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, \S 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	
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(Rule 0250-7-13-.02, continued) COUNTY OF _____ OR OTHER CITY OR PROVINCE (_____) Being duly sworn according to law, affiant would state: The following information is true and correct to the best of my knowledge: PERSON COMPLETING THIS FORM: () BIRTH () LEGAL MOTHER'S NAME: () BIRTH () LEGAL FATHER'S NAME: _____ GUARDIAN(S) NAME: ADDRESS: STREET/RURAL ROUTE/P.O. BOX CITY/TOWN STATE ZIP HOME TELEPHONE NO. _____ WORK TELEPHONE NO. ___ BIRTH MOTHER'S SOCIAL SECURITY # DRIVER'S LICENSE# BIRTH FATHER'S SOCIAL SECURITY #_ DRIVER'S LICENSE # _____ D.O.B. SEX RACE CHILD'S NAME (To indicate race, please use codes of AA (African American), AI (American Indian), AS (Asian), CA (Caucasian), HI (Hispanic) or other (specify) ______. To indicate a mixed racial heritage, write in more than one code, for example a child who is African American and Caucasian heritage, write in "AACA.") IF NATIVE AMERICAN HERITAGE IS INDICATED, PLEASE SPECIFY: TRIBE: _____ LOCATION: __ THE PARENT IS REGISTERED () ELIGIBLE TO BE, BUT NOT REGISTERED () WITH THE ABOVE TRIBE. THE CHILD IS REGISTERED () ELIGIBLE TO BE, BUT NOT REGISTERED () WITH THE ABOVE TRIBE. **MARRIAGES:** (IF PARENT HAS BEEN MARRIED, COMPLETE THE FOLLOWING INFORMATION) NAME OF SPOUSE DATE OF CITY/STATE COUNTY OF LICENSE (INCLUDE MARRIAGE WHERE MARRIAGE MAIDEN NAME) **OCCURRED** DIVORCES: INCLUDE ANNULMENTS/SEPARATIONS/ANY TYPE DISSOLUTIONMENTS OF MARRIAGE) NAME OF SPOUSE DATE AND TYPE CITY/STATE OF DIVORCE COURT DECREE DISSOLUTIONMENT IF MARRIAGE ENDED WITH THE DEATH OF A SPOUSE, PLEASE COMPLETE THE FOLLOWING INFORMATION: NAME OF SPOUSE DATE OF CITY/COUNTY/STATE DEATH WHERE DEATH OCCURRED

(Rule 0250-7-1302, continued)		
BACKGROUND INFORMATION FOR	(NAME OF CHILD)	

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		
HODDIEG DITERECTS		
HOBBIES, INTERESTS AND TALENTS		
PERSONALITY		
RELIGION		
GENERAL HEALTH/HISTORY		
IF DECEASED CAUSE OF		
DEATH CAUSE OF		
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
FULL LEGAL NAME	GRANDMOTHER	GRANDFATHER
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	GRANDFATHER
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		

ADOPTION PROCESS FORMS		CHAPTER 02:
(Rule 0250-7-1302, continued)		
BACKGROUND INFORMATION FOR _	(NAME OF CHILD)	
OTHER CHILDREN BORN TO THE B	IRTH MOTHER	
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 _ OTHER CHILDREN BORN TO THE B	(NAME OF CHILD)	
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	<u> </u>	
HEIGHT	1	
EDUCATION (HIGHEST		
GRADE COMPLETED,		
VOCATIONAL/ASSOC.		

COLLEGE DEGREES) TYPE EMPLOYMENT MILITARY SERVICE: BRANCH OF SERVICE YEARS SERVED				
MILITARY SERVICE: BRANCH OF SERVICE YEARS SERVED				
BRANCH OF SERVICE YEARS SERVED				
YEARS SERVED				
DATE OF DISCHARGE TYPE OF DISCHARGE				
RANK				
SPECIAL CHARACTERISTICS				
SPECIAL CHARACTERISTICS				
HOBBIES, INTERESTS AND TALENTS				
PERSONALITY				
RELIGION				
GENERAL HEALTH/HISTORY				
IF DECEASED CAUSE OF				
DEATH CAUSE OF				
AWARE OF PLAN FOR	VES NO		YES NO	
ADOPTIVE PLACEMENT	ILS NO		TES NO	
USE ADDITIONAL PAGES, IF NEEDED,	TO DESCRIBE OT	HER CHIL DREN BORN	TO THE RIRTH MOTHER OF	P BIRTH FATHER
TAKE ANY MEDICATIONS EXPERIENCE PHYSICAL CHAVE ANY X-RAY, ELECT IF YES TO ANY OF THE AE DID YOU HAVE ANY OF THE FOLLOW GERMAN MEASLES VENEREAL DISEASE VIRUS TYPE INFECTIONS TYPE WERE YOU INVOLVED IN ANY ACCID Yes() No() WERE YOU SEXUALLY OR PHYSICALI IF YES TO EITHER OF THESE QUESTIO	COMPLICATIONS? PROCARDIOGRAM BOVE, PLEASE EXTENDED THIS YES () No () YES () No () YES () No () YES () THIS YES () NO () YES () THIS YES () THIS DURING THE LY ABUSED DURING THE	OR RADIATION EXPOPLAIN: S PREGNANCY? DATE DATE DATE No () DATE IS PREGNANCY? NG THIS PREGNANCY		
DELIVERY HISTORY: DURATION OF LABOR TYPE OF DELIVERY WERE THERE OTHER PREGNANCIES OF IF YES, PLEASE DESCRIBE THE PREGNETC.)	OF THE BIRTH MO	THER: Yes() No()	DED (ABORTION, STILL BIR	.TH, MISCARRIAGES

PLEASE INDICATE BY A CHECK MARK (X) IF <u>YOU</u> 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	SE	LF	YES - OTHER RELATIVE	COMMENTS
	YES	NO	(SPECIFY)	
ACQUIRED				
IMMUNE				
DEFICIENCY				
SYNDROME				
(AIDS) ALCOHOLISM				
ALCOHOLISM				
ALLERGIES				
ARTHRITIS				
BONE DISEASE				
CANCER				
CEREBRAL PALSY				
CLEFT PALATE				
CONGENITAL DEFECTS				
CORONARY (HEART) PROBLEMS				
CYSTIC FIBROSIS				
DEAFNESS				
MEDICAL CONDITION	SE	LF	YES - OTHER RELATIVE	COMMENTS
	YES	NO	(SPECIFY)	
DIABETES				
EAR INFECTIONS				
ECZEMA				
EPILEPSY/				
SEIZURES				
GONORRHEA/ SYPHILIS				
HAY FEVER/				
ASTHMA HEARING PROBLEMS				
HEARING PROBLEMS HEART PROBLEMS				
HEMOPHILIA				
ILLINOI IIILII I				
HERPES				
HODGKIN'S				
HORMONE DISORDER				
HYPERTENSION				
KIDNEY DISEASE				
MENTAL ILLNESS				
MENTAL RETARDATION				
MIGRAINES				
MULTIPLE SCLEROSIS				

MUSCULAR DYSTROPHY		
NARCOTIC ADDICTION		

MEDICAL CONDITION	SE	LF	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:
bilu/Legar Modier.
Birth/Legal Father:

Legal Guardian(s):		
FURTHER AFFIANT SAITI	H NOT.	
This day of	, 20	
	Signatur	e:
		Parent or Legal Guardian
Sworn to and subscribed befo	ore me this day of	20
	20 mg und unj 01	
	NOTARY PU	IDLI IC
	NOTART FC	DLIC
My Commission Expires:		
OR		
	Please Pr	rint:ChancellorCircuit 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
	Signatur	e:
When this form is being co completing the form should s		ment information purposes, and not as a part of the surrender process, the person
Signature:	County:	Date:
Authority: TC 4 SSA	-5-201 et sea 36-1-111(h) c	and 36-117(g), Public Chapter 532 (1995), and Executive Order
		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).

	a.	Mother:	(Date of Birth)	, or
	b.	Father:	(Date of Birth)	
	c.	Legal Guardian:	(Date of Birth)	, of:
2.		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	child was born in wedlock □/ out of wedlock □.		
4.	State	the names and relationships of any other legal/biolog	ical parent, legal guardian or poss	sible biological parent for this child:

			Address	
		(4)	City, State Zip	
		(5)	Telephone Number: Home:Work:	1.
		(6)	Other identifying information concerning the above identified other legal or biological parent/legal guard	lian.
				_
				– and
	b.	(1)	Name:	
		(2)	Name: Relationship to the child:	
		(3)	Address City State Zip	
		(4) (5)	City, State Zip Telephone Number: Home: Work:	
		(6)	Other identifying information concerning the above identified other legal or biological parent or legal gu	ardian
		(0)	one identifying information concerning the doors identified only logar of visioglear parent of logar go	araiar.
				_
				_ _ and
	c.	(1)	Name:	
		(2)	Relationship to the child:	
		(3)	Address	
		(5)	City, State Zip	
			Other identifying information concerning the above identified other legal or parent/legal guardian.	
		(0)		
				_
				_
5.		identi	ity is unknown for the other:	
	a.	Lega	al parent Yes No logical parent Yes No lal guardian Yes No lapplicable Yes No lapplicable Yes No lapplicable Yes No lapplicable	
	b.	B1010	logical parent Yes 🗆 No 🗇	
	c. d.	Note	applicable Yes □ No □	
	u.	NOU	applicable Tes 🗆 No 🗅	
6.	The	where	eabouts is unknown for the other:	
	a.	Lega	al parent Yes □ No □	
	b.	Biol	logical parent Yes □ No □	
	c.	Lega	logical parent Yes No al al guardian Yes No applicable No applicable Yes No applicab	
	d.	Not a	applicable Yes □ No □	
7.			at all information concerning the identity, whereabouts, and social and medical history concerning the lagrant/legal guardian has been () or will be given () to the Tennessee Department of Children's	
	Chi	ld-Plac	cing Agency to whom the above child is being surrendered.	
8.	Info	ormatic	on Concerning Child's Native American Heritage:	
			4 171 CN C A : 1 : 0 V 7 N 7	
	a.		you or the child of Native American heritage? Yes □ No □	
	h		o, go to # 9. es, are you eligible for tribal membership? Yes □ No □	
	b. с.		es, give name of tribe.	
	d.		you registered with a Native American tribe? Yes \(\Boxed{\sigma}\) No \(\Boxed{\sigma}\)	
	e.		es, give name of tribe.	
	f.	Is yo	our child eligible for tribal membership? Yes \(\sigma\) No \(\sigma\)	
	g.		es, give name of tribe.	
	h.	Has	your child been registered with a Native American tribe? Yes	
	i.		es, give name of tribe.	
	j.	This	s information is unknown. Yes \square No \square	
9.	a.	Will	I this child be sent out of Tennessee to another state or country for adoption?	
			Yes □ No □ If no, go to #10	
	b.	If ye	es, name of state or country.	
	c.	If ye	es, I understand Tennessee law will govern the interpretation of this surrender.	
10	LI _n -	10 1101	been paid received or been premised any manay or other remuneration of thing of value in	ith the hirth of
10.			been paid, received or been promised any money or other remuneration of thing of value in connection with remainded child or placement of this child for adoption?	ui the oifth of
		above-	-named child or placement of this child for adoption? No	
	1 65			

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

		Amount		D 111	Date	Type	
		Paid	To Whom	By Whom	Received/Paid	Service/Cost	
			 				
			1				
11.	a.	Does the child own any revalue:				operty owned and give th	e property
	b.	Is it expected that the child					
		give the property value:	perty, who currently	y owns the property, the t	ime and circumstances und	ler which the child becom	es owner and
		give the property value.					
10		75 (1.1					
12.	a.	Do you currently have:	of the child? Yes	П № П			
			ody of the child? Y				
				child? Yes No	3		
	b.	If another person(s) hold	s legal custody of the	ne child at this time, give	the following information:		
		Name:	you or the shild:				
		Address:	ou of the child.				
		Address: (Street, RR, F	O. Box)	(Town/City)	(State) (Zip)		
		relephone Number (nor	ne)	(WOIK)			
	c.				ive the following informati	ion:	
		Name:	ou or the child:				
		Address:	ou of the child.				
		(Street, RR, F	P.O. Box)	(Town/City)	(State)	(Zip)	
		Telephone Number (Hor		(Work)			
	d.	Is the person(s) who hold	is custody the prosp	pective adoptive parent?	Yes No	1 11 1 1 1 1/ 1	1 . 1
	e.	of your child, give the fo			rices or another State agenc	cy noids physical and/or i	egai custody
		Name of Agency:	nowing information	1.			
		Street/Rural Route/P.O.	Box:		Zip: Zip:		
		Town/City:		State:	Zip:		
	f.	Do you intend to give cu	stody to the license	d child placing agency or	the Tennessee Department	t of Children's Services?	
	g.	Yes □ No □ Explain any other circun	nstances regarding t	he custody status of this c	child:		
13	a.		nce which may be a	vailable to you to care for	r the child should you desi	re to parent this child?	
	b.	Yes □ No □ Do you desire counselin	g regarding such as	sistance which may be a	vailable to you or regardin	g other issues surroundin	g adoption or
	٥.	parenting from the Tenn	essee Department o	of Children's Services a la	icensed child-placing agen	cy, or a licensed clinical	social worker
		concerning the decision	to place this child fo	or adoption? Y	es 🗆 No 🗖		
	c.	Has such counseling bee	n made available to	you? Yes □ N	0 □		

14.	a. b.		you desire to		y legal counsel at ith legal counsel p		r proceeding? ecution of the surre	Yes 🗖 ender of the ch			
	c.			oeen made a	vailable to you?	Yes 🗖	No □				
15.	the	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 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 No									
16.	a.	surrende	r, you may	revoke or		nder by signi				the date you sign the RRENDER before the	
	b.	<u>revocatio</u>	n period is	<u>ten (10) ca</u>	<u>lendar days and</u>	<u>will expire o</u>	<u>1 the tenth (10th)</u>	day or (Mo/I	<u> </u>	eriod of revocation of <u>The</u> . If	
		Saturday	(10th) day in the control of the con	· legal holi	Saturday, Sunday day. If this is the Yes □ No □	or legal holi esituation in	day, the last day f this case, that dat	for revocation te will be (Mo	n will be the n //Day/Yr)	ext day which is not a Do	
	c.	Departme	ent of Child of the child, I that you n	lren's Serv , <u>unless</u> the	ices or Licensed (court finds tha	Child-Placing t to do so wi	g Agency will be re Il likely result in	equired to re immediate h	turn the child, arm to the he	period, the Tennessee <u>of</u> you currently have alth and safety of the sel to represent you in	
17.							or pressure by ar oted by other pers			surrender the above-	
FUF	RTHE	R, AFFIAN	T SAITH N	IOT.							
This	s the _	day of		_20							
Sigr	naturo	e:	Biological	Legal_	Father						
				Name of C							
Swo	orn to	and subscri	bed before n	ne this the	day of	. 20					
		Please Pr				_,;					
		Ticase TT			Chancellor,	Circuit Judge	, orJuvenile Cou	ırt Judge			
					of		County, Tenn	essee			
		Signature		Chancello	, Circuit Judge, or	r Juvenile Cou	ırt Judge				
					, , ,		Ü				
						PART	II				
A.	LIC	ENSED C	HILD-PLA	CING AG		CEPTANCE	OF THE SURRE			S SERVICES OR A SEE DEPARTMENT	
		OF TENNE Y OF _	SSEE								
Beir	ng dul	y sworn acc	cording to la	w, affiant v	vould state:						
1.	I am										
	a.	Mother: _				or					

July, 2005 (Revised)

	b. Father:		or		
	c. Legal Guardian:		01:		
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 of Licensed Child-Placing Agency	hild will be placed for adoption or by the Tennessee D	on by epartment of Childre	n's Services and that the	ild named above will be forever , a e child will be adopted by other ise be involved in the life of this
ł.	I understand that by signing thi adoption of my child by other pe		titled to any notice, l	egal or otherwise, of any	y other legal proceedings for the
5.	do so by(Da		resenting the Revoca		sion to surrender this child I must attached to this document, to the
	b. By my signature to this par	t, I acknowledge receipt of a	copy of the Revocation	on of Surrender form.	
ó.	I FREELY AND VOLUNTAR MY PARENTAL OR GUARD TO:	ILY, WITHOUT DURESS (IANSHIP RIGHTS TO		RRENDER ALL OF	
			`	,	
	a. Licensed Child-Placing AgbTennessee Department of	ency f Children's Services (Please	check if applicable.)	(Name of LCPA)	
	FURTHER AFFIANT SA	ТН NOT.			
	This the day of	, 20			
	Signature: Biol	ogical, LegalMother			
	Biol Leg	ogical, LegalFather ll Guardian			<u> </u>
	Sworn to and subscribed b	efore me this the day of		20	
			Please Print:		
			Char	cellor, Circuit Judge,_	or Juvenile Court Judge
			of		County, Tennessee
		1	Signature:	ellor, Circuit or Juve	
Sec	e Note Below Before Signing		Chance	ellor, 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. 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). Section B.4. does not 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 TH	L CLEKK	:
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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
STA	ATE OF) UNTY OF)
co	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
	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 Title of Authorized Representative
	Signature: Signature of Authorized Representative
	Signature of Authorized Representative
	SSECTIONS 2a2d. MUST BE MARKED TO DESIGNATE THE APPLICABLE SITUATION. ONE OF THESE SUBSECTIONS ST EXIST BEFORE THE SURRENDER CAN BE RECEIVED BY THE COURT: I certify on behalf of: Licensed Child-Placing Agency (Name of Agency); or the
	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

-										
[J No	ot Applica	ble							
FURT	HER	R AFFIAN	T SAITH NOT.							
		This	day of	, 20						
						Signature:				
									icensed Child-Plac Children's Service	
		Sworn to	and subscribed b	efore me this the	day	of	, 20	<u>-</u> ·		
						Please Print	:	G: '4 I	venile Court Judge	
									County, T	
						Signature:	Chancellor, Ci	rcuit or Juven	ile Court Judge	
					CE	RTIFICATIO	ON			
					<u>CE</u>	RTIFICATIO	<u>DN</u>			
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Court Surren		Forms to b		ate copies of the d	Cou	, Cle	erk of theee hereby certify	the foregoing c	opies of Parts I a	and II of the
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		Forms to t			Cou	, Cle	erk of theee hereby certify	the foregoing c	opies of Parts I a	and II of the
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		Forms to b			Cou	, Cle	erk of theee hereby certify ourt.	the foregoing c		
		Forms to b			Cou	, Cle	erk of theee hereby certify ourt.	the foregoing c		Court of
		Forms to b		ate copies of the d	Council Counci	, Cleanty, Tennesse iled with the control of t	rk of thee hereby certify ourt. Clerk of	the foregoing c		Court of
Surren	der]		e true and accura	ate copies of the d	Councients fi	, Cle nty, Tennesse iled with the c	rk of thee hereby certify ourt. Clerk of	the foregoing c		Court of
Surren	der]	F	e true and accura	ate copies of the d	Councients fi	, Cleanty, Tennesse iled with the control of t	rk of thee hereby certify ourt. Clerk of	the foregoing c		Court of
STAT COUN	der] E O	F	e true and accura	ate copies of the d	Councients fi	, Cleanty, Tennesse iled with the control of t	rk of thee hereby certify ourt. Clerk of	the foregoing c		Court of
STAT COUN Being	der] E O	FOF	e true and accura	ate copies of the d	Councients fi	, Cleanty, Tennesse iled with the control of t	rk of thee hereby certify ourt. Clerk of	the foregoing c		Court of
STAT COUN Being	E O VTY duly am:	F OF sworn ac	cording to law af	tte copies of the d	Cour ocuments fi ONTACT V T.C.A	, Cleanty, Tennesse iled with the control of t	crk of thee hereby certify ourt. Clerk of	the foregoing c		Court of
STAT COUN Being	E O VTY duly am:	F OF sworn ac	cording to law af	tte copies of the d	Cour ocuments fi ONTACT V T.C.A	, Cleanty, Tennesse iled with the control of t	crk of thee hereby certify ourt. Clerk of	the foregoing c		Court of
STAT COUN Being	E O WTY duly am:	F osworn ac Mother: _ Father: _ Legal Gu	cording to law af	Co	ONTACT Y T.C.A	, Cleanty, Tennesse iled with the control of the co	crk of thee hereby certify ourt. Clerk of	the foregoing c		Court of
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STAT COUNTER SET STAT COUNTER SET	E ONTY duly am:	F OF sworn ac Mother: _ Father: _ Legal Gu Child's N Child's N	cording to law af	te copies of the d	ONTACT V	, Cle nty, Tennesse iled with the c	Clerk of the Clerk of STRATION (3) or or of:	the foregoing c		Court of
STAT COUN Being I. I a t c	E OVTY duly am:	F	cording to law af ardian:arde of Birth;lace of Birth;	Co	ONTACT V T.C.A	PART III VETO REGI	Clerk of the Clerk of STRATION (3) or or of:	the foregoing c		Court of

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	Birth & Married Names)	(Street/Rural Route/P. O.	Box)
	(Tow	n/City)	(State)	(Zip Code)
	(Hom	ne Telephone No.)	(Work Telephone No.)	
b.		address the department may use If no, please share address to	e to write to you concerning your be used:	wishes regarding contact.
	(Street/Rural Ro	ute/P. O. Box)	(Town/City)	(State)
	(Zip Code)	(Work Telephone)	(Home Teleph	one)
c.		n address a person requesting cor f no, please share the address to	3	
	(Street/Rural Ro	ute/P. O. Box)	(Town/City)	(State)
	(Zip Code)	(Work Telephone)	(Home Teleph	one)
d.	If no, may the lis			YES □ NO □. g contact? YES □ NO □. If no, please list
	(Work Telephone	e No.)	(Home Telephone No.)	

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 hat access to the sealed records, sealed adoption records or post adoption record to have contact with me.						
	b.	ancestors, and the spouses of may, however, exclude pers themselves or, upon location	f those persons so that they cannot be contacted bons in those classes from this automatic coverage.	applicable to your siblings, lineal descendants, lineal by a person eligible to have the records opened. You ge so that they will have to register a contact veto they will have to register a contact veto at the time these persons.				
Disc	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 Yes Yes No Yes Yes					
Pie	ise co	emplete the following for any kn	Relationship To	Address				
		Name	Surrendering Person	Street. RR, P. O. Box, Town, State, Zip				
Plea	d.	I wish to veto contact with: (1) Any future siblings of the contact with: (2) A current spouse (3) Future spouse of mine (4) Any of my lineal descert symplete the following for any known with the contact wi	Yes □ No □ Name of current spouse Yes □ No □ ndants Yes □ No □					
			Relationship To	Address				
		Name	Surrendering Person	Street. RR, P. O. Box, Town, State, Zip				
9.	a.		am surrendering (adopted person) and <u>ALL</u> other cled records, sealed adoption records or post adoption	classes of eligible persons who, as may be permitted by on record to have contact with me.				
	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 lin	Yes □ No □ doptive parents Yes □ No □ doptive siblings Yes □ No □ neal descendants Yes □ No □ so of any of these persons Yes □ No □					
	c.	If contact is limited to the leg	al representative of certain classes of persons, pleas	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, 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:
	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
	THER, AFFIANT SAITH NOT.
	the day of
Sign	BiologicalLegalMother BiologicalLegalFather Legal Guardian
Swo	rn to and subscribed to before me this day of, 20
	Please Print: Chancellor,Circuit Judge,Juvenile Court Judge ofCounty, Tennessee
	Signature: Chancellor, Circuit Judge, Juvenile Court Judge
	CERTIFICATION
Teni Cou	I,, Clerk of the Court of County nessee, certify the foregoing copy of Part III of the Surrender Forms to be a true and accurate copy of the document executed before this rt.
	Clerk of theCourt ofCounty, Tennessee
	(Seal)

PART IV

REVOCATION OF SURRENDER BY A PARENT OR GUARDIAN

		OF TENNESSEE Y OF	
Ве	ing dul	y sworn according to law affiant would state:	
1.	I am	ı:	
	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.	On	(Date), I executed a sur	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:	
			(Name of Judge and Name of Court)
5.	I hei	reby revoke and void the surrender of the above-named	child.
rr i	DTHE	D APPLANT CALTH NOT	
FU	KIHE	R AFFIANT SAITH NOT.	
Th	is the _	day of, 20	
Sig	nature	: Biological Legal Mother	
_		Biological Legal Mother Father	
		Legal Guardian:	
Sw	orn to	and subscribed before me this day of	, 20
Th	is Revo	ocation of Surrender was received by me on the d	lay of, 20
		Please Print:	
			Chancellor,Circuit Judge, orJuvenile Court Judge
			of County, Tennessee
		Signature (See notes below):	
		Signiture (See Hotes below).	Chancellor,Circuit Judge, orJuvenile 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.
- 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, Tennessee, certify the fore	going 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. \S 36-1-111(g).

