or other things of value: (6) The specific purpose of payments, contributions, fees, or other things of value: (7) Entities or Persons who received payments, contributions, fees, or other things of value: (8) The specific purpose of payments, contributions, fees, or other things of value: (9) Entities or Persons who received payments, contributions, fees, or other things of value: (10) Entities or Persons who received payments, contributions, fees, or other things of value: (11) Entities or Persons who received payments, contributions, fees, or other things of value: (12) The specific purpose of payments, contributions, fees, or other things of value: (13) The specific purpose of payments, contributions, fees, or other things of value: (14) Entities or Persons who received payments, contributions fees, or other things of value: (15) Entities or Persons who received payments, contributions fees, or other things of value: (16) Entities or Persons who received payments, contributions, fees, or other things of value: (17) Entities or Persons who received payments, contributions, fees, or other things of value:			
for the adoption of this 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 other things of value: (3) The specific purpose of payments, contributions, fees, or other things of value: (4) Entities or Persons who received payments, contributions, fees, or other things of value; (5) The specific amount of payments, contributions, fees, or other things of value; (6) The specific purpose of payments, contributions, fees, or other things of value; (7) The specific purpose of payments, contributions, fees, or other things of value; (8) The specific purpose of payments, contributions, fees, or other things of value; (9) The specific purpose of payments, contributions, fees, or other things of value; (1) Entities or Persons who received payments, contributions, fees, or value of things given; and, (3) The specific purpose of payments, contributions, fees, or value of things given; and, (3) The specific purpose of payments, contributions, fees, or value of things given; and, (3) The specific purpose of payments, contributions, fees, or other things of value; (9) The specific purpose of payments, contributions, fees, or other things of value; (10) Entities or Persons who received payments, contributions, fees, or other things of value; (11) Entities or Persons who received payments, contributions, fees, or other things of value; (12) The specific purpose of payments, contributions, fees, or other things of value; (13) The specific purpose of payments, contributions, fees, or other things of value;		(3)	The specific purpose of payments, contributions, fees, or other things of value:
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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 other things given; and, (3) The specific purpose of payments, contributions, fees, or other things of value; (4) Entities or Persons who received payments, contributions, fees, or other things of value; (5) The specific purpose of payments, contributions, fees, or other things of value: (6) Entities or Persons who received payments, contributions, fees, or other things of value; (7) The specific amount of payments, contributions, fees, or other things of value; (8) The specific purpose of payments, contributions, fees, or other things of value: (9) The specific purpose of payments, contributions, fees, or other things of value: (9) Any other money, fees, contributions, or other remuneration or thing of value in connection with the birth, placement, or adoption this child, given or paid, to the child's parent(s) or family member(s) (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 other things of value; (3) The specific amount of payments, contributions, fees, or other things of value; (4) The specific purpose of payments, contributions, fees, or other things of value; (5) The specific purpose of payments, contributions, fees, or other things of value;			
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(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:			
(3) The specific purpose of payments, contributions, fees, or other things of value:			
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	THE	R AFF	FIANT(S) SAITH NOT.

(Ru	de 0250-7-1314, continued)
	Please Print: Prospective Adoptive Mother
	Signature:
	Please Print: Prospective Adoptive Father
Swo	rn to and subscribed before me this day of, 20
Mod	NOTARY PUBLIC
My (Commission Expires:
Exe	thority: T.C.A. §§ 4-5-201, et seq., 36-1-116(b)(16), 36-1-125, 36-1-141, Public Chapter 532 (1995), and ecutive Order #6, January 12, 1996. Administrative History: Original rule filed September 7, 2001; effective pember 21, 2001.
025	0-7-1315 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) TE OF TENNESSEE UNTY OF
	ag 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, a	and I believe that my adoption by	, (Name o
	Prospective Adoptive Mother), and wish for the adoption to take place.		, (Name of Prospective Adoptive Father), is	in my best interests.
7.	I freely and voluntarily, without pres	sure from anyone,	consent to this adoption.	
Thi	s the day of, 20	_		
FUI	RTHER AFFIANT SAITH NOT			
		Please Print:	Name of Minor Child	
		Signature:		
Swo	orn to and subscribed before me this	_ day of	, 20	
		_	Chancellor Circuit Judge of the Court for ounty, 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:

CTATE OF TENNIESSEE

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)

	UNTY OF
Bei	ng duly sworn according to law, affiant would state:
1.	I am,, Guardian Ad Litem for the minor child,, who is fourteen (14) years of age or older and is mentally disabled.
2.	I have been appointed by this Court to represent the best interests of this child in the petition for his/her adoption by
	(Name of Prospective Adoptive Father). * See Note Below
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 \square give consent/ \square withhold consent to the adoption of, (Name of Child) by the petitioners.
Thi	s the day of, 20
FU	RTHER AFFIANT SAITH NOT.
	Please Print:
	(Name of Guardian Ad Litem) Address:
	Signature:
Swe	orn to and subscribed before me this the day of, 20
	NOTARY PUBLIC
Му	Commission Expires:

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.

NOTE TO THE COURT:

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)

	ATE OF TENNESSEE OUNTY 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/\(\sigma\) withhold consent to the adoption of
5.	As Guardian or Conservator, I give consent/ withhold consent to the adoption of Name of Disabled Adult) by the petitioners.
Thi	s the day of, 20
FUI	RTHER AFFIANT SAITH NOT.
	Please Print:
	(Name of Guardian Ad Litem, Guardian or Conservator) Address:
	Signature:
Swo	orn to and subscribed before me this the day of, 20
	NOTARY PUBLIC
Му	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.

See, T.C.A. 36-1-120(b).