UINI				
	Bei	ng duly sworn according to law, affiant would state:		
I a				
a.	Mot	her:	(Date of Birth)	,or
b.	Fath	er:	(Date of Birth)	,or
c.	Leg	al Guardian:	(Date of Birth)	,of:
a.	Chi	d's Name		
b.	Chi	d's Date of Birth		
c.	Cni	d s Place of Birth		
d.	Chi	d's Sex		
e.	Chi	d's Race		
Th	is child	was born in wedlock □/ out of wedlock□.		
Sta	ate the	names and relationships of any other legal/biological parer	t, legal guardian or p	possible biological parent for this c
a.	(1)	Name:		
	(2)	Name:		
	(3)	Address		
	(4)	City, State Zip		
	(5)	Telephone Number: Home: Wo	rk:	
	(6)			
	(0)	Other identifying information concerning the above iden	tified other legal or b	piological parent/legal guardian.
	(0)	Other identifying information concerning the above iden	tified other legal or b	piological parent/legal guardian.
	(0)	Other identifying information concerning the above iden	tified other legal or b	oiological parent/legal guardian.
b.			tified other legal or b	oiological parent/legal guardian.
b.	(1) (2)	Name: Relationship to the child:	tified other legal or b	oiological parent/legal guardian and
b.	(1) (2) (3)	Name:	tified other legal or b	oiological parent/legal guardian and
b.	(1) (2) (3)	Name:	tified other legal or b	oiological parent/legal guardian and
b.	(1) (2) (3)	Name:	tified other legal or b	oiological parent/legal guardian and
b.	(1) (2) (3)	Name: Relationship to the child:	tified other legal or b	oiological parent/legal guardian and
b.	(1) (2) (3) (4) (5)	Name:	rk:tified other legal or b	oiological parent/legal guardian. and and oiological parent/legal guardian.
	(1) (2) (3) (4) (5) (6)	Name: Relationship to the child: Address City, State Zip Telephone Number: Home: Other identifying information concerning the above iden	rk: tified other legal or b	oiological parent/legal guardian. and and oiological parent/legal guardian.
b. c.	(1) (2) (3) (4) (5) (6)	Name: Relationship to the child: Address City, State Zip Telephone Number: Home: Other identifying information concerning the above iden	rk: tified other legal or b	oiological parent/legal guardian. and and oiological parent/legal guardian.
	(1) (2) (3) (4) (5) (6)	Name: Relationship to the child: Address City, State Zip Telephone Number: Home: Other identifying information concerning the above iden Name: Relationship to the child:	rk:_ tified other legal or b	oiological parent/legal guardian. and oiological parent/legal guardian. and and
	(1) (2) (3) (4) (5) (6)	Name: Relationship to the child: Address City, State Zip Telephone Number: Home: Wo Other identifying information concerning the above iden Name: Relationship to the child: Address	rk:_ tified other legal or b	oiological parent/legal guardian. and oiological parent/legal guardian. and and
	(1) (2) (3) (4) (5) (6)	Name: Relationship to the child: Address City, State Zip Telephone Number: Home: Other identifying information concerning the above iden	rk:_ tified other legal or b	oiological parent/legal guardian. and oiological parent/legal guardian. and and

	The identity is unlenever	for the oth						
	The identity is unknown a. Legal parent		No 🗖					
	b. Biological parent		No □					
	 c. Legal guardian 		No 🗖					
	d. Not applicable	Yes 🗖	No □					
	The whereabouts is unk							
	a. Legal parent		No 🗆					
	b. Biological parentc. Legal guardian		No □ No □					
	d. Not applicable		No 🗖					
	I state that all informat parent/legal guardian ha the agency conducting t	s been()	or will be given(_	_) to the prospective	adoptive parents to	whom the abo		
	Information Concerning	Child's N	ative American He	eritage:				
	a. Are you or the chi If no, go to # 9.	ld of Nativ	e American heritaş	ge? Yes □ No				
	b. If yes, are you eligc. If yes, give name		oal membership? Y	Yes □ No □				
	d. Are you registered	l with a Nat	tive American trib	e? Yes 🗖	No 🗆	-		
	e. If yes, give name off. Is your child eligit	of tribe ole for triba	l membership? Y	es 🗆 No 🗆		-		
	g. If yes, give name of	of tribe	1 1d XY (1 4					
	h. Has your child beei If yes, give name of		d with a Native A	merican tribe?	Yes □ No □			
	j. This information i		. Ye	es 🗆 No 🗆		-		
	 a. Will this child be s Yes □ No □ b. If yes, name of sta 	If no, g	go to #10.	her state or country f	or adoption?			
		to or count						
	•	law will go	vern the interpreta	tion of this surrender	·.			
).	•	received or lacement of	been promised and this child for ado			g of value in c	connection with the	birth of th
).	c. If yes, Tennessee Have you been paid, r above-named child or p Yes No I If no, go to #11. If yes, please com Amour	received or lacement of	been promised at f this child for ado llowing:	ny money or other r ption?	emuneration of thing		Туре	birth of th
).	c. If yes, Tennessee Have you been paid, rabove-named child or p Yes No If no, go to #11. If yes, please com	received or lacement of	been promised and this child for ado	ny money or other r	emuneration of thing			birth of th
).	c. If yes, Tennessee Have you been paid, r above-named child or p Yes No I If no, go to #11. If yes, please com Amour	received or lacement of	been promised at f this child for ado llowing:	ny money or other r ption?	emuneration of thing		Туре	birth of th
).	c. If yes, Tennessee Have you been paid, r above-named child or p Yes No I If no, go to #11. If yes, please com Amour	received or lacement of	been promised at f this child for ado llowing:	ny money or other r ption?	emuneration of thing		Туре	birth of th
).	c. If yes, Tennessee Have you been paid, r above-named child or p Yes No I If no, go to #11. If yes, please com Amour	received or lacement of	been promised at f this child for ado llowing:	ny money or other r ption?	emuneration of thing		Туре	birth of th
).	c. If yes, Tennessee Have you been paid, r above-named child or p Yes No I If no, go to #11. If yes, please com Amour	received or lacement of	been promised at f this child for ado llowing:	ny money or other r ption?	emuneration of thing		Туре	birth of th
).	c. If yes, Tennessee Have you been paid, r above-named child or p Yes No I If no, go to #11. If yes, please com Amour	received or lacement of	been promised at f this child for ado llowing:	ny money or other r ption?	emuneration of thing		Туре	birth of th
).	c. If yes, Tennessee Have you been paid, r above-named child or p Yes No I If no, go to #11. If yes, please com Amour	received or lacement of	been promised at f this child for ado llowing:	ny money or other r ption?	emuneration of thing		Туре	birth of th
).	c. If yes, Tennessee Have you been paid, r above-named child or p Yes No I If no, go to #11. If yes, please com Amour	received or lacement of	been promised at f this child for ado llowing:	ny money or other r ption?	emuneration of thing		Туре	birth of th
	c. If yes, Tennessee Have you been paid, r above-named child or p Yes No I If no, go to #11. If yes, please com Amour	plete the fo	been promised at this child for ado llowing: To Whom	By Whom	emuneration of thing	aid	Type Service/Cost	

	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:
2.	a.	Do you currently have:
		Only legal custody of the child? Yes No Solution No No Solution No Solution No Solution No No Solution No Solutio
	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)
	c.	Address: (Street, RR, P.O. Box) (Town/City) (State) (Zip) Telephone Number (Home) (Work) If another person(s) holds physical custody of the child at this time, give the following information:
		Name:
		Address: (Street, RR, P.O. Box) (Town/City) (State) Telephone Number (Home) (Work) Letter of the bald of the latest and the
	d. 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: Zip: Zip: Zoyou intend to give custody to the prospective adoptive parents? Yes
	f.	Town/City: State: Zip:
	g.	Explain any other circumstances regarding the custody status of this child:
3	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 \square No \square 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 \square No \square Have you requested the prospective adoptive parents to provide such counseling for you?
	d.	Yes □ No □ If not, go to #14. If so, has such counseling been made available to you by the prospective adoptive parents? Yes □ No □
4.	a. b. c.	Do you desire to be represented by legal counsel at this surrender proceeding? Yes \(\subseteq \text{No} \subseteq \) If not, do you desire to consult with legal counsel prior to the execution of the surrender of the child? Yes \(\subseteq \text{No} \subseteq \) 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 □
5.	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 o child in any manner whatsoever forever, that your rights and responsibilities to and with the child will be terminated and tha child will become the legal child of other persons? Yes D No D
6.	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 judge who is here today, or his or her successor? Yes No
	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 period of revocation of the surrender, or $(Mo/Day/Yr)$, the period of revocation of the surrender, or $(Mo/Day/Yr)$, the period of revocation of the surrender, or $(Mo/Day/Yr)$, the period of revocation of the surrender, or $(Mo/Day/Yr)$, the period of revocation of the surrender, or $(Mo/Day/Yr)$, the period of revocation of the surrender, or $(Mo/Day/Yr)$, the period of revocation of the surrender, or $(Mo/Day/Yr)$, the period of revocation of the surrender, or $(Mo/Day/Yr)$, the period of revocation of the surrender, or $(Mo/Day/Yr)$, the period of revocation of the surrender, or $(Mo/Day/Yr)$, the period of revocation of the surrender, or $(Mo/Day/Yr)$, the period of revocation or $(Mo/Day/Yr)$
	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, 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 □ No □

17.					and without duress or pressure by any other person(s) desire to surrender the above-adoption and adopted by the prospective adoptive parents? Yes \Box No \Box
		FURTHE	R, AFFIANT SAITH I	NOT.	
		This the _	day of	_, 20	
	Sign	ature:	Biological Legal	Father_	of
					Name of Child
		Sworn to	and subscribed before	me this the	day of, 20
				Please Print	t:Chancellor,Circuit Judge, orJuvenile Court Judge of County, Tennessee
				Signature:	Chancellor, Circuit Judge, or Juvenile Court Judge
					PART II
A.	SUI	RRENDER	BY PARENT OR G	UARDIAN D	IRECTLY TO PROSPECTIVE ADOPTIVE PARENTS
ST.	ATE (OF TENNE	SSEE)	
CO	UNI		y sworn affiant would		
1.	I am		y Sworii arriant would	state.	
1.	a.	Mother: _			or
	b. c.	Father: Legal Gua	ırdian:		, or of:
2.	a. b.	Child's N	ame:		
	c.	Child's Pl	ate of Birth:ace of Birth:		
	d. e.	Child's Se	ex:		
3.	term pros	derstand the ninated and spective add	at by my signature to ended; that this chil	this document	nt, all of my parental or guardianship rights to the child named above will be forever
4.			at by signing this doc child by other persons		not be entitled to any notice, legal or otherwise, of any other legal proceedings for the
5.	a.	do so by _		m # 16b. of P	document and fully understand that if I change my decision to surrender this child I must tart I) by presenting the Revocation of Surrender Form, attached to this document, to the is or her successor.
	b.	By my sig	nature to this part, I ac	cknowledge re	ceipt of a copy of the Revocation of Surrender form.
6.				WITHOUT	DURESS OF ANY KIND, SURRENDER ALL OF MY PARENTAL OR
	GU.	AKDIANSI	HIP RIGHTS TO	(CHILD'S	NAME)

(Rule 0250-7-13-.04, continued) TO: Prospective Adoptive Mother a. Prospective Adoptive Father_ FURTHER AFFIANT SAITH NOT. _, 20 This the day of Biological Legal Mother Signature: 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. I am b. Prospective c. Prospective	Adoptive Mother's Date of Adoptive Mother's Marital	Birth, Prospe	ctive Adoptive Mother.
	d. Prospective	Adoptive Mother's Address	S	
2.	 c. Prospective 	Adoptive Father's Marital S	, Prospe Birth Status	
3.	agre	e to assume responsibility f	or obtaining guardianship o	f
	(Name of Ch	nild)	through court order w	ithin thirty (30) days of the date of this
	education, moral,	and spiritual training of this	s child.	ponsible for the care, custody, financial support, medical care,
4.	The following cos	its have been paid by(me/	for activities involving us)	the placement of this 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)
			O DESIGNATE THE AP AN BE RECEIVED BY T	PLICABLE SITUATION. ONE OF THE FOLLOWING HE COURT:
5.	aI/We	e have physical custody of	this child; or	
				parent or legal guardian within five (5) days of this surrender. The ardian to this effect has been presented to the court at this time; or
				d upon his or her release from a hospital or health care facility, and by § 36-1-111 (d)(6) has been presented to the court at this time
	person or ag		111 (d)(6) which indicates	of the child. I/We have presented to the court an affidavit of the their waiver of the right to custody of the child upon entry of

SUBSECTIONS 6-9 MUST BE ANSWERED	"YES" OR MUST BE MARKED	"NOT APPLICABLE"	BEFORE THE SURRENDER IS
COMPLETED BY THE COURT:			

6.	Yes D No D 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 No I I/We have attached the certificate of the completion of (_)legal/(_)social counseling <u>if</u> counseling was requested by the surrendering parent. <u>See</u> Item #s 13 and 14 in Part I above. □Not Applicable.
8.	Yes \(\bullet \) No \(\bullet \) 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 \(\bullet \) Not Applicable.
9.	Yes INO
SUB	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 Father
Swo	rn to and subscribed before me this day of, 20
	Please Print:Chancellor,Circuit Judge, orJuvenile Court Judge
	Chancellor,Circuit Judge, orJuvenile Court Judge
	ofCounty, Tennessee
	Signature: Chancellor,Circuit Judge, orJuvenile Court Judge
	<u>CERTIFICATION</u>
	I,, Clerk of the, Clerk of the, t for County, 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 the Court of
	County, Tennessee
	(Seal)

Child's Race: ___

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

	TE (OF) Y OF)	
Beir	ng dul	ly sworn according to law affiant would state:	
1.	I am	n:	
	a.	Mother:	, (
	b.	Father:	, 01
	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:	

- 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 MI	UST BE UPDATED V	VITH THE DEPART	TMENT TO ENSURE	THAT FUTURE	CONTACT CAN
BE MADE.					

	Name (Including Birth & Married Nam	es) (Street/Rur	al Route/P. O. Bo	x)	
	(Town/City)	(State))	(Zip Code),	
	(Home Telephone No.)	(Work Tele	ephone No.)		
b.	Is this address an address the department please share address to be used:	nt may use to write to you co	oncerning your wi	shes regarding contact. Yes 🗖 No 🗖 If	no,
	(Street/Rural Route/P. O. Box)	, (Town/City	<i>i</i>)	(State)	
	(Zip Code) (Work Telephon	e)	(Home Telephone)		
Э.	Is this address an address a person requused:	esting contact may use to w	rite to you? Yes [3 No □ . If no, please share the address	to be
	(Street/Rural Route/P. O. Box)	· · · · · · · · · · · · · · · · · · ·	(Town/City)	(State)	
	(Zip Code) (Wor	k Telephone)	(Home	Telephone)	
l .	Are the telephone numbers the numbers YES \(\preceq\) NO \(\preceq\). If no, may the listed to please list telephone number(s), if any,	elephone numbers be shared	with eligible perse	ons requesting contact? YES □ NO □.	If no,
	(Work Telephone No.)	(Home Telephone No	.)		
a.	I wish to veto contact with the adopted access to the sealed records, sealed ado			ns, who may, as may be permitted by law contact with me.	, to have
b.	ancestors, and the spouses of those pe	ersons so that they cannot be	e contacted by a	cable to your siblings, lineal descendant person eligible to have the records open to that they will have to register a con	ed. You
;.	themselves or, upon location by the d [T.C.A. § 36-1-130(a)(6)]. Please indicate I wish to exclude from the automatic co (1) My siblings: Yes I	epartment, pursuant to a secate whether you wish to except the following: No No	arch request, they	will have to register a contact veto at	tact veto the time.
·.	themselves or, upon location by the d [T.C.A. § 36-1-130(a)(6)]. Please indicate of the substantial of the s	epartment, pursuant to a secate whether you wish to except the following: No No No	arch request, they	will have to register a contact veto at	the time.
	themselves or, upon location by the d [T.C.A. § 36-1-130(a)(6)]. Please indice I wish to exclude from the automatic concept. My siblings: Yes D My lineal descendants: Yes D My lineal ancestors: Yes D The spouses of: (a) siblings Yes D	epartment, pursuant to a secate whether you wish to excent veto the following: No No No No	arch request, they	will have to register a contact veto at	the time.
	themselves or, upon location by the d [T.C.A. § 36-1-130(a)(6)]. Please indicate of the substantial of the specific of the substantial of the substantial of the specific of the substantial of the substan	epartment, pursuant to a secate whether you wish to except the following: No No No No No No	arch request, they	will have to register a contact veto at	tact veto the time.
».	themselves or, upon location by the d [T.C.A. § 36-1-130(a)(6)]. Please indice I wish to exclude from the automatic concept. My siblings: Yes D My lineal descendants: Yes D My lineal ancestors: Yes D (4) The spouses of: (a) siblings Yes D (b) lineal descendants Yes D	epartment, pursuant to a secate whether you wish to excent whether you wish to excent the following: No N	arch request, they	will have to register a contact veto at	tact veto the time.
>.	themselves or, upon location by the d [T.C.A. § 36-1-130(a)(6)]. Please indic I wish to exclude from the automatic co (1) My siblings: Yes C (2) My lineal descendants: Yes C (3) My lineal ancestors: Yes C (4) The spouses of: (a) siblings Yes C (b) lineal descendants Yes C (c) lineal ancestors Yes C	epartment, pursuant to a secate whether you wish to except the following: No No No No No No No Relationship To	arch request, they	will have to register a contact veto at persons. Address	tact veto the time.
.	themselves or, upon location by the d [T.C.A. § 36-1-130(a)(6)]. Please indic I wish to exclude from the automatic of (1) My siblings: Yes D (2) My lineal descendants: Yes D (3) My lineal ancestors: Yes D (4) The spouses of: (a) siblings Yes D (b) lineal descendants Yes D (c) lineal ancestors Yes D	epartment, pursuant to a secate whether you wish to except the following: No No No No No No No No On the following: No No One following: One	arch request, they	will have to register a contact veto at persons.	tact veto the time.
c.	themselves or, upon location by the d [T.C.A. § 36-1-130(a)(6)]. Please indic I wish to exclude from the automatic co (1) My siblings: Yes C (2) My lineal descendants: Yes C (3) My lineal ancestors: Yes C (4) The spouses of: (a) siblings Yes C (b) lineal descendants Yes C (c) lineal ancestors Yes C	epartment, pursuant to a secate whether you wish to except the following: No No No No No No No Relationship To	arch request, they	will have to register a contact veto at persons. Address	tact veto the time.
».	themselves or, upon location by the d [T.C.A. § 36-1-130(a)(6)]. Please indic I wish to exclude from the automatic co (1) My siblings: Yes C (2) My lineal descendants: Yes C (3) My lineal ancestors: Yes C (4) The spouses of: (a) siblings Yes C (b) lineal descendants Yes C (c) lineal ancestors Yes C	epartment, pursuant to a secate whether you wish to except the following: No No No No No No No Relationship To	arch request, they	will have to register a contact veto at persons. Address	tact veto the time.
÷.	themselves or, upon location by the d [T.C.A. § 36-1-130(a)(6)]. Please indic I wish to exclude from the automatic co (1) My siblings: Yes C (2) My lineal descendants: Yes C (3) My lineal ancestors: Yes C (4) The spouses of: (a) siblings Yes C (b) lineal descendants Yes C (c) lineal ancestors Yes C	epartment, pursuant to a secate whether you wish to except the following: No No No No No No No Relationship To	arch request, they	will have to register a contact veto at persons. Address	tact veto the time.

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.	I give consent for the child I am surrend by law, to have access to the sealed recon	dering (adopted person) rds, sealed adoption reco	and <u>ALL</u> other classes of eligible persons who, as may be permit ords or post adoption record to have contact with me.	ed
	b.	I wish to limit consent to certain persons	and only give consent f	for 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 descentile. 	ings Yes □ No □ dants Yes □	No □ No □	
		(5) The legal representatives of any of	1	No 🗖	
	c.	If contact is limited to the legal represent	ative of certain classes of	of persons, please describe:	
11.	or q Tele Lett Pers Pers cont	ualifications to these methods of contact) ephone ephone ers sonal contact, unannounced sonal contact, prearranged with me ensonal contact through another person Pletact:	er via phone or corre		—
		orovided)			_ _ _
12.		uld you wish no contact with any other elig r decision, please share that information he		o share a statement of your feelings, or circumstances which impact	_ _ _
13.		reby request that this information be filed values.	with the Contact Veto Ro	egistry at the Post Adoption Services Unit of the Department of	
FUF	RTHE	CR, AFFIANT SAITH NOT.			
This	the _	day of, 20			
Sigr	ıatur	e: Biological Legal Biological Legal Legal Guardian	Father		
Swo	orn to	and subscribed to before me this	day of	, 20	

		Please Print:	Chancellor,Circuit Judge,Juvenile Court Judge of
			County, Tennessee
		Signature:	
			Chancellor, Circuit Judge, Juvenile Court Judge
		C	CERTIFICATION
		I, , Clerk of tl	the Court of County
Ter Cou		, certify the foregoing copy of Part III of the Surrender	the Court of County r Forms to be a true and accurate copy of the document executed before this
Cot	urt.		
			Clerk of the Court of
			Clerk of the Court of County, Tennessee
			(Seal)
			PART IV
		REVOCATION OF SURR	RENDER BY A PARENT OR GUARDIAN
		OF TENNESSEE	
Bei	ing duly	y sworn according to law affiant would state:	
1.	I am:	:	
	a.	Mother:	, or
	b. c.	Father:Legal Guardian:	, of:
2.	a.	Child's Name:	
_,	b.	Child's Date of Birth:	
	C.	Cliffd 8 Place of Birtii.	
	d. e.	Child's Sex:Child's Race:	
•	0		
3.	On _ a.	Prospective Adoptive Parent(s)	urrender of my parental or guardianship rights to the child named in #2 to:
	b.	Licensed Child-Placing Agency	
	c.	Tennessee Department of Children's Services	·
4.		surrender was executed before:ne of Judge and Name of Court)	
5.	`	eby revoke and void the surrender of the above-named	d child.
		R AFFIANT SAITH NOT.	
		day of, 20	
Sig	nature:	Biological LegalMother Biological LegalFather Legal Guardian:	
Sw	orn to a	and subscribed before me this day of	, 20
		cation of Surrender was received by me on the	

Please Print:		
	Chancellor,	Circuit Judge, orJuvenile Court Judge
	of	County, Tennessee
Signature (See notes below):		
	Chancellor, Circ	uit 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 fore executed before this Court.	egoing copy of the Revocation of Surrender to	be a true and accurate copy of the	Revocation of Surrender
		Clerk of the	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).