		OF TENNESSEE Y OF
Bei	ng dul	y sworn according to law, affiant would state:
1.		, an authorized representative of, (Name of Licensed Child-Placing Agency) [or],
	(Nar	me of Licensed Clinical Social Worker).
2.	My a (Nar	agency [or I] has [have] charged mes of Prospective Adoptive Parent(s) the following fees or other charges involving the placement of the child (ren):
	a. b.	(Names of Child (ren) State first the service(s) rendered in the placement of the child (ren) with the petitioner(s) immediately followed by The fees charged petitioner(s) for each specific service. (Attach additional Sheets if Necessary):
3.		agency [or I] has [have] charged
4.	(Nar	agency [or I] has [have] charged
	b.	The fees charged petitioner(s) for each specific service. (Attach additional Sheets if Necessary):

(Rul	le 0250	-7-1318, continued)		
This t	the da	y of, 20		
FUR	THER AI	FFIANT SAITH NOT.		
			Please Print	t:
				Authorized Representative of Licensed Child-Placing Agency/ or Licensed Clinical Social Worker
			Address:	
			Signature:	
Swor	n to and	subscribed before me this day of _		,20
				NOTARY PUBLIC
My C	Commissi	on Expires:		
Orde				6-1-125, 36-1-141, Public Chapter 532 (1995), and Executive v: Original rule filed September 7, 2001; effective Novembe
0250	0-7-13-	.19 FEE DISCLOSURE FO	ORM FOR A	ATTORNEY.
	(1)		adoptive par	orney to disclose, as required by T.C.A. § 36-1-120(b), the fee rents, and must be filed with the proposed order of adoption
	(2)	This information shall be co- seq.	nfidential an	nd shall only be disclosed as provided by T.CA. § 36-1-101 e
	(3)	Form:		
				DISCLOSURE AFFIDAVIT E ANNOTATED, § 36-1-120(b)
		must be filed by the attorney representing 36-1-120(b).	ing the petition	ers with the proposed adoption order prior to entry of the order by the Court.
		ENNESSEE		
Being	g duly sw	orn according to law, affiant would sta	ite:	
1.	I am	, al	ttorney for peti	itioners (Names of styled:
	which is	filed in the Cour	rt for	, County, Tennessee in which they (he/she) have sought to adop
	(ren), and	d in which the Court has ordered the er	ntry of an order	(Name(s) of Chil

2.		following are fees charged by me or person ment of the child (ren) with the Petitioner(). State first the service(s) rendered in the plant of th	s). (Attach addi acement of the	itional sh	eets if neces	sary):				
	0.	The specific rees charged pertubler(s) for	cach service.							_
										_ _ _
3.	Petiti a.	following are fees charged by me or perso ioner(s)in the adoption proceedings involvi State first the legal service(s) rendered in by The specific fees charged petitioner(s) for	ng the child (re the proceeding	n): (Atta	ch additiona	l sheets if neo	cessary):		<u> </u>	
	υ.	The specific rees charged petitioner(s) for	cuen service.							_ _
										_
4.	servi	following are fees paid by me or persons ces rendered in securing the placement of es or surrender of the child(ren): State first the services rendered by person securing a home study or surrender of the The specific amount of the fees paid for each of the specific amount of t	the child(ren) we not or entities we child(ren) follo	with the whose serviced improved improv	petitioners or rvices assistentiately by,	r for securing	g any service	ces related to	o securing any hor	ne
										_ _ _
This	the									_
FUR	THER	R AFFIANT SAITH NOT.								
			Please Print:	At	torney for Pe	etitioner(s)				
			Signature:							
Swo	rn to a	and subscribed before me this day of		_, 20						
						NOTARY P	UBLIC	•		
Му	Comm	sission 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)

	TENNESSEE CODE ANNOTATED, § 30-1-155(c)
leg a li bio	s Release of Information should be used when a request for medical information has been made by an adopted person or by a biological or all relative or the legal representative of the adopted person and they have provided written evidence from a licensed health care professional or censed health care facility of a medically established need for additional or updated medical information about an adopted person, or their logical or legal relatives and the Department of Children's Services is contacting the persons who have access to or have or may have awledge of such information. See, T.C.A. 36-1-135.
Ser	, (Name of Person Executing the Release) have been told by the Tennessee Department of Children's vices that a person eligible to request updated medical, psychological, or psychiatric information has requested additional or updated medical, chological, or psychiatric information to which I may have access or of which I may have knowledge.
I u	nderstand 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): a
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____

Signature: ___

Name of Person Signing Release

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)

ST.	ATE OF) UNTY OF)						
	st being duly sworn according to law, affiant would	state:					
1.	I am,, Ex	ecutive Head of A licensed child-placing agency); or an authorized representative of the Tennessee					
	Department of Children's Services; or an authori or federal agency with the right to place the child D.O.B	zed representative of, a state d for adoption, (Legal Name of Child)					
2.		ial guardianship of the child by a surrender or relinquishment of rights by one or both on 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:						
	Prospec	tive Adoptive Mother					
	Prospec	tive Adoptive Father					
4.	On behalf of my agency, and to the extent of my prospective adoptive parent(s).	agency's full or partial guardianship of: (Child's Name), I give consent to the adoption of this child by the above					
Thi	sday of						
FU.	RTHER AFFIANT SAITH NOT.						
	Print Name:	Name of Person Authorized to Give Consent					
		Title					
	Signature:						
Sw	orn to and subscribed before me this day of	20					

	NOTARY PUBLIC	
My Commission Expires:		

Authority: T.C.A. §\$4-5-201, et seq., 36-1-116(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.