1.	I an	n:	
	a.	Mother:	(Date of Birth), or
	b.	Father:	(Date of Birth), or
	c.	Legal Guardian:	(Date of Birth), 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.	Thi	s child was born in wedlock □/ out of wedlock □.	
4.	Stat	te the names and relationships of any other legal/biologi	cal parent, legal guardian or possible biological parent for this child:

		(3)	Relationship to the child:Address	
		(4)	City, State Zip	
		(5) (6)	Other identifying information concerning the above identified other legal or biological parent/legal guardian	
		(0)		l.
			and	i
		(1)	V.	
	b.	(1)	Name:	
		(2)	Address	
		(4)	Address City, State Zip Telephone Number: Home:	
		(5)	Telephone Number: Home: Work:	
		(6)	Other identifying information concerning the above identified other legal or biological parent/legal guardian.	
				_
			ar	nd
		(1)	Names	
	c.	(1)	Name:	
		(2)	Address	
		(4)	Address City, State Zip	
		(5)	Telephone Number: Home: Work:	
		(6)	Other identifying information concerning the above identified other legal or biological	
		()	parent/legal guardian.	
5.	The	idantii	tity is unknown for the other:	
٥.	a.		gal parent Yes \(\Bar{\cup} \) No \(\Bar{\cup} \)	
	b.	Biolo	ological parent Yes No	
	c.	Lega	gal guardian Yes 🗆 No 🗆	
	d.	Not a	Joseph Holiston Holis	
6.		where	reabouts is unknown for the other:	
	a. b.	Lega	gal parent Yes No No No No	
	c.	Lega	gal guardian Yes No	
	d.		t applicable Yes No	
	۵.	11011	140 2 10 2	
7.	biol	ogical	nat all information concerning the identity, whereabouts, and social and medical history concerning the all parent/legal guardian has been() or will be given() to the Tennessee Department of Children's Servacing Agency to whom the above child is being surrendered.	
8.	Infor	mation	on Concerning Child's Native American Heritage:	
	a.		e you or the child of Native American heritage? Yes \(\sigma\) No \(\sigma\)	
	b.		res, are you eligible for tribal membership? Yes \(\Boxed{\text{No}} \) No \(\Boxed{\text{D}}	
	c.	If yes	es, give name of tribe.	
	d.	Are y	e you registered with a Native American tribe? Yes \(\square\) No \(\square\)	
	e.	If yes	es, give name of tribe.	
	f.		rour child eligible for tribal membership? Yes □ No □	
	g.	If yes	es, give name of tribe.	
	h.	Hasy	s your child been registered with a Native American tribe? Yes \(\square\) No \(\square\)	
	i. j.	This	es, give name of tribe s information is unknown. Yes	
	J.	11113	5 Information is analown.	
9.	a.	Will	Il this child be sent out of Tennessee to another state or country for adoption?	
			Yes □ No □ If no, go to #10.	
	b.	If yes	es, name of state or country.	
	c.	If you	es. Lunderstand Tennessee law will govern the interpretation of this surrender.	

	Amount	T 11/1	D WI	Date	Type	
	Paid	To Whom	By Whom	Received/Paid	Service/Cost	l
						İ
-	value:					
]	Is it expected that the child If, please describe property					nes ow
]						nes ow
- - - -	If, please describe property give the property value: Do you currently have: Only legal custody of Only physical custody	the child? Yes	owns the property, the	time and circumstances und		nes ow
. I	If, please describe property give the property value: Do you currently have: Only legal custody of Only physical custody Both legal and physical fanother person(s) holds lend Name:	the child? Yes of the child? Yes al custody of the egal custody of the	owns the property, the	time and circumstances und	der which the child becom	nes ow
. I	Do you currently have: Only legal custody of Only physical custody Both legal and physical fanother person(s) holds lendered. Relationship, if any, to you	the child? Yes yof the child? Yes al custody of the child or the child:	owns the property, the	time and circumstances und	der which the child becom	nes ow
. I	Do you currently have: Only legal custody of Only physical custody Both legal and physical ff another person(s) holds le Name: Relationship, if any, to you Address:	the child? Yes y of the child? Y al custody of the egal custody of the or the child:	□ No □ es □ No □ child? Yes □ No e child at this time, giv	time and circumstances und	der which the child becom	nes ow
. I	Do you currently have: Only legal custody of Only physical custody Both legal and physical f another person(s) holds le Name: Relationship, if any, to you Address: (Street, RR, P.O	the child? Yes of the child? Yes all custody of the egal custody of the or the child:	owns the property, the	e the following information	n:	nes ow
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Do you currently have: Only legal custody of Only physical custody Both legal and physical fanother person(s) holds le Name: Relationship, if any, to you Address: (Street, RR, P.O Telephone Number (Home) If another person(s) holds p	the child? Yes y of the child? Y al custody of the egal custody of the or the child: Box) hysical custody o	owns the property, the No es No child? Yes No e child at this time, giv (Town/City) (Work) f the child at this time,	e the following information (State)	n:(Zip)	nes ow
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Do you currently have: Only legal custody of Only physical custody Both legal and physical fanother person(s) holds le Name: Relationship, if any, to you Address: (Street, RR, P.O Telephone Number (Home) If another person(s) holds p	the child? Yes y of the child? Y al custody of the egal custody of the or the child: Box) hysical custody o	owns the property, the No es No child? Yes No e child at this time, giv (Town/City) (Work) f the child at this time,	e the following information (State)	n:(Zip)	nes ow
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Do you currently have: Only legal custody of Only physical custody Both legal and physic: If another person(s) holds le Name: Relationship, if any, to you Address: (Street, RR, P.O Telephone Number (Home) If another person(s) holds pi Name: Relationship, if any, to you Address:	the child? Yes of the child? Yal custody of the child: Box) hysical custody of the child:	owns the property, the No es No child? Yes No e child at this time, giv (Town/City) (Work) f the child at this time,	e the following information (State)	n:(Zip)	nes ow
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Do you currently have: Only legal custody of Only physical custody Both legal and physic: If another person(s) holds le Name: Relationship, if any, to you Address: (Street, RR, P.O Telephone Number (Home) If another person(s) holds pi Name: Relationship, if any, to you Address:	the child? Yes of the child? Yal custody of the child: Box) hysical custody of the child:	owns the property, the No es No child? Yes No e child at this time, giv (Town/City) (Work) f the child at this time,	e the following information (State)	n:(Zip)	nes ow
11	Do you currently have: Only legal custody of Only physical custody Both legal and physic: If another person(s) holds le Name: Relationship, if any, to you Address: (Street, RR, P.O Telephone Number (Home) If another person(s) holds pi Name: Relationship, if any, to you Address: (Street, RR, P.O Telephone Number (Home) If another person(s) holds pi Name: (Street, RR, P.O	the child? Yes of the child? Yes of the child? Yal custody of the egal custody of the or the child: Box) hysical custody of the child:	owns the property, the owns the property of the child at this time, give the child at this time, owns the property of the child at this time.	e the following information (State) Give the following informa	n:(Zip)	nes ow
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Do you currently have: Only legal custody of Only physical custody Both legal and physical ff another person(s) holds le Name: (Street, RR, P.O Telephone Number (Home) If another person(s) holds pi Name: (Street, RR, P.O Telephone Number (Home) If another person(s) holds pi Name: (Street, RR, P.O Telephone Number (Home) If another person(s) holds pi Name: (Street, RR, P.O Telephone Number (Home) If a licensed child placing a of your child, give the follo	the child? Yes of the child? Yal custody of the egal custody of the or the child: Box) bysical custody of the child: Box) custody the prospective of the child: Box)	owns the property, the No es No child? Yes No e child at this time, giv (Town/City) (Work) f the child at this time, (Town/City) Work) ective adoptive parent? tment of Children's Ser	citime and circumstances under the following information (State) give the following informa (State) Yes	i: (Zip) tion: (Zip) cy holds physical and/or le	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Do you currently have: Only legal custody of Only physical custody Both legal and physical ff another person(s) holds le Name: (Street, RR, P.O Telephone Number (Home) If another person(s) holds pi Name: (Street, RR, P.O Telephone Number (Home) If another person(s) holds pi Name: (Street, RR, P.O Telephone Number (Home) If another person(s) holds pi Name: (Street, RR, P.O Telephone Number (Home) If a licensed child placing a of your child, give the follo	the child? Yes of the child? Yal custody of the egal custody of the or the child: Box) bysical custody of the child: Box) custody the prospective of the child: Box) custody the prospective of the child:	owns the property, the No es No child? Yes No e child at this time, giv (Town/City) (Work) f the child at this time, (Town/City) Work) ective adoptive parent? tment of Children's Ser	citime and circumstances under the following information (State) give the following informa (State) Yes	i: (Zip) tion: (Zip) cy holds physical and/or le	
11 11 11 11 11 11 11 11 11 11 11 11 11	Do you currently have: Only legal custody of Only physical custody Both legal and physical franother person(s) holds legal and physical (Street, RR, P.O Telephone Number (Home) ffanother person(s) holds plant person(s) holds plant (Street, RR, P.O Telephone Number (Home) ffanother person(s) holds plant (Street, RR, P.O Telephone Number (Home) ffanother person(s) who holds of the person	the child? Yes of the child? Yal custody of the egal custody of the or the child: Box) Box) bysical custody of the child: Box) custody the prospency, the Depart owing information on the child:	owns the property, the No es No child? Yes No e child at this time, giv (Town/City) (Work) f the child at this time, (Town/City) Work) ective adoptive parent? tment of Children's Ser	citime and circumstances under the following information (State) give the following informa (State) Yes	i: (Zip) tion: (Zip) cy holds physical and/or le	

	b.	parenting from a s	inseling regarding su- social services agency							
	c.	Yes ☐ Has such counseli	No □ ng been made availa	ble to you?	Yes □	No 🗖				
14.	a. b. c.	If not, do you desi	pe represented by leg- ire to consult with leg- ing been made availa	gal counsel prio		cution of th		Yes No of the child?		
15.	the		at if you sign the fo er forever, that you of other persons?							
16.	a.	surrender, you n	urrender of the abo nay revoke or cance ho is here today, or	l this surrend	er by signiı					
	b.	revocation period the tenth (10th)	nrrender of the about the day of the day of the day falls on a Sature of the day or legal holiday. The day of	following the <u>r days and wi</u> day, Sunday o	signing of t I <u>l expire</u> on r legal holic	the surren the tenth day, the la	der , or (M <u>(10th) day</u> st day for 1	o/Day/Yr) or (Mo/Day/Y evocation will	<u>r</u>)	. The . If day which is not a
	c.	Department of C custody of the cl	and that if you do hildren's Services o hild, <u>unless</u> the cou- ou may contest this Yes \(\sqrt{No} \)	r Licensed Ch rt finds that t decision not t	ild-Placing o do so wil	Agency w l likely res	ill be requi sult in imn	red to return lediate harm	the child, <u>if</u> y to the health	ou currently have and safety of the
17.		ned child so that th	o you freely, volunts e child may be place ANT SAITH NOT.	ed for adoptio						render the above-
	Sig	gnature: Biolog	ical Legal Mical Legal H	Mother						
		Biolog Legal	ical Legal I Guardian of	Father				of		
						Name of	Child			
	Sv	vorn to and subscrib	ped before me this the	e day of _	, 20	·				
			Please Print:	Chanc	cellor,Jud	lge, of a Co	ourt of Reco	ord of the		
				County	or Darish of		_ Court of			
				County	or ransn, or		(State or	Territory)	·,	
						(City)	·			
			Signature:	Chancel	lor Or Judge	Of Court	Of Record 1	Named Above		
OR	BY A	A CLERK OF A CO	OURT OF RECOR		or or vuuge			110010		
			Please Print:	Name of	Clerk of Co	ourt of Rec	ord of The			
								, Count or Pari	ish of	_
								,		

ADOPTION PROCESS FORMS CHAPTER 0250-7-13 (Rule 0250-7-13-.05, continued) Signature: Clerk of Court of Record PART II A. SURRENDER OF CHILD BY A PARENT OR GUARDIAN IN ANOTHER STATE OR TERRITORY TO THE TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES OR TENNESSEE LICENSED CHILD PLACING AGENCY STATE OF COUNTY OF ___ Being duly sworn according to law, affiant would state: 1. I am: a. Mother: _____ or b. Father: _____, or c. Legal Guardian: a. Child's Name: b. Child's Date of Birth: c. Child's Place of Birth: Child's Sex: e. Child's Race:_ I understand that by my signature to this document, all of my parental or guardianship rights to the child named above will be forever will have no further right to see this child, or to act as parent of this child, or to otherwise be involved in the life of this child. I understand that by signing this document, I will not be entitled to any notice, legal or otherwise, of any other legal proceedings for the adoption of my child by other persons. I have read and fully understand Part I of this document and fully understand that if I change my decision to surrender this child I must do so by _____(Date from # 16b. of Part I) by presenting the Revocation of Surrender Form, attached to this document, to the 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 Revocation of Surrender form. I FREELY AND VOLUNTARILY, WITHOUT DURESS OF ANY KIND, SURRENDER ALL OF MY PARENTAL OR GUARDIANSHIP RIGHTS TO ___ (CHILD'S NAME) TO: a. Licensed Child-Placing Agencyb. __Tennessee Department of Children's Services (Please check if applicable.) (Name of LCPA) FURTHER AFFIANT SAITH NOT. This the day of . 20 .

Sworn to and subscribed before me this the ____ day of ________, 20__.

Please Print:
_____Chancellor,__ Judge, of a Court of Record
______Court of ______ County or

Signature:

Biological__, Legal__ Mother _____ Biological__, Legal__ Father _____

Legal Guardian

			(State Or Territory)
			(City)
		Signature: Chancellor or Judge of Co	
*\$	See Notes Below Before Signing	Chancellor or Judge of Co	ourt of Record Named Above
	OR BY A CLERK OF A COUL	RT OF RECORD:	
	Please Print:		
	Name of Clerk of Court of Recor	d of The	
	Court of	, County or	
	Parish of	······	
	(State or Territory)	(City)	
	Signature:		_
See Notes Below efore 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

ST. CO	ATE (OF) Y OF)			
Bei	ng du	ly sworn according to law, affiant would state:			
1.	Ι, _	, an authorized representative of:			
	a. b.	Licensed Child-Placing AgencyCounty Tennessee Department of Children execution of Parts I and IIA. by the parent or guardian named therein b named therein, accept the surrender of: Name of ChildDATE:	efore Judge or Clerk of the Court		
		Please Print:			
			Name and Title of Authorized Representative		
		Signature:	Signature of Authorized Representative		
2.	I	certify on behalf of: ensed Child-Placing AgencyheTennessee 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 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. 					
		TTIONS 3. AND 4. <u>MUST</u> BE ANSWERED "YES" OR <u>MUST</u> BE M NDER IS COMPLETED BY THE COURT.	ARKED "NOT APPLICABLE" BEFORE THE		
3.		No ☐ That if the Indian Child Welfare Act, 25 U.S.C. § 1901 et seq. been compliance with the Act. ☐ Not Applicable	, applies 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 this i	s not required.	
☐ Not Applicable			•
FURTHER AFFIANT SAITH NOT.			
This day of, 2	0		
Please Print:			
N	ame and title of authorized represer or Tennessee Licensed Child-Pla		epartment of Children's Services
Signature:			
	2		
worn to and subscribed before me this day of	, 20		
		NOTARY PUBLIC	
My commission expires:			
CERT	TIFICATION OF OUT-OF STAT	E CLERK	
I,Coi	, Clerk of the	(Name of State)	Court of
ereby certify the foregoing copies of Parts I and II o	f the Surrender Forms to be true and	d accurate copies of the	e documents filed with the court.
	Clerk of the		Court of
		Count	y (Parish),
			.
CFR	RTIFICATION OF TENNESSEE	CLERK	(Seal)
CLIN	THICATION OF TENNESSEE	CLEKK	
Ι,	, Clerk of the, Tennessee, certify the foregoin		Court of
rue and accurate copies of the documents filed with t	inty, Tennessee, certify the foregonethis Court.	ng copies of Parts I and	I II of the Surrender Forms to be
		Clerk of the	Court o
			(Seal)
			(Scar)
	PART III CONTACT VETO REGISTRAT T.C.A. § 36-1-111(k)(3)	ION	
TATE OF)		
Being duly sworn according to law affiant would stat . I am:	e:		
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. 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/P. O. Box)			
(Tow	vn/City)	(State)	(Zip Code)		
(Hon	ne Telephone No.)	(Work Telephone No	b.)		
Is this address at Yes No 1	n address the department may use If no, please share address	, ,	your wishes regarding contact		
(Street/Rural Ro	oute/P. O. Box)	(Town/City)	(State)		
(Zip Code)	(Work Telephone)	,(Home Te	elephone)		

b.

	c.	Is this address an address a person Yes □ No □. If no, please	requesting contact share the address		you?	
		(Street/Rural Route/P. O. Box)		(Town/City)		(State)
		(Zip Code) (Work Telep	hone)	(Home	e Telephone	<u> </u>
	d.	Are the telephone numbers the num YES NO . If no, may the no, please list telephone number(s)	e listed telephone	numbers be shared v	with eligible	persons requesting contact? YES □ NO □. If ou.
		(Work Telephone No.)	,	(Home Telephone	e No.)	
8.	a.	I wish to veto contact with the ado access to the sealed records, sealed				is, who may, as may be permitted by law, to have contact with me. \Box
	b.	ancestors, and the spouses of thos may, however, exclude persons i	e persons so that n those classes f ne department, pu	they cannot be cont rom this automatic resuant to a search re	acted by a p coverage so equest, they	able to your siblings, lineal descendants, lineal person 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. persons.
	c.	(2) My lineal descendants: Y (3) My lineal ancestors: Y (4) The spouses of: (a) siblings Y (b) lineal descendants Y	Yes	-		
		v		tionship To	Q.	Address
		Name	Surren	dering Person	Str	eet., RR, P. O. Box, Town, State, Zip
					1	
	d.	(1) Any future siblings of the adop(2) A current spouse Yes □ No □		Yes □ No □. t spouse		
Pleas	se co	mplete the following for any known	individuals:			
		Name		tionship To dering Person	Str	Address eet., RR, P. O. Box, Town, State, Zip
		-				
		-	ı		1	

			(STATE OR TERRITORY)
			Chancellor, Judge, or Clerk of the Court of County or Parish, of
		Sworn to and sub	Please Print: Chancellor, Judge, or Clerk of the
			Legal Guardian
		Signature:	Biological Legal Mother Biological Legal Father
		This the d	ay of, 20
	FUR	THER AFFIANT	SAITH NOT.
3.		reby request that dren's Services	this information be filed with the Contact Veto Registry at the Post Adoption Services Unit of the Department o
2.			ontact with any other eligible persons but wish to share a statement of your feelings, or circumstances which impact hare that information here:
		rovided)	
1.			sh to have released about me to any eligible persons (please identify to whom and the contents of the information to
	_		
	Pers		gh another person. Please give name, relationship to you, if any, and information to be released regarding how to
	Pers	onal contact, prear	rranged with me , either via phone or correspondence
	Pers	ers 🗕 onal contact, unan	nounced
0.	or q	ualifications to the	ypes of contact by those persons requesting contact with me: (Please check all that apply and indicate any limitation se methods of contact)
	c.		ed to the legal representative of certain classes of persons, please describe.
	0		resentatives of any of these persons Yes No No ted to the legal representative of certain classes of persons, please describe:
		(3) The adopted	person's adoptive siblings Yes No person's lineal descendants Yes No person's lineal descendants
		(1) The adopted	person Yes □ No □ person's adoptive parents Yes □ No □
	b.	I wish to limit co	onsent to certain persons and only give consent for contact with the following classes of people:
	a.		or the child I am surrendering (adopted person) and \underline{ALL} other classes of eligible persons who, as may be permitted coess to the sealed records, sealed adoption records or post adoption record to have contact with me. \Box

`		,			
			at	(CITY)	
			Signature:Chancellor_Judge	e or Clerk of Court of Record Named Abo	ve
			Chancellor, Judge	of Clerk of Court of Record Numer 7100	VC
			CERTIFICATION		
		ī	Clark of the	Court of	County
	te of _	I,, certify the foregoing	g copy of Part III of the Surrend	er Forms to be a true and accurate copy of	the document
exe	cuted b	before this Court.			
				Clerk of the	Court of
				State of	County,
				State of	
				(Seal)	
			PART IV		
		REVOCATION	OF SURRENDER BY A PAI	RENT OR GUARDIAN	
ST.	ATE O	OF Y OF			
	ng auiy	y sworn according to law affiant would state	e:		
1.	I am:	: Mother:		or	
	b.	Father:		, or	
	c.	Legal Guardian:		, of:	
2.	a.				
	b.	Child's Date of Birth:			
	C.	Child's Place of Birth:			
	d. e.	Child's Sex:Child's Race:			
2					1: //2 /
3.	On _ a.	(Date), I ex-	ecuted a surrender of my parent	al or guardianship rights to the child name	ed in #2 to:
	b.	Licensed Child-Placing Agency			
	c.	Tennessee Department of Children's Servi	ices	·	
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 ab	pove-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			
		The sectoration of Bulletiaes was feelige	a c, me on me any or	, = 0 .	

Please Print:			
	Chancellor,	Judge, or	Clerk of Court of Record
	of	Co	ounty, State of
Signature (See no	otes below):		
- '	Chan	cellor, 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

Ι,	, Clerk of the	Court of	
County, State of	, certify the foregoing copy of the Rev	ocation of Surrender to be a true and a	accurate copy of the
Revocation of Surrender execute	d before this Court.		
		Clerk of the	Court 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) — — — — — — — — — — — — — — — — — — —		
Bei	ng du	ly sworn according to law, affiant would state:		
1.	I an	1:		
	a.	Mother:	(Date of Birth)	,01
	b.	Father:	(Date of Birth)	,0
	c.	Legal Guardian:	(Date of Birth)	,of
2.	a.	Child's Name		
	b.	Child's Date of Birth		
	c.	Child's Place of Birth		
	d	Child's Sev		

- 3. 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:

Child's Race

	a. (1) (2)	Name:				
	(3)	Address				
	(4)	City, State Zip Telephone Number: Home:				
	(5)	Telephone Number: Home:	Work:			
	(6)	Other identifying information concerning the a	bove identifi	ed other legal or biologi	cal	
		parent/legal guardian.				
						and
	b. (1)	Name:				
	(2)	Address				
	(4)	City, State Zip				
	(5)	City, State Zip Telephone Number: Home:	Work:			
	(6)	Other identifying information concerning the a parent/legal guardian.	bove identifi	ed other legal or biologi	cal	
						-
						and
	c. (1	Name:				
	(2) Relationship to the child:				
	(£) Address) City, State Zip				
	(:) Telephone Number: Home:	Work:			
	(6	 Other identifying information concerning the a parent/legal guardian. 	bove identifi	ed other legal or biologi	cal	
		parenti legal gaardian.				_
						-
5.	Thorida	ntity is unknown for the other:				-
٠.	a. L	egal parent Yes \(\sigma\) No \(\sigma\)				
	b. B	egal parent Yes \(\Boxed{\omega} \) No \(\Boxed{\omega} \) iological parent Yes \(\Boxed{\omega} \) No \(\Boxed{\omega} \)				
	c. L d. N	egal guardian Yes □ No □ ot applicable Yes □ No □				
	u. IN	ot applicable Tes 🗖 No 🗖				
ó.		ereabouts is unknown for the other:				
	a. L b. B	egal parent Yes No				
	c. L	iological parent Yes □ No □ egal guardian Yes □ No □				
	d. N	ot applicable Yes \(\bar{\cup} \) No \(\bar{\cup} \)				
7.	parent/	that all information concerning the identity, where egal guardian has been or will be given to ney conducting the adoptive home study, or to the a	the prospect	ive adoptive parents to v	vhom the above	child is being surrendered, to
3.		ation Concerning Child's Native American Heritage		не ргозресние имориче	purents.	
,.		-				
		re you or the child of Native American heritage? no, go to # 9.	Yes 🗖	No □		
	b. If	yes, are you eligible for tribal membership?	Yes □	No 🗖		
	c. If	yes, give name of tribere you registered with a Native American tribe?	Yes 🗖	No □		
		yes, give name of tribe.	105	но ц		
	f. Is	your child eligible for tribal membership?	Yes 🗖	No 🗖		
		yes, give name of tribeas your child been registered with a Native Americ	ean tribe?	Yes □ No □		
	i If	yes, give name of tribe.				
	j. T	nis information is unknown.	Yes 🗖	No □		
).	a. V	Till this child be sent out of Tennessee to another st	ate or country	y for adoption?		
		Yes □ No □ If no, go to #10.				

b. If yes, name of state or country.

c. If yes, 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 Paid	To Whom	By Whom	Date Received/Paid	Type Service/Cost
		-		

11	a.	Does the child own any real or personal value:			
	b.	Is it expected that the child will become If, please describe property, who currer give the property value:			
12.	a.	Do you currently have: Only legal custody of the child? Only physical custody of the child Both legal and physical custody o	d? Yes 🗖 No		
	b.	If another person(s) holds legal custody Name: Relationship, if any, to you or the child	of the child at this ti	me, give the following information	
		Address: (Street, RR, P.O. Box) Telephone Number (Home) If another person(s) holds physical cust	(Town/City) (Work)	(State)	(Zip)
	c.	Name:	 :		
		Address:(Street, RR, P.O. Box) Telephone Number (Home)	(Town/City) (Work)	(State)	(Zip)
	d.	is the person(s) who holds custody the	prospective adoptive	parent? Yes \square No \square	
	e.	If a licensed child placing agency, the I legal custody of your child, give the fo Name of Agency: Street/Rural Route/P.O. Box:	llowing information:		
		Town/City:	State:	Zin:	
	f.	Do you intend to give custody to the pro-	ospective adoptive pa	arents? Yes 🗖 No 🗖	
		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?

		Yes □ N	. П			
	b.	Do you d parenting	esire counse from a socia			sistance which may be available to you or regarding other issues concerning adoption or ensed counselor concerning the decision to place this child for adoption?
	c.					parents to provide such counseling for you?
	d.		such counsel			e to you by the prospective adoptive parents?
14.	a. b. c.	Do you do If not, do Have you	esire to be reg you desire to requested th	consult with	th legal coun e adoptive p	asel at this surrender proceeding? Yes □ No □ nsel prior to the execution of the surrender of the child? Yes □ No □ parents to provide such counseling for you?
	d.					e to you by the prospective adoptive parents?
15.	the	child in an	y manner w	hatsoever	forever, tha	g surrender of the above-named child that you will have no right to act as parent of at your rights and responsibilities to and with the child will be terminated and that sons? Yes \square No \square
16.	a.	surrende	r, you may 1	revoke or c	ancel this s	med child, do you understand that within ten (10) days from the date you sign the surrender by signing a paper called a <u>REVOCATION OF SURRENDER</u> before the her successor? Yes \(\Boxed{\substack} \) No \(\Boxed{\substack} \)
	b.	By signing the surre	g the surre nder will be n period is t	nder of the egin on the ten (10) cal	above nam day followii endar days :	ned child on this date, (Mo/Day/Yr), the period of revocation of ing the signing of the surrender, or (Mo/Day/Yr) The and will expire on the tenth (10th) day or (Mo/Day/Yr) If
		the tenth Saturday	(10th) day f , Sunday or rstand this?	falls on a Sa legal holid	aturday, Su	Inday or legal holiday, the last day for revocation will be the next day which is not a is the situation in this case, that date will be (Mo/Day/Yr) Do
	c.	adoptive do so wil	parents will l likely resu	be require It in immed	ed to return diate harm	he Revocation of Surrender form within the ten (10) day period, the prospective in the child, if you currently have custody of the child, unless the court finds that to to the health and safety of the child, and that you may contest this decision not to egal counsel to represent you in that proceeding? Yes No
17.						nd without duress or pressure by any other person(s) desire to surrender the above-adoption and adopted by the prospective adoptive parents? Yes \Box No \Box
FUI	RTHE	R, AFFIAN	IT SAITH N	OT.		
		This the _	day of _		20	
	Sign	ature:	Biological_	Legal_	Father_	of
			C			
						Name of Child
		Sworn to	and subscrib	ed before m	e this the	day of, 20
				Please Prin	ıt:	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	A CLERK OF A COURT OF RECORD:
				Dlogge D		
				Please Prin		urt Of Record Of The

July, 2005 (Revised)

			Court OfParish Of			, Count	ty Or	
			(State Or Signature:	Territory))	,((City)	
			Signature:		Clerk Of C	Court Of Reco	rd	
					PART II			
A.			LD BY PARENT OR C				E	
STA CO	ATE (OF TENNESSEE Y OF)					
		Being duly sworn a	according to law affiant v	would stat	te:			
1.	I am a. M			(or			
	b. F	ather:		_	or			
2.	b. (c. (d. (Child's Date of Birth: Child's Place of Birth Child's Sex:	<u> </u>					
 4. 	I un term pros invo	iderstand that by my ninated and ended; spective adoptive par olved in the life of thi	that this child will be a rent(s)], and that I will has child.	nent, all cadopted because no fu	of my parenta by urther right to	see this child	d, or to act as parent of t	named above will be forever [Name(s) of his child, or to otherwise be ther legal proceedings for the
5.	ado _j	must do so by	lly understand Part I of	6b. of Pa	art I) by prese	nting the Reve		ision to surrender this child I m, attached to this document,
	b.	By my signature to	this part, I acknowledge	receipt o	f a copy of the	e Revocation of	of Surrender form.	
6.	I F	REELY AND VO ARDIANSHIP RIG	HTS TO			ANY KIND,	SURRENDER ALL	OF MY PARENTAL OR
	ТО	:	(CHILD)	S NAME	i)			
	a. b.		ve Motherve Father					
FUI	RTHE	R AFFIANT SAITH	NOT.					
Thi	s the _	day of	, 20					
		Signature:	Biological Legal_ Biological Legal_ Legal Guardian		Father			
Swo	orn to	and subscribed before	re me this the day o	of	,	20		
					Please Pri	Chancel	llor, Judge, of Court of Court of	Record of County or
						Parish, of	Court of(State Or Territ	ory) at

	(City)
*See Notes Below Before Signing	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 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).
- 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 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).

2. 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 Y OF			
CO	UNT	Y OF)		
		Being duly sworn according	to law, affiant(s) would stat	e:	
	0	Lam		Prognactiva Adaptiva	Mathar
•	a. b.	I am Prospective Adoptive Mothe	r's Date of Birth	, Frospective Adoptive	Mother.
	c.	Prospective Adoptive Mothe	r's Marital Status		
	d.	Prospective Adoptive Mothe	r's Address		
2.	a.	I am		, Prospective Adoptive	Father.
	b.	I am Prospective Adoptive Father	's Date of Birth		
	c. d.	Prospective Adoptive Father Prospective Adoptive Father	's Address		
3.	Up Ten	on execution of Parts I and IIA ritory where the surrender is ac	by the parent or guardian in the cented	named therein before a Ju o assume responsibility fo	dge or Clerk of a Court of Record in the State or
	101	ritory where the surrender is ac			
		(Name of Child)	through co	urt order within thirty (30) days of the date of this surrender
	[See		agree, therefore, to be resp	onsible for the care, custo	dy, financial support, medical care, education, moral
		spiritual training of this child.		•	11 / / /
1.	The	e following costs have been pa	id by for activitie	s involving the placement	t of this child
٠.	111	c ronowing costs have been pa	(me/us)	s involving the placement	tor this child.
		Amount Paid	To Whom	Date Paid	Type Service/Cost
	_	Amount Faid	10 WHOIH	Date Faiu	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)

		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 \S 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	No □ I/We have attached the certificate of the completion of (_)legal/(_)social counseling <u>if</u> counseling was ussted 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	BSEC	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?
FUI	RTHE	R AFFIANT(S) SAITH NOT
This	s	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
Му	comn	nission expires:

CERTIFICATION OF OUT-OF STATE CLERK

	Ι,	, Clerk of the	Court of
anahr:	partify the foregoing coming of Douts Law	, Clerk of the County (Parish) nd II of the Surrender Forms to be true and accur	(Name of State)
егеву	certify the foregoing copies of Parts I ar	nd II of the Surrender Forms to be true and accum	rate copies of the documents filed with the cot
		Clerk of the	Court of County (Parish),
			County (Parish),
			(Seal)
			av.
		CERTIFICATION OF TENNESSEE CLEI	<u>RK</u>
	I,	, Clerk of the County, Tennessee, certify the foregoing cop	Court of
		County, Tennessee, certify the foregoing cop	ies of Parts I and II of the Surrender Forms to
ie and	accurate copies of the documents filed	with this Court.	
		Clerk of the	Court of
		Clerk of the	Court ofCounty, Tennessee.
		Clerk of the	Court ofCounty, Tennessee.
		PART III	
		PART III CONTACT VETO REGISTRATION	
		PART III	
ГАТЕ	OF	PART III CONTACT VETO REGISTRATION T.C.A. § 36-1-111(k)(3)	
ГАТР OUN	OF	PART III CONTACT VETO REGISTRATION T.C.A. § 36-1-111(k)(3)	
eing d	uly sworn according to law affiant wou	PART III CONTACT VETO REGISTRATION T.C.A. § 36-1-111(k)(3)	
eing d I a	uly sworn according to law affiant wou	PART III CONTACT VETO REGISTRATION T.C.A. § 36-1-111(k)(3)	
eing d	uly sworn according to law affiant wou um: Mother:	PART III CONTACT VETO REGISTRATION T.C.A. § 36-1-111(k)(3)	
eing d I a a.	uly sworn according to law affiant wou um: Mother:	PART III CONTACT VETO REGISTRATION T.C.A. § 36-1-111(k)(3)	
eing d I a a. b.	uly sworn according to law affiant wou Im: Mother: Father: Legal Guardian: Child's Name:	PART III CONTACT VETO REGISTRATION T.C.A. § 36-1-111(k)(3)	
eing d I a a. b. c.	uly sworn according to law affiant wou Im: Mother: Father: Legal Guardian: Child's Name:	PART III CONTACT VETO REGISTRATION T.C.A. § 36-1-111(k)(3)	
eing d I a a. b. c.	uly sworn according to law affiant wou um: Mother:	PART III CONTACT VETO REGISTRATION T.C.A. § 36-1-111(k)(3)	
eing d I a a. b. c.	uly sworn according to law affiant wou um: Mother: Father: Legal Guardian: Child's Name: Child's Date of Birth: Child's Place of Birth: Child's Sex:	PART III CONTACT VETO REGISTRATION T.C.A. § 36-1-111(k)(3)	

- 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(e)]. 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/P	. O. Box)
(Town/City)	, (State	e) (Zip	, Code)
(Home Telephone No.)	(Work Tele	ephone No.)	
Is this address an address the depa Yes ☐ No ☐ If no, please share		te to you concerning y	your wishes regarding contact.
(Street/Rural Route/P. O. Box)	· · · · · · · · · · · · · · · · · · ·	(Town/City)	(State)
(Zip Code) (Work Tele	ephone)	(Home Te	lephone)
Is this address an address a person used:	requesting contact ma	ny use to write to you?	? Yes □ No □. If no, please share the address to be
(Street/Rural Route/P. O. Box)		(Town/City)	(State)
(Zip Code) (Work Tele	phone)	(Home Te	lephone)
Are the telephone numbers the numbers The NO . If no, may the list If no, please list telephone numbers	ted telephone numbers	be shared with eligib	ole persons requesting contact? YES ☐ NO ☐.
(Work Telephone No.)	,	(Home Telephone No	.)
I wish to veto contact with the adaccess to the sealed records, sealed			e persons, who may, as may be permitted by law, to have o have contact with me. \Box
ancestors, and the spouses of tho may, however, exclude persons	se persons so that the in those classes from the department, pursu	y cannot be contacted this automatic coverant to a search reque	y applicable to your siblings, lineal descendants, linear d by a person eligible to have the records opened. You erage so that they will have to register a contact vet set, they will have to register a contact veto at the time of these persons.
I wish to exclude from the automa	tic contact veto the fo	lowing:	
	Yes No No No No No No No No No N		
. /	Yes □ No □ Yes □ No □		
	I CS LJ NO LI		
(4) The spouses of:	ies 🗆 No 🗅		
(4) The spouses of: (a) siblings	Yes No Ves No No No No No No No No No N		

Please complete the following for any known individuals:

		Name	Relationsh 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 ☐ Nar Yes ☐ No ☐	Yes □ No □	ise
		Please complete the following for	r any known individua	ls:	
		Name	Relationsh Surrendering		Address Street., RR, P. O. Box, Town, State, Zip
9.	a.				\underline{L} other classes of eligible persons who, as may be permitted set adoption record to have contact with me. \Box
	b.	I wish to limit consent to certain	persons and only give	consent for conta	ct with the following classes of people:
		(1) The adopted person(2) The adopted person's adopt	ive parents	Yes □ No □ Yes □ No □	
		(3) The adopted person's adopt(4) The adopted person's lineal	ive siblings Yes 🗖	No □ Yes □ No □	
		(5) The legal representatives of		Yes □ No □	
	c.	If contact is limited to the legal re	epresentative of certain	classes of person	s, please describe:
10.	or q Tele	ualifications to these methods of co	ontact)		
	Pers	sonal contact, unannounced 🗖			
	Pers		n 🗖 Please give name	e, relationship to y	ou, if any, and information to be released regarding how to
	_				
11.		er information I wish to have relea provided):	sed about me to any e	ligible persons (pl	lease identify to whom and the contents of the information to

12.	Should you wish no contact with any other eligible persons by your decision, please share that information here:	out wish to share a statement of your feeli	ings, or circumstances which impact
13.	I hereby request that this information be filed with the Con-	tact Veto Registry at the Post Adoption	Services Unit of the Department of
	Children's Services		
	RTHER AFFIANT SAITH NOT.		
This	s the day of, 20		
Sigi	nature: Biological LegalMother Biological Legal Father Legal Guardian		
Swo	orn to and subscribed to before me this day of	, 20	
	,	Dlagge Drint	
	,	Please Print: Chancellor, Judge, or	Clerk of the
		County or Parish, of	TATE OR TERRITORY)
		at	TATE OR TERRITORY)
	•	Signature: Chancellor, Judge or Clerk of C	Court of Record Named Above
		RTIFICATION	
	I,, Clerk, Clerk	of the	Court of
true	and accurate copy of the document executed before this Court.	, certify the foregoing copy of Fait	in of the surrender Forms to be a
		Clerk of the	Court of
		State of	(Seal)
		PART IV	
	REVOCATION OF SURREN	NDER BY A PARENT OR GUARDIAN	
STA CO	ATE OF) UNTY OF)		
	ng duly sworn according to law affiant would state:		
1.	I am:		
	a. Mother:b. Father:	, or	
	b. Father:	, of:	
2.	a. Child's Name:		

	c.	Child's Place 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 to:
	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	beby revoke and void the surrender of the above-named child.
FU	RTHE	R AFFIANT SAITH NOT.
Thi	s the _	day of, 20
		Signature: Biological Legal Mother
		Biological Legal Father
		Legal Guardian:
Sw	orn to	and subscribed before me this day of, 20
Thi	s Revo	cation 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

Ι,	, Clerk of the	Court of	County
State ofexecuted before this Court.	_, certify the foregoing copy of Part III of the Su	rrender Forms to be a true and accurate	copy of the document
		Clerk of the	Court 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-.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).

CO	UNT	TRY OF)			
CITY OR OTHER LOCATION						
Bei	ng du	aly sworn according to law, affiant would state:				
1.	I ar	n;				
	a.	Mother:	(Date of Birth)	,0		
	b.	Father:	(Date of Birth)	,0		
	c.	Legal Guardian:	(Date of Birth)	,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.	Thi	s child	I was born in wedlock \square / out of wedlock \square .			
4.	Sta	te the 1	names and relationships of any other legal/biologi	ical parent, l	egal guardian or possible biologic	al parent for this child:
	a.	(2)	Name: Relationship to the child: Address City, State Zip Telephone Number: Home: Other identifying information concerning the ab parent/legal guardian.	Work:_ pove identifie	ed other legal or biological	
	b.	(3)	Name: Relationship to the child: Address City, State Zip Telephone Number: Home: Other identifying information concerning the ab parent/legal guardian.	Work: pove identific	ed other legal or biological	
	c.	(3)	Name: Relationship to the child: Address City, State Zip Telephone Number: Home: Other identifying information concerning the abparent/legal guardian.	Work:_ oove identifid	ed other legal or biological	and
5.	The a. b. c. d.	Lega Biol	ity is unknown for the other: al parent Yes No logical parent Yes No lal guardian Yes No lapplicable Yes No logical No logical			
6.	The a. b. c. d.	Lega Biol Lega	eabouts is unknown for the other: al parent Yes No logical parent Yes No lal guardian Yes No lapplicable Yes No lapplicable			
7.	bio	logical	at all information concerning the identity, when parent/legal guardian has been() or will be cing Agency to whom the above child is being su	given() t		
8.	Info		on Concerning Child's Native American Heritage you or the child of Native American heritage?	Yes 🗖	No □	
	b. c.	If ye	o, go to # 9. es, are you eligible for tribal membership? es, give name of tribe.	Yes 🗆	No 🗖	
	d. e. f. g.	If ye Is ye	you registered with a Native American tribe? es, give name of tribe. our child eligible for tribal membership? es, give name of tribe.	Yes □	No □	
	h. i.	Has If ye	your child been registered with a Native America es, give name of tribes information is unknown.	Yes	Yes No No	
	1.	1 1113	, iiii oi iii uu ii o uiikii o wii.	100 🗀	110 L	

9.	a. b.		out of Tennessee to another go to #10.	state or country for ado	ption?				
	С.		nnessee law will govern the	interpretation of this su	render				
10.									
		Amount			Date	Type			
		Paid	To Whom	By Whom	Received/Paid	Service/Cost			
11.	a.	Does the child own any value:	real or personal property?	Yes □ No □ If yes,	please describe the prop	erty owned and give t	he property		
	b.		hild will become possessed perty, who currently owns :			rhich the child becomes	owner and		
12.	a.	Do you currently have: Only legal custody of t Only physical custody Both legal and physica	he child? Yo	es					
	b.	Name:	lds legal custody of the chil		0				
		Address:	(Street, RR, P.O. Box)	(Town/City)	(State)	(Zip)			
		relephone Number (11)	JIIIC) (WO	(K)	· · · · ·	(
	c.		lds physical custody of the						
		Relationship, if any, to	you or the child:			<u> </u>			
		Address:	(Street, RR, P.O. Box)	(Town/Citv)	(State)	(Zip)			
		Telephone Number (He	ome) (Work	x)		(- ·P)			
	d. e.	If a licensed child place of your child, give the Name of Agency:	olds custody the prospective ing agency, the Department following information:	of Children's Services of	or another State agency ho		al custody		
		Street/Rural Route/P.O Town/City	Box:	State:	Zin·				
	f.	Do you intend to give of	custody to the licensed chile	d placing agency or the T	Cennessee Department of	Children's Services?			

	g.	Yes □ No □ Explain any other circ	cumstances regardi	ng the custo	ody status of	this child:			
13	a.	Are you aware of assi Yes No	stance which may be available to you to care for the child should you desire to parent this child?						
	b.							er issues surrounding adoption nild for adoption?	n or
	c.	Has such counseling b	been made availab	le to you?	Yes □	No □			
14.	a. b.	Do you desire to be re If not, do you desire to Yes \(\square\) No \(\square\)					Yes render of the child	No □ !?	
	c.	Has such counseling b	been made availab	le to you?	Yes □	No □			
15.	the	o 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 forever, that your rights and responsibilities to and with the child will be terminated and that the child will ecome the legal child of other persons? Yes \Boxed No \Boxed							
16.	a.	If you sign the surre surrender, you may officer who is here to	revoke or cancel	this surren	der by signi	understand tha ing a paper calle No 🏻	t within ten (10) d a <u>REVOCATI</u>	days from the date you sig ON OF SURRENDER before	n the re the
	b.	revocation period is the tenth (10th) day	<u>ten (10) calendar</u> falls on a Saturd: r legal holiday. If	days and v ay, Sunday	<u>vill expire o</u> or legal holi	<u>n the tenth (10th</u> iday, the last day	<u>) day or (Mo/Da</u> for revocation v	, the period of revocate y/Yr) will be the next day which is ay/Yr)	If not a
	c.	Department of Child custody of the child child, and that you r	lren's Services or , <u>unless</u> the court	Licensed (finds that lecision not	Child-Placing to do so wi	g Agency will be Ill likely result ir	required to retu immediate har	(10) day period, the Tenr rn the child, <u>if</u> you currently m to the health and safety legal counsel to represent y	have of the
17.	Knowing the above, do you freely, voluntarily and without duress or pressure by any other person(s) desire to surrender the above-named child so that the child may be placed for adoption and adopted by other persons? Yes ☐ No ☐								
		FURTHER, AFFIAN	T SAITH NOT.						
		This the day of	20	_•					
		Signature:	Biological Le		other				
		Signature.	Biological Legal Guardian o	egal Fa				of	
	Name of Child								
	Sworn to and subscribed before me this the day of, 20								
							-	ervice or the United	
					Signatu	re:			
						nd Title of Officer Forces Authorized	_	ervice or the United	

PART II

TENNESSEE DEPARTMENT CHILDREN'S SERVICES OR A LICENSED CHILD PLACING AGENCY BY THE PARENT OR GUARDIAN RESIDING OR TEMPORARILY RESIDING IN A FOREIGN COUNTRY COUNTRY OF: CITY OR OTHER LOCATION: Being duly sworn according to law ,affiant would state: I am: Mother: _____ or a. b. Father: c. Legal Guardian: a. Child's Name: b. Child's Date of Birth: c. Child's Place of Birth: Child's Sex:____ d. Child's Race: I understand that by my signature to this document, all of my parental or guardianship rights to the child named above will be forever terminated and ended; that this child will be placed for adoption by , a Licensed Child-Placing Agency, or by the Tennessee Department of Children's Services and that the child will be adopted by other persons, and that I will have no further right to see this child, or to act as parent of this child, or to otherwise be involved in the life of this child. I understand that by signing this document, I will not be entitled to any notice, legal or otherwise, of any other legal proceedings for the adoption of my child by other persons. I have read and fully understand Part I of this document and fully understand that if I change my decision to surrender this child I must do so by ______(Date from # 16b. of Part I) by presenting the Revocation of Surrender Form, attached to this document, to the officer 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 Revocation of Surrender form. I FREELY AND VOLUNTARILY, WITHOUT DURESS OF ANY KIND, SURRENDER ALL OF MY PARENTAL OR GUARDIANSHIP RIGHTS TO _____ (CHILD'S NAME) TO: Licensed Child-Placing Agency____ __Tennessee Department of Children's Services (Please check if applicable.) FURTHER AFFIANT SAITH NOT.

A. SURRENDER OF A CHILD TO AND ACCEPTANCE OF THE SURRENDER BY THE

Please Print:

Biological__, Legal__ Mother _____

Biological__, Legal__Father ____

Name and Title of Officer of the Foreign Service or the United Armed Forces Authorized to Administer Oaths

Signature

*See Notes Below Before Signing

Signature:

This the ____ day of ______, 20____.

Sworn to and subscribed before me this the ____ day of _____, 20____.

Legal Guardian _

Name and Title of Officer of the Foreign Service or the United Armed Forces Authorized to Administer Oaths

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 <u>not</u> 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.	cour "In l	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				
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, with 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 officer taking the surrender.					
		PART II				
B.	OR	CEPTANCE OF SURRENDER BY LICENSED CHILD-PLACING AGENCY TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES				
ST	ATE (DF) // OF)				
CO	UNTY	(OF)				
		Being duly sworn according to law, affiant would state:				
1.	Ι,	, an authorized representative of:				
	a. b.	Licensed Child-Placing Agency; or the;				

(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 $\overline{(d)(6)}$ 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 D 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 Yes D No CLicensed 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 Officer of t	he U. S. Foreign Service	e or an Officer of the United States
An	ned F	orces, hereby certify the foregoin	g copies of Parts I and II of the Surre	nder Forms to be true ar	e oran Officer of the United States ad accurate copies of the documents
		and filed with me.			•
				Name and Title of U. S.	Foreign Service Officer or
				Officer of the United Sta	
			CERTIFICATION OF TEN	NESSEE CLERK	
		Ī	Clerk of	he	Court of
		-,	County Tennessee certify th	e foregoing copies of Pa	Court of rts I and II of the Surrender Forms to be
true	e and a	accurate copies of the documents	filed with this Court.	e roregoing copies or ru	
	, arra c	accurate copies of the accuments	The will this court.		
				Clerk of the	Court of
					Court ofCounty, Tennessee.
			•		
					(Seal)
					` /
			D A DOT HA		
			PART III CONTACT VETO REG	ICTDATION	
			T.C.A. § 36-1-111		
			1.C.A. § 30-1-111	(K)(3)	
СТ	ATE	OF	,		
CC	IINT	OF Y OF			
CC	ONI	1 01	/		
Bei	ng du	ly sworn according to law affiant	would state:		
1.	I an		would state.		
	a.			. 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:			
					
2		I understand that contact with	ma may be requested by the shild I	ana aumandanina (adan	tad margan) and his aartain athar alagga

- 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 INSURE THAT FUTURE CONTACT CAN BE MADE.

Name (Including	Birth & Marri	ed Names)	(Stree	t/Rural Route/P.	O. Box)	
(Town/City)		(State)	(Zip C	Code)	<i>→</i>
(Home Tele	phone No.)		(Work Telephone	No.)		
Is this address an Yes ☐ No ☐ If			ay use to write to yo be used:	ou concerning yo	our wishes regard	ling contact.
(Street/Rural Rou	te/P. O. Box)		(Town	n/City)	(State)	_
(Zip Code)	(Work To	elephone)		(Home Tele	ephone)	
Is this address an used:	address a pers	on requestir	ng contact may use	to write to you?	Yes □ No □.	If no, please share the address to b
(Street/Rural Rou	to/D O Pov)			Town/City)	(State)	_
(Street Italiai Itoa	ic/F. O. Box)		,		()	
(Zip Code) Are the telephone YES □ NO □.	(Work To	listed teleph	department may us	(Home Telese to contact you ared with eligible	ephone) ? e persons request	ting contact? YES □ NO □. If no
(Zip Code) Are the telephone YES □ NO □.	(Work To	numbers the	department may us none numbers be sh might be shared an	(Home Telese to contact you ared with eligible	ephone) ? e persons request t you.	ting contact? YES □ NO □. If no
(Zip Code) Are the telephone YES NO please list telepho (Work Telephone I wish to veto cor	(Work To	numbers the listed teleph if any, that	department may us none numbers be sh might be shared an	(Home Telese to contact you ared with eligible dused to contact to contact to contact to the Telephone No.)	ephone) ? e persons request t you. persons, who may	y, as may be permitted by law, to h
(Zip Code) Are the telephone YES NO please list telephone (Work Telephone I wish to veto con access to the seale The filing of a concestors, and the records opened. contact veto them	(Work To	numbers the listed teleph if any, that adopted persuled adoption you makes to ose persons ever, exclude n location by	department may use none numbers be shared an (Homeson and all other class or post act the contact veto aut so that they cannot de persons in those	(Home Telese to contact you ared with eligible dused to contact to the Telephone No.) assess of eligible ploption record to comatically applied, without their conclusives from this pursuant to a sear-	ephone) ? e persons request t you. bersons, who may have contact wit cable to your sibl onsent, be contac automatic cover	y, as may be permitted by law, to he the me. lings, lineal descendants, lineal sted by a person eligible to have the tage so that they will have to regist have to register a contact veto at the

8.

J	Please complete the following for any kn	own individuals:	
_	Name	Relationship To Surrendering Person	Address Street., RR, P. O. Box, Town, State, Zip
=			
-			
_			
(((Any future siblings of the adopted p A current spouse Yes □ No □ Na Future spouse of mine Yes □ Any of my lineal descendants 	me of current spouse No □ Yes □ No □	
I	Please complete the following for any kn		
_	Name	Relationship To Surrendering Person	Address Street., RR, P. O. Box, Town, State, Zip
-			
=			
-			
			L other classes of eligible persons who, as may be permitted adoption record to have contact with me. □
o. I	wish to limit consent to certain persons	and only give consent for conta	ct with the following classes of people:
(The adopted person The adopted person's adoptive pare The adopted person's adoptive sibli The adopted person's lineal descend The legal representatives of any of 	$\begin{array}{ccc} \text{ngs} & \text{Yes} \ \square & \text{No} \ \square \\ \text{dants} & \text{Yes} \ \square & \text{No} \ \square \end{array}$]]]
e. I	If contact is limited to the legal representation	ative of certain classes of person	s, please describe:
or qua Feleph Letters Persor Persor Persor	lifications to these methods of contact) none solution nal contact, unannounced nal contact, prearranged with me , either	er via phone or corresponden	ce i, if any, and information to be released regarding how to

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 ____ day of ___ Biological Legal Mother Biological Legal Father Signature: 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: ___ a. Father: ___ b. Legal Guardian: _____ c. a. Child's Name: b. Child's Date of Birth: Child's Place of Birth: c. Child's Sex: d. Child's Race: (Date), I executed a surrender of my parental or guardianship rights to the child named in #2 to: On Prospective Adoptive Parent(s) a. 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 of the U.S. Armed Forces)
5.	I hereby revoke and void the surrender of the above-named child.
FUF	RTHER AFFIANT SAITH NOT.
This	s the day of, 20
Sign	nature: Biological Legal Mother Biological Legal Father Legal Guardian:
Swo	orn to and subscribed before me this day of, 20
This	Revocation of Surrender was received by me on the day of, 20
	Please Print:
	U.S. Foreign Service Officer or Officer of the U.S. Armed Forces
	Signature (See notes below):
	U.S. Foreign Service Officer or Officer of the U.S. Armed

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

Ι,	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.
	Armed Forces

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.	Fath	er:			(Date of Birth)	or , or	
	c.	Lega	al Guardian:			(Date of Birth)	, of:	
2.	a.	Chil	d's Name					
	b.	Chil	d's Date of Birth					
	c.	CIIII	u s Piace of Birtin					
	d.	Chil	d's Sex					
	e.							
3.				lock □/ out of wed				
4.	Stat	e the r	names and relation	nships of any other	legal/biological pare	ent, legal guardian or po	ossible biological pa	rent for this child:
	a.	(1)	Name:					
		(2)	Relationship to	the child:				
		(3)	Address					
		(4)	City, State Zip					
		(5)	Telephone Num	ber: Home:		Vork:		
		(6)	Other identifying parent/legal guar	g information cond	cerning the above ide	ntified other legal or bi	ological	
								 and
	b.	(1)	Name:					
		(2)	Relationship to	the child:				
		(3)	Address					
		(4)	City, State Zip					
		(5)	Telephone Num	ber: Home:	W	ork:		
		(6)			cerning the above ide	ntified other legal or bi	ological	
			parent/legal gua	rdian.				
								and
	c.	(1)	Name:					
		(2)	Relationship to	the child:				
		(3)	Address					
		(4)	City, State Zip					
		(5)	Telephone Num	ber: Home:	W	ork:		
		(6)	Other identifying	g information cond	cerning the above ide	ntified other legal or bi	ological	
			parent/legal gua					_
								_
5.	The	identi	ity is unknown for	r the other:				
	a.		al parent	Yes □ No □				
	b.	Biol	ogical parent	Yes □ No □				
	c.	Lega	al guardian	Yes □ No □				
	d.		applicable	Yes □ No □				
6.	The	where	eabouts is unknow	vn for the other:				
	a.		al parent	Yes □ No □				
	b.		ogical parent	Yes □ No □				
	c.		al guardian	Yes □ No □				
	d.	Not	applicable	Yes □ 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.			No 🗖			
	b.	If yes, are you eligible		Yes □ No □				
	c. d.	If yes, give name of tril Are you registered with	n a Native American trib	pe? Yes □	No 🗖			
	e.	If yes, give name of tril	be.					
	f.	Is your child eligible fo		Yes □ No □				
	g.	If yes, give name of tril	be			N. 5		
	h.	Has your child been reg If yes, give name of tril		merican tribe?	Yes 🗖	No 📙		
	1. j.	This information is unk		es 🗆 No 🗆				
9.	a.		f no, go to #10.	ther state or coun	try for adop	tion?		
	b.	If yes, name of state or	country.					
	c.	If yes, Tennessee law v	vill govern the interpreta	ation of this surre	ender.			
10.	abov Yes If no	e you been paid, receive ve-named child or placen no no n	nent of this child for add		er remunera	ation of thing of val	ue in connection with the birth	of the
		Amount				Date	Type	
		Paid	To Whom	By Whon	n	Received/Paid	Service/Cost	
								1
11	a. b.	Does the child own any Yes \(\text{No} \) No \(\text{No} \) If yes, please describe to	the property owned and	give the property	r personal p			
		and give the property v		y owns the prope	rty, the time	e and circumstances	under which the child becomes	owne
12.	a.	Do you currently have: Only legal custody of ti Only physical custody Both legal and physical	he child? Yes I No for the child? Yes I ?	No 🗖	٦			
	b.	If another person(s) hole Name: Relationship, if any, to	lds legal custody of the	child at this time,	, give the fo	•		
		Address:						
				Town/City)	(State)	(Zip)		
	c	Telephone Number (Ho If another person(s) hol	ome)(work)		following informati	on:	
	c.	Name:		me chiia at this ti	me, give the	: 10110wing informati	OII.	
		Relationship, if any, to	you or the child:					
		reactionship, it ally, to	Jou of the clinic.					

		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 \(\sigma\) No \(\sigma\)
	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:
		Town/City: State: Zin:
	f.	Do you intend to give custody to the prospective adoptive parents? Yes \Box No \Box
	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 parent this child? Yes \square No \square
	b.	Do you desire counseling regarding such assistance which may be available to you or regarding other issues concerning adoption or
	c.	parenting a social service agency or a licensed counselor concerning the decision to place this child for adoption? Yes No Have you requested the prospective adoptive parents to provide such counseling for you?
	C.	Yes \square No \square If not, go to #14.
	d.	If so, has such counseling been made available to you by the prospective adoptive parents?
14.	a.	Yes □ No □ Do you desire to be represented by legal counsel at this surrender proceeding? Yes □ No □ Yes □ No □
17.	b.	If not, do you desire to consult with legal counsel prior to the execution of the surrender of the child? Yes \(\sigma\) No \(\sigma\)
	c.	Have you requested the prospective adoptive parents to provide such counseling for you?
		Yes □ No □ If not, go to #15.
	d.	If so, has such counseling been made available to you by the prospective adoptive parents? Yes No
16.	a. b.	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 REVOCATION OF SURRENDER before the officer who is here today, or his or her successor? Yes No Sugning 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 period of revocation of the surrender will begin on the day following the signing of the surrender, or (Mo/Day/Yr), the tenth (10th) day falls on a Saturday, 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) Doyou understand this? Yes No Saturday or legal holiday.
	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 \(\begin{array}{c} \text{No} \end{array}\)
17.		wing the above, do you freely, voluntarily and without duress or pressure by any other person(s) desire to surrender the above-ed child so that the child may be placed for adoption and adopted by the prospective adoptive parents? Yes \Box No \Box
		R, AFFIANT SAITH NOT. day of 20
	Sion	tture: Biological Legal Mother
	Sign	Biological Legal Father
		Legal Guardian of of
		Name of Child
C-		and archestalla form and discolar and the control of the control o
SWO	rn to	and subscribed before me this the day of , 20 .

		Please Print: Name and Title of Officer of the Armed Forces Authorized to A	ne Foreign Service or the United dminister Oaths
		Signature: Name and Title of Officer of the Armed Forces Authorized to A	ne Foreign Service or the United
		PART II	
A.		SURRENDER OF CHILD DIRECTLY TO PROSPECTIVE ADOPTIVE PARENTS E OR TEMPORARILY RESIDING IN A FOREIGN COUNTRY	BY PARENT OR GUARDIAN RESIDING
CO	UNTRY	NTRY OF	
CIT	YOR	NTRY OF) OR OTHER LOCATION OF)	
	Ŧ	Being duly sworn according to law affiant would state:	
		being daily sworn decording to law difficult would state.	
1.	I am: a. N		
	b. I	b. Father:, or	
	c. I	b. Father:, or c. Legal Guardian: of:	
2.	a. (a Child's Name:	
	b. (b. Child's Date of Birth:	
	c. (
	a. C	d. Child's Sex:	
3.	termin prospe	I understand that by my signature to this document, all of my parental or guardianship riterminated and ended; that this child will be adopted by	ghts to the child named above will be forever [Name(s) of a act as parent of this child, or to otherwise be
4.		I understand that by signing this document, I will not be entitled to any notice, legal or other adoption of my child by other persons.	wise, of any other legal proceedings for the
5.	Ċ	a. I have read and fully understand Part I of this document and fully understand that if I c do so by(Date from # 16b. of Part I) by presenting the Revocation of St judge who is conducting this proceeding, or his or her successor.	hange my decision to surrender this child I must irrender Form, attached to this document, to the
	b. By	b. By my signature to this part, I acknowledge receipt of a copy of the Revocation of Surre	nder form.
6.	I FRI GUAI	I FREELY AND VOLUNTARILY, WITHOUT DURESS OF ANY KIND, SUR GUARDIANSHIP RIGHTS TO (CHILD'S NAME)	RENDER ALL OF MY PARENTAL OR
		(CHILD'S NAME)	
	TO:	TO:	
	a. I	a. Prospective Adoptive Mother	
	b. I	b. Prospective Adoptive Father	
FUI	RTHER	THER AFFIANT SAITH NOT.	
This	s the	heday of, 20	
Sigi	nature:	ture: Biological Legal Mother Biological Legal Father Legal Guardian	- -
Swo	orn to an	n 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 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 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

a. b.	Being duly sworn acc			
		cording to law, affiant(s) would sta	nte:	
b.	I am		, Prospective Adoptive Mo	other.
	Prospective Adoptive	Mother's Date of Birth		
c. d.	Prospective Adoptive	Mother's Marital Status		
a.	Lam		Prospective Adoptive Fat	her
b.	Prospective Adoptive	Father's Date of Birth	, i rospective Adoptive i at	nor.
c. d.	Prospective Adoptive	Father's Marital Status Father's Address		
Upor Force	n execution of Parts I a es authorized to admin	and II A. by the parent or guardia uister oaths	n named herein before a U. S agree to assume	Foreign Service Officer or Officer of the Arme
recno	neibility for obtaining	(I/We)		through court
respe	distorinty for obtaining	guardianship of	(Name of Child)	through court
		s of the date of this surrender [Se medical care, education, moral, and		we agree, therefore, to be responsible for the care d.
The	following costs have b	been paid by for activity	es involving the placement of	this 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)
				Other Costs (Specify to Whom)

	d.		36-1-111 (d)(6) which indica	l of the child. I/We have attached to the acceptance an affidavit of the tes their waiver of the right to custody of the child upon entry of a		
		CTIONS 6-9 <u>MUST</u> BE ANSWER LETED BY THE U.S. FOREIGN		ARKED "NOT APPLICABLE" BEFORE THE SURRENDER IS VICES OFFICER:		
6.	Yes \(\sigma\) No \(\sigma\) I/We have attached 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.	sur	s \(\Boxed \text{No} \(\Boxed \text{I/We} \) have attached the rendering parent. See Item #s 13. and Applicable.		of () legal/() social counseling if counseling was requested by the		
8.	Yes \(\begin{align*} \text{No} \(\begin{align*} \begin{align*} \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. \(\begin{align*} \text{Not Applicable.} \)					
9.	Na	s		d Welfare Act, 25 U.S.C. § 1901 et seq. applies because of the child's		
SUB	SEC	CTION 10 <u>MUST</u> BE ANSWERE	D "YES", OR ITEM b. <u>MUS</u>	T EXPLAIN HOW COMPLIANCE WILL BE EFFECTED:		
10.		s \(\simeg \) No \(\simeg \) a. If the child is to be r mpact or the Placement of Children		option in another state, there has been compliance with the Interstate		
	b.	If not, how will it be effected?				
FUR	THI	ER AFFIANT(S) SAITH NOT				
This		day of, 20				
				Signature of Prospective Adoptive Mother		
				Signature of Prospective Adoptive Father		
Swo	rn to	and subscribed before me this	_ day of	, 20		
			NOTAF	RY PUBLIC		
My	omi	mission expires:		A TODLIC		
IVI y	OIIII	mission expires				
		OP	DTYPICATION OF V. C. POY	ANGLY SERVICE OFFICER		
			RTIFICATION OF U. S. FOR OFFICER OF THE UNITED	STATES ARMED FORCES		
			0.55			
			,an Officer copies of Parts I and II of the S	of the U. S. Foreign Service oran Officer of the United States urrender Forms to be true and accurate copies of the documents		
exec	uted	and filed with me.				

July, 2005 (Revised)

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

CERTIFICATION OF TENNESSEE CLERK

		I,,	Clerk of the	Court of copies of Parts I and II of the Surrender Forms to be
true	and a	county accurate copies of the documents filed with this	Court.	copies of Parts I and II of the Surrender Forms to be
			Clerk of the	Court ofCounty, Tennessee.
				(Seal)
		СО	PART III NTACT VETO REGISTRATIO T.C.A. § 36-1-111(k)(3)	N
STA COI	TE (UNT	OFY OF)	
	I an			
	a. b. c.	Mother: Father: Legal Guardian:		or
2.	a. b. c. d. e.	Child's Date of Birth:		

- 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

Name (Includi	ng Birth & Marrie	ed Names)	(Street/Rural	Route/P. O.	Box)	
(Town/City)		(State)	,	(Zip Code)	,	
(He	ome Telephone No	o.)	(Work Teleph	ione No.)		
	an address the de If no, please shar		use to write to you cond be used:	erning your	wishes regardi	ing contact?
(Street/Rural I	Route/P. O. Box)		(Town/City)	,	(State)	
(Zip Code)	(Work Te	lephone)		ome Teleph	one)	
Is this address used:	an address a pers	son requesting	g contact may use to wr	ite to you?	Yes □ No □	. If no, please share the addres
(Street/Rural I	Route/P. O. Box)			own/City)	(State)	
(Zip Code)	,(Work Te	lephone)		ome Teleph	one)	•
YES I NO I	J. If no, may the l J. If no, please lis	isted telephor t telephone no	ne numbers be shared wi umber(s), if any, that mi	th eligible p		
YES NO	1. If no, may the l 1. If no, please list one No.)	isted telephone met telephone	me numbers be shared wi number(s), if any, that mi Home Telephone No.)	th eligible p ght be shared	d and used to correspond to the corresponding to th	ontact you. y, as may be permitted by law,
YES NO	1. If no, may the land one No.) contact with the application of the spouses of t	dopted perso led adoption r y you makes so in those cl	Home Telephone No.) In and all other classes of records or post adoption the contact veto autor so that they cannot be classes from this automa	f eligible per record to har antically appropriate by tic coverage, h request, t	rsons, who may ve contact with plicable to you a person eligi e so that they hey will have	ontact you. y, as may be permitted by law,
YES NO	J. If no, may the lands one No.) contact with the application of the spouses of	dopted person led adoption response in those clay the department of the department o	me numbers be shared with umber(s), if any, that might the minimal throughout the contact veto autor so that they cannot be casses from this automatent, pursuant to a search the records of the following: No	f eligible per record to har antically appropriate by tic coverage, h request, t	rsons, who may ve contact with plicable to you a person eligi e so that they hey will have	y, as may be permitted by law, a me. ur siblings, lineal descendants lible to have the records opened will have to register a conta
YES NO	1. If no, may the land of the land of the spouses of the spouses of the exclude person upon location by -130(a)(6)]. Please the spouses of the spouses of the spouses of the exclude person upon location by -130(a)(6)]. Please the spouses of the spouses of the exclude person upon location by 130(a)(6)]. Please the spouses of the spouses	dopted perso led adoption response in those clay the department of	me numbers be shared with umber(s), if any, that might umber classes of records or post adoption the contact veto autor so that they cannot be classes from this automatent, pursuant to a search under you wish to exclude veto the following: No No No No No No No No No N	f eligible per record to har antically appropriate by tic coverage, h request, t	rsons, who may ve contact with plicable to you a person eligi e so that they hey will have	y, as may be permitted by law, a me. ur siblings, lineal descendants lible to have the records opened will have to register a conta
YES NO	J. If no, may the lands one No.) contact with the application of the spouses of	dopted perso led adoption response in those clay the department of	me numbers be shared with umber(s), if any, that might umber classes of records or post adoption the contact veto autor so that they cannot be classes from this automatent, pursuant to a search under you wish to exclude veto the following: No No No No No No No No No N	f eligible per record to har antically appropriate by tic coverage, h request, t	rsons, who may we contact with plicable to you a person eligi e so that they hey will have ese persons.	y, as may be permitted by law, a me. ur siblings, lineal descendants lible to have the records opened will have to register a conta

8.

d.	(1) Any future siblings of the adopte	☐ No ☐ Name of current spouse	,
]	Please complete the following for any k	nown 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 permit t adoption record to have contact with me. □
b.	I wish to limit consent to certain person	ons and only give consent for con	tact with the following classes of people:
	 The adopted person The adopted person's adoptive p The adopted person's adoptive s The adopted person's lineal desc The legal representatives of any 	iblings Yes □ No □	1
c.	 (2) The adopted person's adoptive p (3) The adopted person's adoptive s (4) The adopted person's lineal desc 	parents Yes \(\bar{\text{No}} \) No \(\bar{\text{D}}\) iblings Yes \(\bar{\text{No}} \) No \(\bar{\text{D}}\) cendants Yes \(\bar{\text{No}} \) No \(\bar{\text{D}}\) of these persons Yes \(\bar{\text{D}} \) No \(\bar{\text{D}}\)	
I wi or q Tele Lett Pers Pers	(2) The adopted person's adoptive p (3) The adopted person's adoptive s (4) The adopted person's lineal desc (5) The legal representatives of any If contact is limited to the legal repres sh the following types of contact by the ualifications to these methods of contact exphone sonal contact, unannounced sonal contact, prearranged with me , e sonal contact through another person. P	parents Yes No biblings Yes No bendants Yes No endants Yes No endants Yes No entative of certain classes of persons Yes No entative of certain classes of persons Pers	th me: (Please check all that apply and indicate any limi
I wi or q Tele Lett Pers Pers cont	(2) The adopted person's adoptive p (3) The adopted person's adoptive s (4) The adopted person's lineal desc (5) The legal representatives of any If contact is limited to the legal repres sh the following types of contact by the ualifications to these methods of contact ephone sonal contact, unannounced sonal contact, prearranged with me , e sonal contact through another person. P tact:	parents Yes No biblings Yes No bendants Yes No endants Yes No endants Yes No entative of certain classes of personse persons requesting contact with	th me: (Please check all that apply and indicate any limi
I wi or q Tele Lett Pers Pers cont	(2) The adopted person's adoptive p (3) The adopted person's adoptive s (4) The adopted person's lineal desc (5) The legal representatives of any If contact is limited to the legal repres sh the following types of contact by the ualifications to these methods of contact ephone sonal contact, unannounced sonal contact, prearranged with me , e sonal contact through another person. P tact:	parents Yes No biblings Yes No bendants Yes No endants Yes No endants Yes No entative of certain classes of personse persons requesting contact with	th me: (Please check all that apply and indicate any limi

13.		ereby reque ldren's Ser		information be file	led with the Contact Veto Registry at the Post Adoption Services Unit of the Department of
FUI	RTHE	ER AFFIAN	NT SAITH N	ОТ.	
Thi	s the _	day	of	, 20	
Sign	natur	re:	Biologica Biologica Legal Gua	Legal Legal Irdian	Mother Father
Swo	orn to	and subscr	ibed to before	re me this	_ day of, 20
				Please Print:	U.S. Foreign Service Officer or Officer of the U.S. Armed
				Signature: U.S. F Forces	Foreign Service Officer or Officer of the U.S. Armed
					CERTIFICATION
con			nt executed b		J.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
				REVOCATIO	PART IV ON OF SURRENDER BY A PARENT OR GUARDIAN
CO	UNT.	RY_ R OTHER	LOCATIO	N	
CII				cording to law affia	
1.	I an a. b. c.	Mother:	ıardian:		, or, or, of:
2.	a. b. c. d. e.	Child's F Child's S Child's S	Date of Birth Place of Birth Sex:	: n:	
3.	a. b.	Prospectiv	re Adoptive l	(Date), I	executed a surrender of my parental or guardianship rights to the child named in #2 to: vices
4.			was execute Foreign Ser		ficer of the U.S. Armed Forces)
5.	I he	ereby revok	e and void th	ne surrender of the	above-named child.

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 ___ day of _______, 20____.

This Revocation of Surrender was received by me on the ____ day of _______, 20____.

Please Print:

U.S. Foreign Service Officer or Officer of the U.S. Armed Forces

Signature (See notes below):

U.S. Foreign Service Officer or Officer of the U.S. Armed Forces

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	V PROCESS FORMS CHAPTER 0250-7-1	13
(Rule 0250-	7-1308, continued)	
	, 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 copon of Surrender executed before me.	у
	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), an order #6, January 12, 1996. Administrative History: Original rule filed September 7, 2001; effective 1, 2001	
PLACING	09 SURRENDER DOCUMENTS FOR USE IN SURRENDERS TO A LICENSED CHILI AGENCY OR THE TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES IN THES , 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 the time of surrender of child for adoption to a licensed child-placing agency or the Tennesse 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 ar 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.	ee he ng nd ld
(2)	The requirements for execution and processing of the forms are contained in T.C.A. §§ 36-1-111 ar 36-1-112 and are noted in summary manner on the forms.	ıd
(3)	The information in these forms is confidential and is not to be released without the written approval the court with domestic relations jurisdiction where the file is maintained.	of
(4)	Form:	
	R OF A CHILD BY A PARENT OR GUARDIAN INCARCERATED IN A STATE OR FEDERAL PENITENTIARY TO IESSEE DEPARTMENT OF CHILDREN'S SERVICES OR A TENNESSEE LICENSED CHILD-PLACING AGENCY)
	PART I	
	PRE-SURRENDER INFORMATION	
correctional fa	wing information is required by Tennessee Code Annotated § 36-1-111 and must be completed before the Warden of the cility where the parent or guardian is incarcerated and sworn to before a Notary Public prior to execution of the surrender in PAR' or legal guardian:	Т
	yms must not be used nor may spaces for the identities of persons whose names are known be left blank. The Warden shall sons executing these documents to prove their identities satisfactorily to him or her. T.C.A. § 36-1-111(g).	
STATE OF _ COUNTY OF)	
Bei	ng duly sworn according to law, affiant would state:	

a. Mother: b. Father: c. Legal Guardian:

1. I am:

_ (Date of Birth)_ _ (Date of Birth)_ _ (Date of Birth)_

2.	a. b.		d's Named's Date of Birth	
	c.	Chil	d's Place of Birth	
	d.	Chil	d's Sex	
	e.	Chil	d's Race	
3.	Thi	s child	was born in wedlock \square / out of wedlock \square .	
4.	Stat	te the 1	names and relationships of any other legal/biological parent, legal guardian or possible biological parent,	ent for this child:
	a.	(1)	Name:	
		(2)	Relationship to the child:	
		(3) (4)	Address 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: Address	
		(4)	City, State Zip	
		(5)	City, State Zip Telephone Number: Home: Work:	
		(6)	Other identifying information concerning the above identified other legal or biological parent/legal guardian.	
				— — and
	0	(1)	Nama	
	c.	(1)	Name:	
		(3)	Address	
		(4)	City, State Zip	
		(5) (6)	Other identifying information concerning the above identified other legal or biological parent/legal guardian.	
			purono regar guardian.	_
5.	The a.		ty is unknown for the other: al parent Yes □ No □	
	b.	Biol	ogical parent Yes No D	
	c.	Lega	al guardian Yes □ No □	
	d.	Not	applicable Yes □ No □	
6.	The		eabouts is unknown for the other:	
	a.		al parent Yes No D	
	b. c.		ogical parent Yes No D	
	d.	U	applicable Yes No No	
7.	biol	logical	at all information concerning the identity, whereabouts, and social and medical history concerning parent/legal guardian has been () or will be given () to the Tennessee Department of Childreing Agency to whom the above child is being surrendered.	
8.	Info	ormatio	on Concerning Child's Native American Heritage:	
	a.		you or the child of Native American heritage? Yes \(\begin{align*}\Gamma\) No \(\beta\), go to #9.	
	b. c.		s, are you eligible for tribal membership? Yes No s, give name of tribe.	
	d.	Are	you registered with a Native American tribe? Yes \(\begin{array}{cccccccccccccccccccccccccccccccccccc	

	e. f.	If yes, give name of tribe Is your child eligible for	tribal membership?	Yes 🗖 No			
	g. h.	If yes, give name of tribe Has your child been regi	stered with a Native An	nerican tribe? Yes	No 🗖		
	i. j.	If yes, give name of tribe This information is unkr	e. nown. Yes 🗖 No				
9.	a.	Will this child be sent or		er state or country for a	doption?		
	b.	Yes □ No□ If If yes, name of state or c	no, go to #10. country.				
	c.	If yes, I understand Teni	nessee law will govern t	he interpretation of this	surrender.		
10.	abov Yes If no	e you been paid, received ye-named child or placement of No o o, go to #11. s, please complete the fol	ent of this child for adop		ation of thing of value in	connection with the bir	th of the
		Amount Paid	To Whom	By Whom	Date Received/Paid	Type Service/Cost	
		1 aid	TO WHOM	By Whom	Received/1 aid	Sci vice/Cost	
							-
							_
							_
11.	a.	Does the child own any value:				roperty owned and give	the property
	b.	Is it expected that the ch If, please describe prope give the property value:					es owner and
							-
12.	a.	Do you currently have: Only legal custody of the Only physical custody o	f the child? Ye	s			
	b.	Both legal and physical If another person(s) hold Name:	ls legal custody of the cl	hild at this time, give th	_	:	
		Relationship, if any, to y	ou or the child:				
				own/City)	(State)	(Zip)	
	c.	Telephone Number (Hor If another person(s) hold Name:	ls physical custody of th		-		
		Relationship, if any, to y Address:	ou or the child:				
		(Street, RR, I Telephone Number (Hor	P.O. Box) (To	own/City)	(State)	(Zip)	
	d.	Is the person(s) who hold	ls custody the prospective	ve adoptive parent? Ye	es 🗆 No 🗖		

	e.	of your child, give Name of Agency:	the following information:		Services or another State agency holds p	
	0	Town/City:	9	State:	Zip: y or the Department of Children's Servi	
	f.	Do you intend to giv	re custody to the licensed child pla	icing agenc	y or the Department of Children's Servi	ces?
	g.		rcumstances regarding the custod	y status of t	his child:	
13.	a.	Are you aware of as Yes □ No □	sistance which may be available t	o you to car	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 to consult with legal counsel price		r proceeding? Yes □ No □ 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	esponsibilit	above-named child that you will havies to and with the child will be termined.	
16.	a.	surrender, you ma		er by signi	understand that within ten (10) daying a paper called a <u>REVOCATION (</u> No I	
	b.	the surrender will	begin on the day following the	signing of	date, (Mo/Day/Yr) the surrender, or (Mo/Day/Yr)	. The
		the tenth (10th) da	y falls on a Saturday, Sunday of or legal holiday. If this is the si	r legal holi	n the tenth (10th) day or (Mo/Day/Yr) 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 Chicustody of the chil	ldren's Services or Licensed Ch d, <u>unless</u> the court finds that to	ild-Placing o do so wil	Surrender form within the ten (10) g Agency will be required to return th ll likely result in immediate harm to e child to you and you may have lega	e child, <u>if</u> you currently have the health and safety of the
17.	Kno	owing the above, do	you freely, voluntarily and with	out duress n and adon	or pressure by any other person(s) do ted by other persons? Yes \(\bar{\text{No}} \) No \(\bar{\text{D}} \)	esire to surrender the above-
		JRTHER, AFFIANT				
	Th	is the day of	20			
		Signature:	Biological Legal Fath	er		of
			Name of Child			
On t a No guar	his _ otary l dian)	day of Public for the State an , who acknowledged	, 20, personally ap d County noted above, that the above document is correct	ppeared before	ore me(Name of Parent or of his/her information and belief.	
			Notary P	ublic		
			•			
Му	Comr	mission Expires:				

		Please Print:	
		riease i rint.	Name of the Warden of
			Name of the Warden of Correctional Facility Located at
			(City, County and State of Facility)
		Signature:	
			WARDEN
On	this	day of	personally appeared before me a Notary Public for the
Stat	te and	County noted above	O personally appeared before me, a Notary Public for the, Warden of the correctional facility noted above, who acknowledged that information noted above.
he/s	she wi	tnessed the completion of the pre-surrender	nformation noted above.
			Notary Public
	0		
Му	Comr	nission Expires:	
			D. D.T. H
			PART II
A.			R GUARDIAN INCARCERATED IN A STATE OR FEDERAL PENITENIARY TO
		E TENNESSEE DEPARTMENT OF CHI ENCY	LDREN'S SERVICES OR A TENNESSEE LICENSED CHILD-PLACING
	AG	ENCI	
		OF TENNESSEE	
co	UNT	Y OF	
Bei	ng dul	y sworn according to law affiant would state	
		, c	
1.	I an		
	a. b.		Or
	c.	Father:Legal Guardian:	of:
2	_	Cl:112- N	
2.	a. b.	Child's Name:	
	c.	Child's Place of Birth:	
	d.	Child's Sex:	
	e.	Child's Race:	
3.	Lun	derstand that by my signature to this docume	ent, all of my parental or guardianship rights to the child named above will be forever
٥.			sed for adoption by
		<u>_</u>	, a Licensed Child-Placing Agency, or by the
			nd that the child will be adopted by other persons, and that I will have no further right to see otherwise be involved in the life of this child.
	uns	clind, of to act as parent of this clind, of to c	dictwise be involved in the fire of this child.
4.	I un	derstand that by signing this document, I w	vill not be entitled to any notice, legal or otherwise, of any other legal proceedings for the
	adoj	otion of my child by other persons.	
5.	a.	I have read and fully understand Part I of t	his document and fully understand that if I change my decision to surrender this child I must
٥.	а.		of Part I) by presenting the Revocation of Surrender Form, attached to this document, to the
		warden who is conducting this proceeding.	
	,	B :	in Company in Company
	b.	By my signature to this part, I acknowledg	e receipt of a copy of the Revocation of Surrender form.
6.	I FF	REELY AND VOLUNTARILY, WITHOU	UT DURESS OF ANY KIND, SURRENDER ALL OF MY PARENTAL OR
		ARDIANSHIP RIGHTS TO	
	TO	,	LD'S NAME)
	TO:	Licensed Child-Placing Agency	(Name of LCPA)

bTennessee Dep	partment of Children's Sei	vices (Please check if applicable.)	
FURTHER AFFIANT	SAITH NOT.		
This the day of	. 20		
Signature:	Biological, Legal_ Biological, Legal_	MotherFather	
On this day of for the State and County not surrender of the child,	ed above,,	20, personally appeared before me, (Name of Parent or Guardian), who a, (Name of Child) was executed freely and voluntarily	, a Notary Public acknowledged that the above
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 not	ed above,	0, personally appeared before me, Warden of the correctional facility noted by (Name of Child)	, a Notary Public above who acknowledges that
(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).

- 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 date the surrender is filed. T.C.A. § 36-1-111(u).

NOTES TO THE CLERK IN TENNESSEE:

NU	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
	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
	ATE 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
SUI MU	BSECTIONS 2a2d. <u>MUST</u> BE MARKED TO DESIGNATE THE APPLICABLE SITUATION. ONE OF THOSE SUBSECTIONS <u>IST</u> EXIST BEFORE THE SURRENDER CAN BE RECEIVED BY THE WARDEN:
2.	Icertify on behalf of:
	Licensed Child-Placing Agency(Name of Agency); or theTennessee 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 $\overline{(d)(6)}$ 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.

1.1	as been compliance with		1 et seq., applies because of the child's Native American heritage, there
(nted to the court a copy of the Interstate Compact on the Placement of foster care. If the ICPC Form 100A is not available, explain why this
Ī	■ Not Applicable		
FURT	HER AFFIANT SAITH	NOT.	
Γhis _	day of	, 20	
	Please Print:		
		Name and title of authorized representative Services or Tennessee Licensed Child-Pla	ve of Tennessee Department of Children's acing Agency
		Signature:	
Crrrama	to and subscribed before	e me this day of	20
3W0111	to and subscribed before	e me uns uay or	, 20
		NOTAI	RY PUBLIC
My oo	mmission expires:		
		CERTIFICATION OF WAI	<u>rden</u>
	Ι,	. Warden of the	(Name
of Fac	rectional Facility) located	, Warden of the d at the foregoing copies of Parts I and II of the S	(Name (Location
of Fac	rectional Facility) located ility) hereby certify that to of the documents execut	, Warden of the d at the foregoing copies of Parts I and II of the S	(Name (Location
of Fac	rectional Facility) located ility) hereby certify that to of the documents execut	, Warden of the, dat, the foregoing copies of Parts I and II of the Steed before me.	(Name (Location
of Fac	rectional Facility) located ility) hereby certify that to of the documents executed This day of _	, Warden of the, dat, the foregoing copies of Parts I and II of the Steed before me.	(Name (Location Surrender Forms are true and accurate Warden, (Name of Correctional Facility)
of Fac	rectional Facility) located ility) hereby certify that to of the documents executed This day of _	d at, Warden of the the foregoing copies of Parts I and II of the Sed before me, 20	(Name (Location Surrender Forms are true and accurate Warden, (Name of Correctional Facility)
of Fac	rectional Facility) located ility) hereby certify that to of the documents execut This day of _ Sworn to and subscriptional facility.	d at, Warden of the the foregoing copies of Parts I and II of the Sed before me, 20	
of Fac	rectional Facility) located ility) hereby certify that to of the documents execut This day of _ Sworn to and subscriptional facility.	, Warden of the, the foregoing copies of Parts I and II of the Sed before me, 20	

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

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

51	AIL	OF)	
CC	UNT	Y OF	
Bei	ing du	aly sworn according to law affiant would state:	
1.	I an	m:	
	a.	Mother:	
	b.	Father:	, 01
	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:	
	A	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.

			ral Route/P. O. I	
	(Town/City)	, (State)	(Zip Co	de)
	(Home Telephone No.)	(Work Telephone No	.)	
b.	Is this address an address the departme Yes ☐ No ☐ If no, please share address		oncerning your v	vishes regarding contact.
	(Street/Rural Route/P. O. Box)	, (Town/Cit	y)	(State)
	(Zip Code) (Work Telephor	ne)	(Home Telepho	ne)
Э.	Is this address an address a person requused:	uesting contact may use to w	rite to you? Yes	☐ No ☐. If no, please share the address
	(Street/Rural Route/P. O. Box)		(Town/City)	(State)
	(Zip Code) (Work Telephor	ne)	(Home Telepho	ne)
d.	Are the telephone numbers the number YES □ NO □.	rs the department may use to	contact you?	
	If no, may the listed telephone number If no, please list telephone number(s),			
	(Work Telephone No.)	(Home Te	lephone No.)	
ì.	I wish to veto contact with the adopted access to the sealed records, sealed ado			ons, who may, as may be permitted by law, e contact with me.
).	ancestors, and the spouses of those per	sons so that they cannot be	contacted by a pe	to your siblings, lineal descendants, linearson eligible to have the records opened.
		partment, pursuant to a searc	ch request, they v	t they will have to register a contact veto will have to register a contact veto at the time
Э.	themselves or, upon location by the de [T.C.A. § 36-1-130(a)(6)]. Please indi I wish to exclude from the automatic c (1) My siblings: Yes	partment, pursuant to a searce whether you wish to exontact veto the following:	ch request, they v	t they will have to register a contact veto will have to register a contact veto at the time
c.	themselves or, upon location by the de [T.C.A. § 36-1-130(a)(6)]. Please indi I wish to exclude from the automatic c (1) My siblings: Yes (4) The spouses of: (2) My lineal descendants: Yes	partment, pursuant to a searce cate whether you wish to exontact veto the following: No No	ch request, they v	t they will have to register a contact veto will have to register a contact veto at the time
e.	themselves or, upon location by the de [T.C.A. § 36-1-130(a)(6)]. Please indi I wish to exclude from the automatic c (1) My siblings: Yes (4) The spouses of: (2) My lineal descendants: Yes (3) My lineal ancestors: Yes	partment, pursuant to a searce cate whether you wish to exontact veto the following: No No No	ch request, they v	t they will have to register a contact veto will have to register a contact veto at the time
с.	themselves or, upon location by the de [T.C.A. § 36-1-130(a)(6)]. Please indi I wish to exclude from the automatic c (1) My siblings: Yes (4) The spouses of: (2) My lineal descendants: Yes (3) My lineal ancestors: Yes (a) siblings Yes (b) lineal descendants	partment, pursuant to a searce cate whether you wish to ex contact veto the following: No No No No No No	ch request, they v	t they will have to register a contact veto will have to register a contact veto at the time
С.	themselves or, upon location by the de [T.C.A. § 36-1-130(a)(6)]. Please indi I wish to exclude from the automatic c (1) My siblings: Yes (4) The spouses of: (2) My lineal descendants: Yes (3) My lineal ancestors: Yes (4) siblings Yes (5) lineal descendants Yes (6) lineal ancestors Yes (7)	partment, pursuant to a searce cate whether you wish to except the following: No No No No No No No No No N	ch request, they v	t they will have to register a contact veto will have to register a contact veto at the time
e.	themselves or, upon location by the de [T.C.A. § 36-1-130(a)(6)]. Please indi I wish to exclude from the automatic c (1) My siblings: Yes (4) The spouses of: (2) My lineal descendants: Yes (3) My lineal ancestors: Yes (a) siblings Yes (b) lineal descendants	partment, pursuant to a searce cate whether you wish to ex ontact veto the following: No No No No No No No No Roo Relationship To	ch request, they we clude any of these	t they will have to register a contact veto vill have to register a contact veto at the tine persons. Address
· .	themselves or, upon location by the de [T.C.A. § 36-1-130(a)(6)]. Please indi I wish to exclude from the automatic c (1) My siblings: Yes (4) The spouses of: (2) My lineal descendants: Yes (3) My lineal ancestors: Yes (4) siblings Yes (5) lineal descendants Yes (6) lineal ancestors Yes (7)	partment, pursuant to a searce cate whether you wish to exceed whether you wish to exceed the following: No N	ch request, they we clude any of these	t they will have to register a contact veto vill have to register a contact veto at the tire persons.
С.	themselves or, upon location by the de [T.C.A. § 36-1-130(a)(6)]. Please indi I wish to exclude from the automatic c (1) My siblings: Yes (4) The spouses of: (2) My lineal descendants: Yes (3) My lineal ancestors: Yes (a) siblings Yes (b) lineal descendants Yes (c) lineal ancestors Yes (Please complete the following for any known to the substitution of the substi	partment, pursuant to a searce cate whether you wish to ex ontact veto the following: No No No No No No No No Roo Relationship To	ch request, they we clude any of these	t they will have to register a contact veto vill have to register a contact veto at the tine persons. Address
2.	themselves or, upon location by the de [T.C.A. § 36-1-130(a)(6)]. Please indi I wish to exclude from the automatic c (1) My siblings: Yes (4) The spouses of: (2) My lineal descendants: Yes (3) My lineal ancestors: Yes (a) siblings Yes (b) lineal descendants Yes (c) lineal ancestors Yes (Please complete the following for any known to the substitution of the substi	partment, pursuant to a searce cate whether you wish to ex ontact veto the following: No No No No No No No No Roo Relationship To	ch request, they we clude any of these	t they will have to register a contact veto vill have to register a contact veto at the tine persons. Address
С.	themselves or, upon location by the de [T.C.A. § 36-1-130(a)(6)]. Please indi I wish to exclude from the automatic c (1) My siblings: Yes (4) The spouses of: (2) My lineal descendants: Yes (3) My lineal ancestors: Yes (a) siblings Yes (b) lineal descendants Yes (c) lineal ancestors Yes (Please complete the following for any known to the substitution of the substi	partment, pursuant to a searce cate whether you wish to ex ontact veto the following: No No No No No No No No Roo Relationship To	ch request, they we clude any of these	t they will have to register a contact veto vill have to register a contact veto at the tine persons. Address
e.	themselves or, upon location by the de [T.C.A. § 36-1-130(a)(6)]. Please indi I wish to exclude from the automatic c (1) My siblings: Yes (4) The spouses of: (2) My lineal descendants: Yes (3) My lineal ancestors: Yes (a) siblings Yes (b) lineal descendants Yes (c) lineal ancestors Yes (Please complete the following for any known to the substitution of the substi	partment, pursuant to a searce cate whether you wish to ex ontact veto the following: No No No No No No No No Roo Relationship To	ch request, they we clude any of these	t they will have to register a contact veto vill have to register a contact veto at the tine persons. Address
d.	themselves or, upon location by the de [T.C.A. § 36-1-130(a)(6)]. Please indi I wish to exclude from the automatic c (1) My siblings: Yes (4) The spouses of: (2) My lineal descendants: Yes (3) My lineal ancestors: Yes (a) siblings Yes (b) lineal descendants Yes (c) lineal ancestors Yes Name	partment, pursuant to a searce cate whether you wish to exceed the following: No N	Stree	t they will have to register a contact veto vill have to register a contact veto at the tine persons. Address

		Name	Relationship To Surrendering Person	Address Street. RR, P. O. Box, Town, State, Zip
9.	a.	I give consent for the child I am surren	dering (adopted person) and <u>A</u>	ALL other classes of eligible persons who, as may be permitted b
				post adoption record to have contact with me.
	b.	-		ontact with the following classes of people:
		(1) The adopted person(2) The adopted person's adoptive pa(2) The adopted person's adoptive pa	rents Y	es □ No □ es □ No □
		(3) The adopted person's adoptive sib (4) The adopted person's lineal desce	ndants Y	res □ No □
		(5) The legal representatives of any o	•	es No No
	C.	If contact is limited to the legal represer		rsons, please describe:
10.	or q Tele Lett Pers Pers	ualifications to these methods of contact) ephone ers conal contact, unannounced conal contact, prearranged with me conal contact through another person. Ple	her via phone or corresponerse give name, relationship to	
11.		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.	Shoryour	uld you wish no contact with any other el r decision, please share that information h	igible persons but wish to sha lere:	are a statement of your feelings, or circumstances which impact
13.		reby request that this information be filed dren's Services.	with the Contact Veto Regis	try at the Post Adoption Services Unit of the Department of
FUF	RTHE	R 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	

				Notary Public
Му	comn	nission expires		
		Please Print:	Warden	f State or Federal Penitentiary
			warden	i state of redefal reintentially
			Name of	Facility and Location
		Signature:		
			Warden	of State or Federal Penitentiary
Sw	orn to	and subscribed to before me this	_ day of	, 20
				Notary Public
N 1				
IVI	comn	nission expires	·	
			CE	RTIFICATION
	I,	, W	arden of the _	Correctional Facility located at, certify the
for	agoing	conv of Part III of the Surrender Forms to	he a true and	County, State of, certify the accurate copy of the document executed before me.
1010	zgomg	copy of rait in of the Surrender roims to	oc a true and	accurate copy of the document executed before the.
				Warden of State or Federal Penitentiary
Sw	orn to	and subscribed before me this day	of	, 20
				Notary Public
				100019 1 00110
My	comn	nission expires on	·	
				PART IV
		REVOCATIO	N OF SURRI	ENDER BY A PARENT OR GUARDIAN
	ATE (
CO	UNT	Y OF		
Bei	ng dul	ly sworn according to law affiant would sta	ate:	
		-		
1.	I an a.	Mother:		Or.
	b.	Father:		, or
	c.	Legal Guardian:		, of:
2		CL:142- N		
2.	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			ender of my parental or guardianship rights to the child named in #2 to:
٥.	a.			ender of my paremar of guardiansmp rights to the child named in #2 to.
	b.			
	c	Licensed Child-Placing Agency Tennessee Department of Children's Ser	vices	

4.	The surrender was executed before:	
	(Warden of State or Federal Peni	itentiary)
	(Name of Facility and Location	
5.	I hereby revoke and void the surrender of the abo	ve-named child.
FUR	THER AFFIANT SAITH NOT.	
This	theday of, 20	
Signa	nture: Biological Legal Biological Legal Legal Guardian:	MotherFather
Swor	n to and subscribed before me this day of	, 20
This	Revocation of Surrender was received by me on the	ne day of, 20
	Please Print:	
		Warden of State or Federal Penitentiary
		Name of Facility and Location
	Signature (See notes below):	
	,	Warden of State or Federal Penitentiary
Swor	n to and subscribed before me this day of	, 20
		Notary Public
Му с	ommission expires on	<u></u> .

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).

- 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,	, Warden of the	Correctional Facility located at County, State of	, certify the
foregoing copy of the Revocation of Sur	rrender to be a true and accurat	te copy of the Revocation of Surrender executed before me.	, certify the
	Wa	arden of State or Federal Penitentiary	
Sworn to and subscribed before me this	day of	, 20	
		Notary Public	
My commission expires on			

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).

	Bei	ng duly sworn according to law, affiant would state:	
I a	m:		
a.	Mot	ther: (Date of Birth)	_,or
b.	Fath	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.	Cni	id s Place of Birth	
d.	Chi	ld's Sex	
e.	Chi	ld's Race	
Th	is child	d was born in wedlock □/ out of wedlock□.	
St	ate the	names and relationships of any other legal/biological parent, legal guardian or possible bi	ological parent for
a.	(1)	Name:	
	(2)	Relationship to the child:	
	(3)	Address	
	(4)	City, State ZipWork:	
	(5)	Telephone Number: Home:Work:	
	(6)	Other identifying information concerning the above identified other legal or biological parent/legal guardian.	
			and
b.	(1)		and
b.	(1) (2)	Name:	and
b.	(2)	Name:	and
b.	(2)	Name:	and
b.	(2)	Name:	and
b.	(2)	Name: Relationship to the child: Address City, State Zip Telephone Number: Home: Other identifying information concerning the above identified other legal or biological	and
b.	(2) (3) (4) (5)	Name: Relationship to the child: Address City, State Zip Telephone Number: Home: Work:	and
b.	(2) (3) (4) (5)	Name: Relationship to the child: Address City, State Zip Telephone Number: Home: Other identifying information concerning the above identified other legal or biological	
b.	(2) (3) (4) (5) (6)	Name: Relationship to the child: Address City, State Zip Telephone Number: Home: Other identifying information concerning the above identified other legal or biological parent/legal guardian.	
	(2) (3) (4) (5) (6)	Name: Relationship to the child: Address City, State Zip Telephone Number: Home: Other identifying information concerning the above identified other legal or biological parent/legal guardian. Name: Relationship to the child:	
	(2) (3) (4) (5) (6)	Name: Relationship to the child: Address City, State Zip Telephone Number: Home: Other identifying information concerning the above identified other legal or biological parent/legal guardian. Name: Relationship to the child: Address	
	(2) (3) (4) (5) (6) (1) (2) (3) (4)	Name: Relationship to the child: Address City, State Zip Telephone Number: Home: Other identifying information concerning the above identified other legal or biological parent/legal guardian. Name: Relationship to the child: Address City, State Zip City, State Zip	
	(2) (3) (4) (5) (6) (1) (2) (3) (4)	Name: Relationship to the child: Address City, State Zip Telephone Number: Home: Other identifying information concerning the above identified other legal or biological parent/legal guardian. Name: Relationship to the child: Address City, State Zip Telephone Number: Home: Work:	
	(2) (3) (4) (5) (6) (1) (2) (3) (4)	Name: Relationship to the child: Address City, State Zip Telephone Number: Home: Other identifying information concerning the above identified other legal or biological parent/legal guardian. Name: Relationship to the child: Address City, State Zip City, State Zip	

(Rule	0250-7-131	continued)	١

Legal parent Ye		,	,					
Biological parent								
Biological parent Yes No	he wh	ereabouts is unknown	for the other:					
Legal guardian			es □ No □					
Sota applicable Yes No								
parent[egal guardian has been								
If no, go to # 9. If yes, are you eligible for tribal membership? Yes No Piyes, are you eligible for tribal membership? Yes No Piyes, give name of tribe. Are your registered with a Native American tribe? Yes No Piyes, give name of tribe. If yes, give name of tribe. If yes, give name of tribe. Has your child been registered with a Native American tribe? Yes No Piyes, give name of tribe. Has your child been registered with a Native American tribe? Yes No Piyes, give name of tribe. If yes, name of state or country. If yes, Tennessee law will govern the interpretation of this surrender. If yes, Tennessee law will govern the interpretation of this surrender. If yes, Tennessee law will govern the interpretation of this surrender. If yes, please complete the following: Amount Paid To Whom By Whom Received/Paid Service/Cost Amount To Whom Paid To Whom Pa	parent	/legal guardian has be	en() or will be given()	to the prospec	ctive adoptive par	rents to whon	n the above child is be	
If yes, are you eligible for tribal membership? Yes No If yes, give name of tribe. Are you registered with a Native American tribe? Yes No If yes, give name of tribe. Is your child eligible for tribal membership? Yes No If yes, give name of tribe. Is your child been registered with a Native American tribe? Yes No If yes, give name of tribe. Has your child been registered with a Native American tribe? Yes No If yes, give name of tribe. Has your child been registered with a Native American tribe? Yes No If yes, give name of tribe. His information is unknown. Yes No If no, go to #10. If yes, name of state or country. If yes, Tennessee law will govern the interpretation of this surrender. are you been paid, received or been promised any money or other remuneration of thing of value in connection with the birth of the year of year of year of the year of yea	ıforma	ation Concerning Chil	d's Native American Herita	ge:				
If yes, give name of tribe. Are you registered with a Native American tribe? Yes No			Native American heritage?	Yes 🗖	No □			
If yes, give name of tribe. Is your child cligible for tribal membership? Yes No	. If	yes, are you eligible f	e.					
Has your child been registered with a Native American tribe? Yes	. If	yes, give name of trib	e.					
If yes, give name of tribe. This information is unknown. Yes	. If	yes, give name of trib	e					
Will this child be sent out of Tennessee to another state or country for adoption? Yes	If	yes, give name of trib	e		res 🗆 No 🗅			
Yes				state or country	for adoption?			
If yes, Tennessee law will govern the interpretation of this surrender. lave you been paid, received or been promised any money or other remuneration of thing of value in connection with the birth of the bove-named child or placement of this child for adoption? The set of the set of this child for adoption? The set of this child for adoption? If yes, please complete the following: Amount Paid To Whom By Whom Received/Paid Service/Cost Service/Cost If yes, please describe the property owned and give the value: Is it expected that the child will become possessed of any real or personal property? Yes No If yes, please describe the child becomes own.					F			
lave you been paid, received or been promised any money or other remuneration of thing of value in connection with the birth of the bove-named child or placement of this child for adoption? Yes No Town By Whom Received/Paid Service/Cost Date Type Paid To Whom By Whom Received/Paid Service/Cost Date Type Paid Town By Whom Received/Paid Service/Cost Does the child own any real or personal property? Yes No If yes, please describe the property owned and give the value:	. If	yes, name of state or	country.					
Does the child own any real or personal property? Yes No If yes, please describe the property owned and give the value: Is it expected that the child will become possessed of any real or personal property? Yes No If, please describe property, who currently owns the property, the time and circumstances under which the child becomes own		o to #11. If yes, pleas Amount		Dec Wiles				
value:		raid	10 Whom	by whom	Recei	iveu/Paiu	Service/Cost	
value:								
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Is it expected that the child will become possessed of any real or personal property? Yes \(\sigma \) No \(\sigma \) If, please describe property, who currently owns the property, the time and circumstances under which the child becomes own.					o ☐ If yes, please	e describe the	property owned and	give the
If, please describe property, who currently owns the property, the time and circumstances under which the child becomes own	_							
If, please describe property, who currently owns the property, the time and circumstances under which the child becomes own								
If, please describe property, who currently owns the property, the time and circumstances under which the child becomes own	_							
If, please describe property, who currently owns the property, the time and circumstances under which the child becomes own	o. Is	it expected that the ch	nild will become possessed o	of any real or r	ersonal property	Yes T No	П	
	51	ive the property value:		e property, the	time and cheams	tances under	which the child becon	nes own

12.	a.	Do you currently have: Only legal custody of the child? Yes No Only physical custody of the child? Yes No Only physical custody of the child? Yes No Only physical custody of the child? Yes No Only physical custody of the child? Yes No Only physical custody of the child? Yes No Only physical custody of the child? Yes No Only physical custody of the child? Yes No Only physical custody of the child? Yes No Only physical custody of the child? Yes No Only physical custody of the child? Yes No Only physical custody of the child? Yes No Only physical custody of the child? Yes No Only physical custody of the child? Yes No Only physical custody of the child? Yes No Only physical custody of the child?
	b.	Both legal and physical custody of the child? Yes No II If another person(s) holds legal custody of the child at this time, give the following information:
		Name:
		Address: (Street, RR, P.O. Box) (Town/City) (State) (Zip)
	c.	Address: (Street, RR, P.O. Box) (Town/City) (State) (Zip) 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: (Street, RR, P.O. Box) (Town/City) (State) (Zip) Telephone Number (Home) (Work) Is the person(s) who holds custody the prospective adoptive parent? Yes □ No □
	d. e.	of your child give the following information:
		Name of Agency: Street/Rural Route/P.O. Box: Town/City: Do you intend to give custody to the prospective adoptive parents? Yes No
	f.	Town/City: State: Zip:
	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 parent this child? Yes \(\sigma\) No \(\sigma\)
	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.	Do you desire to be represented by legal counsel at this surrender proceeding? Yes No Horor, do you desire to consult with legal counsel prior to the execution of the surrender of the child? Yes No Horor you requested the prospective adoptive parents to provide such counseling for you? Yes No Horor, go to #15.
	d.	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 <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?

(Rule 0250-7-13-.10, continued) Yes □ No □ 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 □ No □ FURTHER AFFIANT SAITH NOT. Signature: Biological__ Legal__ Mother _____ Biological__ Legal__ Father _____ Legal Guardian___ Name of Child On this _____ day of ______, 20____, personally appeared before me ____ Public for the State and County noted above, (Name of Parent or Guardian) _____ , a Notary acknowledged that the above document is correct to the best of his/her information and belief. Notary Public My commission expires Name of the Warden of _____ Please Print Correctional Facility Located at _____ (City, County and State of Facility Signature: Warden On this ____ day of ______, 20___, personally appeared before me _____, a Notary Public for the State and County noted above, ______, warden of the correctional facility noted above, who acknowledges that he/she witnessed the completion of the pre-surrender information noted above. Notary Public My commission expires _____ PART II A. SURRENDER OF A CHILD BY PARENT OR GUARDIAN INCARCERATED IN A STATE OR FEDERAL PENITENTIARY DIRECTLY TO PROSPECTIVE ADOPTIVE PARENTS STATE OF COUNTY OF Being duly sworn according to law affiant would state: I am: Mother: _____ or Father: _____, or a. b. Legal Guardian: ______ of: a. Child's Name: b. Child's Date of Birth: Child's Place of Birth: c.

3. I understand that by my signature to this document, all of my parental or guardianship rights to the child named above will be forever terminated and ended; that this child will be adopted by [Name(s) of prospective adoptive parent(s)]

, and that I will have no further right to see this child,

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

Child's Sex:

Child's Race:

d.

4.		derstand that by signing this document, betion of my child by other persons.	I will not	be entitled to any notice, legal or othe	rwise, of any other legal proceedings for the	
5.	a.		n#16b. o	f Part I) by presenting the Revocation	change my decision to surrender this child I mu of Surrender Form, attached to this document,	
	b.	By my signature to this part, I acknow	ledge rece	eipt of a copy of the Revocation of Sur	render form.	
6.		REELY AND VOLUNTARILY, WITH ARDIANSHIP RIGHTS TO (CHILD				
	a. b.	Prospective Adoptive MotherProspective Adoptive Father				
FUF	RTHE	R AFFIANT SAITH NOT.				
Γhis	s the _	day of, 20				
Sigr	ature	e: BiologicalLegal	Мо	other	_	
		BiologicalLegal Legal Guardian	Fat	ther	_	
On t	this _	day of	, 20	, personally appeared before me _	, a Notai	у
Pub ackr	lic for nowle	the State and County noted above, (Nadged that the above surrender of the child	me of Pare ld (Name	ent or Guardian) of Child)	, a Notar, whowas executed freely and voluntarily.	
My	comm	ission expires			Public	
		1100	se i i iii.	Name of the Warden of Correctional Facility Located at		
				Correctional Facility Located at		
				(City, County and	State of Facility	
		Sign	ature:	Warden		
On t	this _	day of the State and County noted above,	, 20	, personally appeared before me _	, a Notar , Warden of the correctional facility noted	у
abov	ve, wh	o acknowledges that he/she witnessed t b	he signing V	g of the surrender of the child		
	(Naı	ne of Child)	(Na	ame of Parent/Guardian)		
				Notary	Public	
My	comm	ission 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.
- 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 III. 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.

for

to:

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

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:

- 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).
- 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).
- 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
	Suii	enders and shall be styled "In Re" and" and"
	shal	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 out the written approval of the court. T.C.A. § 36-1-111(p)(1) and (2).
2.	Ado	in 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: ption Services, Tennessee Department of Children's Services, 436 6th Avenue North, Nashville, TN 37243-1290. T.C.A. § 36-1-p)(1)(2) and (4.) Please Certify the copies on the page following the certification by the Warden.
		PART II
В.	AC	CEPTANCE OF SURRENDER BY PROSPECTIVE ADOPTIVE PARENTS
STA	ATE (OF
CO	UNI	Or
		Being duly sworn, affiant(s) would state:
1.	a.	I am, Prospective Adoptive Mother. Prospective Adoptive Mother's Date of Birth
	b.	Prospective Adoptive Mother's Date of Birth
	c.	Prospective Adoptive Mother's Marital Status
	d.	Prospective Adoptive Mother's Address
2.	a.	I am, Prospective Adoptive Father. Prospective Adoptive Father's Date of Birth
	b.	Prospective Adoptive Father's Date of Birth
	c.	Prospective Adoptive Father's Marital Status
	d.	Prospective Adoptive Father's Address
3.	Upo	n execution of Parts I and IIA. by the parent or guardian named therein before the Warden named therein where the surrender is pted agree to assume responsibility for obtaining guardianship of (I/We)
		through court order within thirty (30) days of the date of this

(Name of Child)

surrender [See, T.C.A. § 36-1-111(u)], and we agree,	therefore, to be responsible for the care,	custody, financial support, 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
			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)
	l		

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	9	I/We	have physical	custody o	of this	child:	or
٥.	a.	I/ W C	nave physical	custody o	n uns	cillia,	OI

- 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 <u>if</u> counseling was requested by the surrendering parent. <u>See</u> 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. \(\subseteq \text{Not Applicable}. \)
- Yes □ No □ 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.
 □Not Applicable.

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

	s \square No \square a. If the child is to be removed from Tennessee for ampact or the Placement of Children. \square Not Applicable.	adoption in another state, there has been compliance with the In-
b.	If not, how will it be effected?	
URTHE	ER AFFIANT(S) SAITH NOT	
his c	day of, 20	
		Signature of Prospective Adoptive Mother
		Circle CD Control of CD do
		Signature of Prospective Adoptive Father
worn to a	and subscribed before me this day of	, 20
		NOTARY PUBLIC
v comm	mission expires:	
,		
	CERTII	FICATION OF WARDEN
f Correct	I,, Warden of the ctional Facility) located at, whereby certify that the foregoing copies of Parts I and II of the state	(Name
Facility	y) hereby certify that the foregoing copies of Parts I and II of the Sthe documents executed before me.	Surrender Forms are true and accurate
P	This day of, 20	
	Warder	n.
		n,(Name of Correctional Facility)
	Sworn to and subscribed before me this day of	, 20
		NOT A DV NUDLIG
		NOTARY PUBLIC
	My Commission Expires:	
	CERTIFICATION OF T	TENNESSEE CLERK
]	I,, Clerk of the County, Tennessee, certif	Court of fy the foregoing copies of Parts Land II of the Surrender Forms to
ie and a	accurate copies of the documents filed with this Court.	y the foregoing copies of ranks rank in or the surrender rollins to
	Clerk o	of the Court of
		County, Tennessee.
		(Seal)

PART III

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

		110111 3 00 1 111(1)(0)
STA	ATE C	OF
CO	UNTY	(OF)
Rei	ıo dub	y sworn according to law affiant would state:
	I am	
	a.	Mother: , or
	b.	Father: , or
	c.	Mother:
2.	a.	Child's Name: Child's Date of Birth: Child's Place of Birth:
	b.	Child's Date of Birth:
	c.	Child's Place of Birth:
	d.	Child's Sex:
	e.	Child's Sex: 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) year of age or older or their legal representative, the adopted person's birth or adopted parents or step-parents, the birth or adopted sibling 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 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 person 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].
ŀ.	I und	derstand that contact with me by an eligible person is governed by filing my intentions with the Contact Veto Registry.
5.	choc [T.C will	illing with the execution of this surrender, I understand there is no fee for filing with the Contact Veto Registry. However, should use 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 fee 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, be contacted and informed by the Department of Children's Services to determine my desires for contact at that time and will be given apportunity to vary or modify my request. [T.C.A. § 36-1-130(b)(1)].
5 .	I wis	derstand that I may vary this contact veto by indicating my desires for contact, if any, with the eligible persons and the means of contact sh 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 e 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.
		BE MADE.
		Name (Including Birth & Married Names) (Street/Rural Route/P. O. Box)
		(Town/City) (State) (Zip Code)
		(Home Telephone No.) (Work Telephone No.)

	b.	Is this address an address the departme Yes ☐ No ☐ If no, please share address		cerning your wishes rega	rding contact.			
		(Street/Rural Route/P. O. Box)	(Town/City)	(State)	_			
		(Zip Code) (Work Telephor	ne) (I	Home Telephone)	·			
	c.	Is this address an address a person requused:	uesting contact may use to writ	te to you? Yes □ No □.	If no, please share the address to be			
		(Street/Rural Route/P. O. Box)	,	Town/City) (State)	_			
		(Zip Code) (Work Telephor	ne) (l	Home Telephone)	<u>_</u> .			
	d.	Are the telephone numbers the number YES □ NO □. If no, may the listed to YES □ NO □. If no, please list telephone numbers the number YES □ NO □.	elephone numbers be shared w	rith eligible persons reque				
		(Work Telephone No.)	(Home Telep	phone No.)				
8.	a. b.	access to the sealed records, sealed add The filing of a contact veto by you ancestors, and the spouses of those po may, however, exclude persons in the	option records or post adoption makes the contact veto autoersons so that they cannot be nose classes from this autom department, pursuant to a sear	record to have contact we omatically applicable to contacted by a person el atic coverage so that the rich request, they will have	nay, as may be permitted by law, to have rith me. your siblings, lineal descendants, lineal igible to have the records opened. You ey will have to register a contact veto we to register a contact veto at the time.			
	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 □							
Ple	ase c	omplete the following for any known indi	viduals:					
Please complete the following for any known individuals:								
		Name	Relationship To Surrendering Person		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		lo 🗖. spouse				
		Please complete the following for any kr	nown individuals:					
		Name	Relationship To Surrendering Person		Address). Box, Town, State, Zip			
			I					

Rule	0250-7-1310, continued)
. 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 (2) The adopted person's adoptive parents Yes □ No □ 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:
or Te	wish 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	ersonal contact, unannounced
Pe	ersonal contact, prearranged with me , either via phone or correspondence crossonal contact through another person. Please give name, relationship to you, if any, and information to be released regarding how to ontact:
_	
	ther information I wish to have released about me to any eligible persons (please identify to whom and the contents of the information to e provided)
2. Słyc	nould you wish no contact with any other eligible persons but wish to share a statement of your feelings, or circumstances which impact our decision, please share that information here:
_	
	hereby request that this information be filed with the Contact Veto Registry at the Post Adoption Services Unit of the Department hildren's Services.
FURTH	IER AFFIANT SAITH NOT.
Γhis the	e day of, 20
Signatu	Biological Legal Mother Biological Legal Father Legal Guardian
Sworn t	to and subscribed to before me this day of, 20
	Notary Public
√ly con	nmission expires
	Please Print: Warden of State or Federal Penitentiary

	Name of Facility and Location
Signature:	
	Warden of State or Federal Penitentiary
Sworn to and subscribed to before me this da	y of, 20
My commission expires	Notary Public
	CERTIFICATION
I Ward	en of the Correctional Facility located at
foregoing copy of Part III of the Surrender Forms to be	en of the Correctional Facility located at, County, State of, certify the ea true and accurate copy of the document executed before me.
	Warden of State or Federal Penitentiary
Sworn to and subscribed before me this day of	, 20
	Notary Public
My commission expires on	
•	
	PART IV
REVOCATION	OF SURRENDER BY A PARENT OR GUARDIAN
STATE OF COUNTY OF	
Being duly sworn according to law affiant would state.	
1. I am: 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. On(Date), I exe	cuted 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 Service	res
4. The surrender was executed before:	Warden of State or Federal Penitentiary
Name of Facility and Location	

I hereby revoke and void the surrender of the above-named child.

FURTHER AFFIANT	Γ SAITH NOT.	
This theday of _	, 20	
Signature:	Biological Legal Biological Legal Legal Guardian:	Mother Father
Sworn to and subscrib	ped before me this day of	, 20
This Revocation of Su	urrender was received by me on th	ne day of, 20
	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 subscrib	ped before me this day of	, 20
My commission expir	res on	Notary Public
NOTES TO COURT	<u>t, OR OTHER PERSON AUTH</u>	<u>IORIZED TO RECEIVE A REVOCATION, AND TO THE CLEI</u>

RK:

- 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).
- 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).
- A certified copy of the revocation shall be attached to a certified copy of the surrender or the petition for adoption containing the 4. a. 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).

- 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

My commission expires on

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).

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-.11 PARENTAL CONSENT FORM USED IN CONFIRMATION OF CONSENT PROCEEDING BEFORE THE COURT.

- (1) The following form is composed of four (4) Parts making a complete package which must be used in 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 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).

ıg	uury swo	orn according to law, affiant would state:	
	am:	(0 - 40 4)	
a	. Mo	ther: (Date of Birth)	or_
b	. rau	ner: (Date of Birth)	_,or
a	. Chi	ld's Name	
b	. Chi	ld's Date of Birth	
	. Chi	Id's Place of Birth	
d	. Chi	ld's Sex	
е	. CIII	ld's Race	
Τ	his child	d was born in wedlock □/ out of wedlock □.	
S	tate the	names and relationships of any other legal/biological parent, legal guardian or possible bio	logical parent for this c
a	. (1)	Name:	
	(2)	Relationship to the child:	
	(3)	Address	
	(4)	City, State Zip	
	(6)	Other identifying information concerning the above identified other legal or biological	
	(0)	parent/legal guardian.	
			and
b	. (1)	Name:	
	(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 guardian.	
			 and
c	(1)	Name:	und
٠	(2)	Relationship to the child:	
	(3)	Address	
	(4)	City, State Zip	
	(5)	Telephone Number: Home: Work:	
	(6)	City, State Zip Telephone Number: Home: Work: Other identifying information concerning the above identified other legal or biological parent/legal guardian.	

a. Legal parent

Yes □ No □

(Rı	ale 02	250-7-1311, cor	ntinued)					
	b. c. d.	Biological parent Legal guardian Not applicable	Yes □ No □ Yes □ No □ Yes □ No □					
6.	The a. b. c. d.	whereabouts is unknot Legal parent Biological parent Legal guardian Not applicable	own for the other: Yes No No					
7.	pare	nt/legal guardian has	on concerning the identity been() or will be give the adoptive home study	n() to the prospe	ctive adoptive parents	to whom th	e above child is bein	
8.	Info a. b. c. d. e. f.	Are you or the child If no, go to # 9. If yes, are you eligit If yes, give name of Are you registered v If yes, give name of	with a Native American t	itage? Yes ? Yes No ribe? Yes	No 🗆	_		
	g. h. i j.	If yes, give name of Has your child been If yes, give name of This information is	registered with a Native tribe.	American tribe? Yes □ No □	Yes □ No □	_		
9.	a.b.c.	Yes ☐ No ☐ If yes, name of state	If no, go to #10. or country. Tennessee law will gove					
10.	abov Yes If no		eived or been promised cement of this child for a e following:		er remuneration of th	ing of value	in connection with	the birth of the
	<i>y</i> -	Amount	<u>.</u> .		Dat		Type	
		Paid	To Whom	By Who	m Received	d/Paid	Service/Cost	
								_
11	a.	Does the child own value:	any real or personal prop	perty? Yes 🗖	No ☐ If yes, please d	escribe the p	property owned and g	give the property
	b.		ne child will become poss roperty, who currently o' lue:					es owner and

12.	a.	Do you currently have: Only legal custody of the child? Yes No
		Only physical custody of the child? Yes \(\sigma \) No \(\sigma \)
	b.	Both legal and physical custody of the child? Yes \(\sigma \) No \(\sigma \) If another person(s) holds legal custody of the child at this time, give the following information: Name:
		Name:
		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:
		Address: (Street, RR, P.O. Box) (Town/City) (State) Telephone Number (Home) (Work) Is the person(s) who holds custody the prospective adoptive parent? Yes
		Telephone Number (Home) (Work)
	d. 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: Have you given custody of the child to the prospective adoptive parents? Yes No
	c	Town/City: State: Zip:
	f. 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 parent this child? Yes \square No \square
	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, or a licensed clinical social worker concerning the decision to place this child for adoption? Yes \Boxed No \Boxed
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 adoption of this child? Yes \square No \square
15.	nan	you understand that if the court confirms the parental consent executed by you in the adoption petition concerning the above-ned child that you will have no right to act as parent of the above-named child in any manner whatsoever forever, and that the d 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 the adoption of the above-named child in the adoption petition by signing a paper called a Revocation of Parental Consent before the judge who is here today? Yes \square No \square
	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 parents will be required to return 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.	nan	owing the above, do you freely, voluntarily and without duress or pressure by any other person(s) desire to allow the above- ned child to be adopted by the prospective adoptive parents? □ No □
		URTHER, AFFIANT SAITH NOT.
		his the day of 20.
	Sign	Biological Legal Mother of
		Name of Child

of

	Sworn to a	and subscribed before	me this the day of _	
			Please	e Print: Chancellor,Circuit Judge of County, Tennesse
			Sign	nature:
			g	Chancellor, Circuit Judge
B. A	FFIDAVIT OI		PROSPECTIVE ADO	OPTIVE PARENT(S) a) (o) and(r) (6) (A) and 36-1-117 (g)
NOTE	. The inform			entry of an order of guardianship based on a parental consent executed i
	adoption p		persons and may be obt	tained prior to and separately from Part A in order to obtain the order
STAT COUN	E OF TENNES	SSEE)	
Being	duly sworn, aff	iant(s) would state:		
	ı. I am	41 () () ()	D. CD: 4	, Prospective Adoptive Mother.
C	 Prospectiv 	e Adoptive Mother's l	Place of Birth	
	_	_		
	 Prospectiv 	e Adoptive Father's D	ate of Birth	, Prospective Adoptive Father.
	 Prospectiv 	e Adoptive Father's P	lace of Birth	
3	agr	ree to assume responsi	bility for obtaining guard	dianship of
	(I/We)		through cour	art order within thirty (30) days of the date of this
S	urrender [See.]	(Name of Child)		e, to be responsible for the care, custody, financial support, medical care,
		l, and spiritual training		, , , , , , , , , , , , , , , , , , , ,
4. Т	The following co	osts have been paid by	(me/us) for activities i	involving the placement of this child.
A	mount 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 5a5d. <u>MUST</u> BE MARKED TO DESIGNATE THE APPLICABLE SITUATION. ONE OF THE FOLLOWING <u>MUST</u> EXIST BEFORE PARENTAL CONSENT CAN BE THE BASIS FOR AN ORDER OF GUARDIANSHIP BY THE COURT. T. C. A. § 36-1-111(0):										
5.	a.	I/We	have physical custo	dy of this	child; or					
	b.		e will receive physical pired by § 36-1-111 (
	c.		have the right to recoff the custodial parer							
	d.	person or ag	ther person or agence ency required by § order pursuant to § 3	36-1-111 ((d)(6) which ind	ontrol of icates the	the child. I/We eir waiver of the	have presented right to custod	to the court an a	of the pon entry of a
SUE	SEC NFIR	TIONS 6-9 <u>M</u> RMATION AN	UST BE ANSWER D ORDER OF GUA	ED "YES' ARDIANS	' OR <u>MUST</u> BE SHIP IS ENTER	MARKI ED BY T	ED "NOT APPL THE COURT. T	ICABLE" BEF . C. A. § 36-1-1	ORE THE ORI 11 (m), (o):	DER OF
6.			We have presented to ensed child-placing a							
7.			Ve have attached the See Item #s 13 and 1					counseling if c	ounseling was re	quested by the
8.	othe		the child has been b rm required for ICPC							ICPC 100A or
9.	Nati		We have attached a st peritage, there has been				fare Act, 25 U.S.	C. § 1901 et sec	q. applies because	e of the child's
SUE	BSEC	TION 10 MU	<u>ST</u> BE ANSWEREI) "YES",	OR ITEM b. <u>M</u>	UST EXI	PLAIN HOW CO	OMPLIANCE V	WILL BE EFFE	CTED:
10.	Yes Con	No □ a. Inpact or the Pla	If the child is to be reacement of Children.	moved from	m Tennessee for Applicable.	adoption	in another state, t	there has been co	ompliance with the	ne Interstate
	b.	If not, how w	vill it be effected?							
										_ _
FUE	THE	R AFFIANT(S	S) SAITH NOT							_
		`	, 20							
Signature of Prospective Adoptive Mother										
Signature of Prospective Adoptive Father										
Sworn to and subscribed before me this day of, 20										
Please Print:										
					Ch of Tenn	essee	Circuit Judge	County,		
				Signature	:				_	
*Sec	e Not	es Below Befo	re			Ch	ancellor or Circu	it Judge		

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:

- 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.

	PART II	
IN THE	COURT FOR	COUNTY
IN THE MATTER OF:)))	NO
ORDER	OF CONFIRMATION OF PARENTAL CO	NSENT
This matter came to be heard on the	day of, 20, before	re the Honorable
	_, Judge of the	
Court of	, County, Tennessee upon the adoption peti	tion filed by
	(Prospective Adoptive Parent(s)) which con	ntains a parental consent executed pursuant to T.
C. A. 36-1-117(g).		
The parent	(Name of Parent Signing Pe	tition) who signed the adoption petition for the
purpose of giving consent to the adoption of	(Name of Chi	ld) 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 0250-7-1311, continued)	
(Name(s) of I	Prospective Adoptive Parents),
IT IS, THEREFORE, ORDERED THAT:	
1. The parental consent of	(Name of Parent) in the Petition for Adoption filed in the above-
styled matter 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.	
Enter this day of, 20_	<u> </u>
	CHANCELLOR OR JUDGE
	CERTIFICATION
1,, Cler	k of the County, Tennessee, hereby certify the foregoing copies of Parts I and II of the Parental aments filed with the court.
Consent Forms to be true and accurate copies of the docu	iments filed with the court.
	Clerk of the Court of
	County, Tennessee.
	(Seal)
	PART III
СО	NTACT VETO REGISTRATION T.C.A. § 36-1-111(k)(3)
STATE OFCOUNTY OF))
Being duly sworn according to law affiant would state:	,
1. I am:	
a. Mother:	, or
b. Father:	, or
c. Legal Guardian:	0f:
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:	

- 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 INSURE THAT FUTURE CONTACT CAN BE MADE.

	Name (Including Birth & Married Names)		(Street/Rural Route/P. O. Box)			-2	
	(Town/City)		(State)	(Zip Code	e)	٠	
	(Home Telephone	No.) (Wo	rk Telephone No	.)			
b.	Is this address an addres Yes □ No □ If no, ple			oncerning your v	wishes regard	ing contact.	
	(Street/Rural Route/P. C	. Box)	(Town/Ci	(ty)	(State)	-	
	(Zip Code) (V	Vork Telephone)		(Home Telepho	one)		
c.	Is this address an address used:	s a person requesting con	ntact may use to v	vrite to you? Yes	s □ No □. I	f no, please sl	hare the address to be
	(Street/Rural Route/P. O	. Box)		(Town/City)	(State)	-	
	(Zip Code) (V	Vork Telephone)	<i></i>	(Home Telepho	one)	·	
d.		nay the listed telephone r	umbers be shared er(s), if any, that	l with eligible pe might be shared			
				s), if any, that		s), if any, that might be shared and used to co	s), if any, that might be shared and used to contact you.

- 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

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

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 	Yes	
		Please complete the following for an	ny known individuals:	
		Name	Relationship To Surrendering Person	Address Street. RR, P. O. Box, Town, State, Zip
	d.	(1) Any future siblings of the ac(2) A current spouse	Yes ☐ No ☐ Name of current s Yes ☐ No ☐	o 🗖. pouse
		Please complete the following for an	ny known individuals:	
		Name	Relationship To Surrendering Person	Address Street. RR, P. O. Box, Town, State, Zip
9.	a.	I give consent for the child I am s by law, to have access to the seale	urrendering (adopted person) ard records, sealed adoption recor	d <u>ALL</u> other classes of eligible persons who, as may be permitted ds or post adoption record to have contact with me.
	b.	 The adopted person The adopted person's adopti The adopted person's adopti The adopted person's lineal 	Yes □ No □ ve parents Yes □ No □ ve siblings Yes □ No □	
	c.	If contact is limited to the legal re		Persons, please describe:
10.	or o		those persons requesting contain ntact)	et with me: (Please check all that apply and indicate any limitation

	Personal contact, unannounced
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 our decision, please share that information here:
13.	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.
FUF	HER AFFIANT SAITH NOT.
	ne day of
	rure: Biological Legal Mother Biological Legal Father
Swo	to and subscribed to before me this day of, 20
Му	Motary Public Notary Public
	Please Print: Chancellor Circuit Judge
	ChancellorCircuit Judge ofCounty, Tennessee Signature
	Chancellor or Circuit Judge
	CERTIFICATION
	,, Clerk of the Court of County, see, certify the foregoing copy of Part III of the Parental Consent Forms to be a true and accurate copy of the document executed before part.
	Clerk of theCourt ofCounty, Tennessee
	(See I)

PART IV

REVOCATION OF PARENTAL CONSENT BY A PARENT

		OF TENNESSEE Y OF		
Bei	ng dul	ly sworn according to law affiant would state:		
1.	I am	1:		
	a.	Mother:		
	b.	Father:	, 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 .	(Date), I exec	cuted a parental consent for the adoption of the child named in #2	to!
		Prospectiv	ve Adoptive Parent(s)	
4.	The	petition for adoption containing the parental Cour	consent was filed in the Court fatty, Tennessee.	for
5.	I he	reby revoke and void the parental consent to t	the adoption of the above-named child.	
	DELLE	D A DELIANTE CAUTHANOTE		
FU.	KIHE	R AFFIANT SAITH NOT.		
Thi	s the	day of, 20		
	_			
Sig	nature	: Biological Legal Mother _		
		Biological Legal Father		
Sw	orn to	and subscribed before me this day of	, 20	
	This	s Revocation of Parental Consent was receive	d by me on the day of, 20	
		Please Print:		
			ChancellorCircuit Judge	
			ofCounty, Tennessee	
		Signature (See notes below):		
		Signature (See Hotes below):	Chancellor or Circuit Judge	
			Chamber of Circuit stage	

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).

I,			CERTIFICATION
Consent executed before this Court. Clerk of the			
Consent executed before this Court. Clerk of the	Coun	I, ity, Tenne	, Clerk of the Court of ssee, certify the foregoing copy of the Revocation of Parental Consent to be a true and accurate copy of the Revocation of Parental
County, Tennessee (Seal)	Cons	ent execu	ted before this Court.
County, Tennessee (Seal)			Clark of the
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(t)(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(t)(T)) 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			County, Tennessee
(1995), and Executive Order #6, January 12, 1996. Administrative History: Original rule filed September 7, 2001; effective November 21, 2001. (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)) 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 (Name of person(s) employing counselor to provide social counseling to surrendering person) to provide counseling to regarding the social issues surrounding the decision by this person to place (Name of person to whom was provided) (Name of person to whom was provided)			(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)(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(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 () 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 to whom was provided) regarding the social issues surrounding the decision by this person to place (Name of the child(ren)	(199	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. 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 (025	0-7-13	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(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 ((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(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 () COUNTY OF 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 to whom was provided) regarding the social issues surrounding the decision by this person to place (Name(s) of the child(ren)		(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(<i>l</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 (TO ADOPTION PLACEMENT DECISION BY PARENT(S)
Being duly sworn according to law, affiant would state: 1. I am	to the	e decision seling bef	of that person to surrender the child for adoption, this certification form must be completed by the person who provided such ore 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
1. I am			
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 (Name(s) of the child(ren)	Being	g duly sw	orn according to law, affiant would state:
regarding the social issues surrounding the decision by this person to place	1.	I am	, (Name of Person Providing Social Counseling).
regarding the social issues surrounding the decision by this person to place(Name(s) of the child(ren)	2.	I was em	ployed by, (Name of person(s) employing counselor to provide social counseling to
		regarding	the social issues surrounding the decision by this person to place
for adoption.			

	(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		
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		1
		1

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 attac	ched" and attach report with this certification.)
This theday 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	
My Commission Expires:	NOTARY PUBLIC
	S STATEMENT with me. As a result of the issues addressed during this process and in what I believe to (Birth/Legal Mother)
, or	
following plan for my child/ward. (Please Describe You	
Please Print:(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(I)(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(I)(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.

	ATE OF TENNESSEE OR () DUNTY OF
	Being duly sworn according to law, affiant would state:
1.	I am, (Name of attorney providing legal counseling to surrendering person). I am licensed to practice law in the State of Tennessee (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, (Name of person(s) employing attorney to provide legal counseling to surrendering person) to provide legal advice to (Name of person to whom legal advice was rendered) regarding the legal issues surrounding the decision by this person to place (Name(s) of the child(ren) for adoption.
3.	I certify that I have completed an explanation of any questions posed by (Name of person to whom legal advice was rendered), and that legal counseling has been completed, and they have stated to me that they understand such issues and their rights, and that they wish to proceed with the plan to surrender the above-named child.
Thi	s the day of, 20
FU	RTHER AFFIANT SAITH NOT.
	Please Print: Attorney Providing Legal Counsel to Surrendering Person
	Address:
	Signature:
Sw	orn to and subscribed before me this day of, 20
	NOTARY PUBLIC
Му	Commission Expires:

Authority: T.C.A. §§ 4-5-201, et seq., 36-1-111(k), (1)(2)(m) and (0), 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)	les, transportation (Attach Additional Sheets If Necessary): Entities or Persons who received payments, contributions, fees, or other things of value;
		The specific amount of payments, contributions, fees, or value of things given; and, The specific purpose of payments, contributions, fees, or other things of value:
d.	for th	or payments paid to any attorney at law and other costs of legal proceedings in connection with the birth, placement, or litigate adoption of this child (Attach Additional Sheets If Necessary): Entities or Persons who received payments, contributions, fees, or other things of value;
		The specific amount of payments, contributions, fees, or value of things given; and, The specific purpose of payments, contributions, fees, or other things of value:
e.	Coun	useling paid for on behalf of the birth or prospective adoptive parent(s) or child (Attach Additional Sheets If Necessary):
	(2)	Entities or Persons who received payments, contributions, fees, or other things of value; The specific amount of payments, contributions, fees, or value of things given; and, The specific purpose of payments, contributions, fees, or other things of value:
f.	Fees	or payments paid to any licensed child-placing agency or licensed clinical social worker (Attach Additional Sheets If Neces:
1.	(1) (2)	Entities or Persons who received payments, contributions, fees, or other things of value; The specific amount of payments, contributions, fees, or value of things given; and, The specific purpose of payments, contributions, fees, or other things of value:
g.		other money, fees, contributions, or other remuneration or thing of value in connection with the birth, placement, or adoption
	(1) (2)	child, given or paid, to the child's parent(s) or family member(s) (Attach Additional Sheets If Necessary): Entities or Persons who received payments, contributions, fees, or other things of value; The specific amount of payments, contributions, fees, or value of things given; and, The specific purpose of payments, contributions, fees, or other things of value:
THE	R AFF	TANT(S) SAITH NOT.

(Ru	ıle 0250-	-7-1314, continued)		
			Please Pri	int:Prospective Adoptive Mother
			Signature	::
			Please Pri	int:Prospective Adoptive Father
				e:
Swo	rn to and s	subscribed before me this	day of	, 20
				NOTARY PUBLIC
Aut Exe	thority: ecutive C		et seq., 36-1-116((b)(16), 36-1-125, 36-1-141, Public Chapter 532 (1995), and ative History: Original rule filed September 7, 2001; effective
025	50-7-13	.15 ADOPTION CO	ONSENT FORM I	FOR MINOR WHO IS FOURTEEN (14) YEARS OF AGE.
	(1)	The following form to his or her adoption		the consent of a child who is fourteen (14) years of age or older .C.A. § 36-1-117(i).
	(2)	This information sha	all be confidential	and shall only be disclosed as provided by T.CA. § 36-1-101 et
	(3)	Form:		
		CONSENT	AC	MINOR WHO IS FOURTEEN (14) YEARS OF GE OR OLDER DE ANNOTATED, § 36-1-117(i)
		ENNESSEE		
Beir	ng duly sw	orn according to law, affian	t would state:	
1.	I am Petition,	Fourteen (14) years of age of	or older), Born,	(Use the Name of Minor Child Prior to any Name Change Requested in the (Date Of Birth).
2.	I und	lerstand that	, (Name of Prospe	(Name of Prospective Adoptive Mother), and ective Adoptive Father) have filed a Petition to Adopt me.
3.	I unders	ective Adoptive Father), and	enters an order of ac , (Name of Prospectiv d that they will become	doption based upon the Petition, that I will become the legal child of ve Adoptive Mother), and, (Name e my parent(s) for all purposes, just the same as if I had originally been born to
4.		and that, while I remain und with anyone in my birth fami		of age, my adoptive parent(s) will have the right to determine if I should contact
5.	inherit pr	roperty from me or my descr	endants but only for pro	rom my adoptive parent(s), and their (his/her) descendants will have the right to perty I acquire after the adoption order is entered. After the order of adoption is r 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, and I beli	eve that my adoption by	, (Name of
Prospective Adoptive Mother), and wish for the adoption to take place.		eve that my adoption by, (Name of Prospective Adoptive Fath	er), is in my best interests. I
7. I freely and voluntarily, without pres	sure from anyone, consent	to this adoption.	
This the day of	_		
FURTHER AFFIANT SAITH NOT			
	Please Print:N	ame of Minor Child	
	Signature:		
Sworn to and subscribed before me this _	day of, 20	_	
		ncellor Circuit Judge of the Court for	
	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:

STATE 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
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
FUI	RTHER AFFIANT SAITH NOT.
	Please Print:(Name of Guardian Ad Litem) Address:
Swa	Signature: orn to and subscribed before me this the day of, 20
SW	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 UNTY OF	
	Being duly sworn according to law, affiant would s	state:
1.	I am,, Guardia, an ac	nn Ad Litem, Guardian or Conservator for, idult who is mentally disabled.
2.	(Guardian Ad Litem only) I have been appointed by this adoption by, (Name of Pro	S Court to represent the best interests of this disabled adult in the petition for his/her, (Name of Prospective Adoptive Mother), and rospective Adoptive Father).
3.		instances of the proposed adoption, and have attached hereto my written report issent to the adoption of this disabled adult by the petitioners.
4.	(Guardian Ad Litem only) Based upon my investigation ☐ give consent/☐ withhold consent to the adoption of _	and report, I, (Name of Disabled Adult) by the petitioners.
5.	As Guardian or Conservator, I 🗖 give consent/ withho	
Thi	s the day of, 20	
FUI	RTHER AFFIANT SAITH NOT.	
	Please	e Print:
	Addre	(Name of Guardian Ad Litem, Guardian or Conservator)
	Signa	ature:
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:

STATE OF TENNESSEE

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).

CO	UNT	Y OF
Bei	ng dul	ly sworn according to law, affiant would state:
1.	I am	n, an authorized representative of, (Name of Licensed Child-Placing Agency) [or], me of Licensed Clinical Social Worker).
2.	My (Na	agency [or I] has [have] charged
	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.	My (Na a. b.	agency [or I] has [have] charged mes of Prospective Adoptive Parent(s) the following fees or other charges involving home studies of the prospective adoptive parent(s): State first the service(s) rendered in conducting home studies of the petitioner(s) immediately followed by The fees charged petitioner(s) for each specific service. (Attach additional Sheets if Necessary):
4.	(Na	agency [or I] has [have] charged mes of Prospective Adoptive Parent(s) the following fees or other charges involving supervision of the placement of the child (ren) in home of the prospective adoptive parent(s): State first the service(s) rendered in conducting supervision of the child's (children's') placement in the home of the petitioner(s)
	b.	immediately followed by The fees charged petitioner(s) for each specific service. (Attach additional Sheets if Necessary):

(Ru	le 0250-	-7-1318, continued)		
	_			
This	the da	y of, 20		
FUR	THER A	FFIANT SAITH NOT.		
			Please Print:	
				Authorized Representative of Licensed Child-Placing Agency/ or Licensed Clinical Social Worker
			Address:	
			Signature:	
Swoi	rn to and s	subscribed before me this day of _		, 20
				NOTARY PUBLIC
Му (Commissi	on Expires:		
Ord				i-1-125, 36-1-141, Public Chapter 532 (1995), and Executive Original rule filed September 7, 2001; effective November
025	0-7-13-	.19 FEE DISCLOSURE FO	ORM FOR A	TTORNEY.
	(1)		adoptive par	ney to disclose, as required by T.C.A. § 36-1-120(b), the feesents, and must be filed with the proposed order of adoption
	(2)	This information shall be conseq.	nfidential an	d shall only be disclosed as provided by T.CA. § 36-1-101 et
	(3)	Form:		
				DISCLOSURE AFFIDAVIT ANNOTATED, § 36-1-120(b)
		must be filed by the attorney representing 36-1-120(b).	ing the petitione	rs with the proposed adoption order prior to entry of the order by the Court.
		ENNESSEE		
Bein	g duly sw	orn according to law, affiant would sta	ite:	
1.	I am	at the state of th	ttorney for petit	ioners (Names of
	which is	filed in the Cour	on proceeding rt for	ioners (Names of styled:, County, Tennessee in which they (he/she) have sought to adopt
	(ren), and	d in which the Court has ordered the er	ntry of an order	of adoption pursuant to that petition. (Name(s) of Child

3. The following are fees charged by me or persons who are employed, contracted by, or associated with, me for legal services rendere Petitioner(s) in the adoption proceedings involving the child (ren): (Attach additional sheets if necessary): a. State first the legal service(s) rendered in the proceedings for the adoption of the child(ren) by the petitioner(s) immediately folk by b. The specific fees charged petitioner(s) for each service: 4. The following are fees paid by me or persons who are employed, contracted by, or associated with, me to any other person or entity services rendered in securing the placement of the child(ren) with the petitioners or for securing any services related to securing any! studies or surrender of the child(ren): a. State first the services rendered by persons or entities whose services assisted in securing the child's (children's') placement, or securing a home study or surrender of the child(ren) followed immediately by, b. The specific amount of the fees paid for each service to that person or entity: This theday of		<u>place</u> a.	ement of the child (ren) with the Petitioner	r(s). (Attach addit placement of the c	oyed, contracted by, or associated with me for services rendered for the tional sheets if necessary): child (ren) with the petitioner(s) immediately followed by
Petitioner(s) in the adoption proceedings involving the child (ren): (Attach additional sheets if necessary): a. State first the legal service(s) rendered in the proceedings for the adoption of the child(ren) by the petitioner(s) immediately folk by b. The specific fees charged petitioner(s) for each service:					
services rendered in securing the placement of the child(ren) with the petitioners or for securing any services related to securing any studies or surrender of the child(ren): a. State first the services rendered by persons or entities whose services assisted in securing the child's (children's') placement, or securing a home study or surrender of the child(ren) followed immediately by, b. The specific amount of the fees paid for each service to that person or entity: This theday of, 20 FURTHER AFFIANT SAITH NOT. Please Print: Attorney for Petitioner(s)		Petiti a.	ioner(s)in the adoption proceedings invol- State first the legal service(s) rendered i by	ving the child (rem in the proceedings	n): (Attach additional sheets if necessary):
FURTHER AFFIANT SAITH NOT. Please Print: Attorney for Petitioner(s)		servic studio a.	ces rendered in securing the placement of es or surrender of the child(ren): State first the services rendered by pers securing a home study or surrender of the	of the child(ren) we sons or entities where child(ren) follow	with the petitioners or for securing any services related to securing any home those services assisted in securing the child's (children's') placement, or for wed immediately by,
Please Print: Attorney for Petitioner(s)	This t	the			
Attorney for Petitioner(s)	FURT	THER	R AFFIANT SAITH NOT.		
					Attorney for Petitioner(s)
Signature:				Signature:	
Sworn to and subscribed before me this day of	Swor	n to a	and subscribed before me this day of		, 20
NOTARY PUBLIC					NOTARY PUBLIC
My Commission Expires:	Му С	Comm	nission 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)

This Release of Information should be used when a request for medical information has been 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 about an adopted person, or their biological or legal relatives and the Department of Children's Services is contacting the persons who have access to or have or may have knowledge of such information. See, T.C.A. 36-1-135. ____, (Name of Person Executing the Release) have been told by the Tennessee Department of Children's Services that a person eligible to request updated medical, psychological, or psychiatric information has requested additional or updated medical, psychological, or psychiatric information to which I may have access or of which I may have knowledge. I understand that if I have authority to release such information, that such release is entirely voluntary on my part. 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): 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): b. c. d. e. 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.) 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) DUNTY OF)			
	st being duly sworn according to law, affiant would	otata:		
1.	I am,, Exe	cutive Head of	d range antative of the Tannessee	
	Department of Children's Services: or an authoriz	red representative of	a state	
	Department of Children's Services; or an authorize or federal agency with the right to place the child	for adoption	, (Legal Name of Child)	
	D.O.B	• -		
2.	My agency or department holdsfull or partial guardianship of the child by a surrender or relinquishment of rights by one or both parents or guardians of the child, or by termination 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:			
	Prospective Adoptive Mother			
	Prospective Adoptive Father			
4.	On behalf of my agency, and to the extent of my agency's full or partial guardianship of: (Child's Name), I give consent to the adoption of this child by the above			
	prospective adoptive parent(s).	(Child's Name), I give consent to the	adoption of this child by the above	
Thi	isday of, 20			
FU	RTHER AFFIANT SAITH NOT.			
	D. L. W			
	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.