

**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

(Rule 0250-7-13-.01, continued)

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, 8<sup>th</sup> Floor, 436 6<sup>th</sup> Avenue North, Nashville, TN. 37243-1290, (615) 532-5637. Copies will also be supplied to licensed child-placing agencies in Tennessee.
- (b) Copies of the entire set of forms may be obtained on diskette in Microsoft Word from the Central Office by submitting two (2) formatted disks to this address with a self-addressed, postage paid return envelope suitable for mailing diskettes, or by requesting full copies from the above address. A charge will be made for providing a full set of hard copies from the Central Office.

**Authority:** T.C.A. §§4-5-201, et seq., 36-1-101 et seq., Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001.

#### **0250-7-13-.02 MEDICAL/ SOCIAL HISTORY OF CHILD'S FAMILY FORM.**

- (1) This form must be completed pursuant to T.C.A § 36-1-111(k)(1) under oath before the judge or other person authorized to conduct the surrender proceeding or at the judge's or person's direction, the clerk or an employee of the court or person conducting the surrender, prior to the execution of the surrender of a child or prior to the confirmation of the parental consent pursuant to T.C.A. § 36-1-117(g).
- (2) The completed form shall be kept in a separate file designated for the purpose of maintaining the form until it is forwarded to the court where the adoption petition is filed. The information contained in the form shall be confidential and shall not be disclosed to any other person without the written approval of the court; provided, however, a copy of the information with all identifying information deleted shall be furnished to the adoptive parent(s) or their attorney.
- (3) Form:

#### **MEDICAL/SOCIAL HISTORY FOR CHILD AND CHILD'S FAMILY TENNESSEE CODE ANNOTATED, § 36-1-111(k)**

This form must be completed under oath prior to execution of the surrender, or prior to confirmation of the parental consent. T.C.A. § 36-1-111(k).

When being completed by both the birth mother and birth father, a form is required to be completed by each parent.

When one birth parent is completing this form, information about the other birth parent should be completed when that parent is unavailable or refuses to complete the form for her/himself.

The legal parents or legal guardians who are not the birth parents of the child should complete information known to them about the birth parents.

This form shall be kept by the court in a separate file designated for that purpose until it is forwarded to the court when the adoption petition is filed. The Medical/Social History for Child and Child's Family shall be confidential and shall not be inspected by any person without the written approval of the court.

A copy of this form, with all identifying information deleted shall be given to the prospective adoptive parents or their attorney. T.C.A. § 36-111(k)(1).

**NOTE:** This form may be modified for use outside the State of Tennessee as long as the information requested is provided in the modified form.

STATE OF TENNESSEE OR OTHER LOCATION (\_\_\_\_\_)

(Rule 0250-7-13-.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 RACE \_\_\_\_\_ NATIONALITY \_\_\_\_\_

BIRTH FATHER'S RACE \_\_\_\_\_ NATIONALITY \_\_\_\_\_

BIRTH MOTHER'S SOCIAL SECURITY # \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_

BIRTH FATHER'S SOCIAL SECURITY # \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_ SEX \_\_\_\_\_ RACE \_\_\_\_\_

(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 (INCLUDE MAIDEN NAME)	DATE OF MARRIAGE	CITY/STATE WHERE MARRIAGE OCCURRED	COUNTY OF LICENSE

**DIVORCES:**

INCLUDE ANNULMENTS/SEPARATIONS/ANY TYPE DISSOLUTIONMENTS OF MARRIAGE)

NAME OF SPOUSE	DATE AND TYPE OF DISSOLUTIONMENT	CITY/STATE OF DIVORCE DECREE	COURT

IF MARRIAGE ENDED WITH THE DEATH OF A SPOUSE, PLEASE COMPLETE THE FOLLOWING INFORMATION:

NAME OF SPOUSE	DATE OF DEATH	CITY/COUNTY/STATE WHERE DEATH OCCURRED

(Rule 0250-7-13-.02, continued)

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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)		

(Rule 0250-7-13-.02, continued)

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 ADOPTIVE PLACEMENT	YES _____ NO _____	YES _____ NO _____

BACKGROUND INFORMATION FOR \_\_\_\_\_  
(NAME OF CHILD)

<b>INFORMATION</b>	<b>BIRTH FATHER'S MOTHER</b>	<b>BIRTH FATHER'S FATHER</b>
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 ADOPTIVE PLACEMENT	YES _____ NO _____	YES _____ NO _____

(Rule 0250-7-13-.02, continued)

BACKGROUND INFORMATION FOR \_\_\_\_\_  
(NAME OF CHILD)

<b>INFORMATION</b>	<b>BIRTH MOTHER'S MATERNAL GRANDMOTHER</b>	<b>BIRTH MOTHER'S MATERNAL GRANDFATHER</b>
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 ADOPTIVE PLACEMENT	YES _____ NO _____	YES _____ NO _____

BACKGROUND INFORMATION FOR \_\_\_\_\_  
(NAME OF CHILD)

<b>INFORMATION</b>	<b>BIRTH FATHER'S MATERNAL GRANDMOTHER</b>	<b>BIRTH FATHER'S MATERNAL GRANDFATHER</b>
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		

(Rule 0250-7-13-.02, continued)

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 ADOPTIVE PLACEMENT	YES _____ NO _____	YES _____ NO _____

BACKGROUND INFORMATION FOR \_\_\_\_\_  
(NAME OF CHILD)

<b>INFORMATION</b>	<b>BIRTH MOTHER'S PATERNAL GRANDMOTHER</b>	<b>BIRTH MOTHER'S PATERNAL GRANDFATHER</b>
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 ADOPTIVE PLACEMENT	YES _____ NO _____	YES _____ NO _____

(Rule 0250-7-13-.02, continued)

BACKGROUND INFORMATION FOR \_\_\_\_\_  
(NAME OF CHILD)

INFORMATION	BIRTH FATHER'S PATERNAL GRANDMOTHER	BIRTH FATHER'S PATERNAL 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 ADOPTIVE PLACEMENT	YES ____ NO ____	YES ____ NO ____

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,		



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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 ADOPTIVE PLACEMENT	YES _____ NO _____	YES _____ NO _____

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 ADOPTIVE PLACEMENT	YES _____ NO _____	YES _____ NO _____

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BACKGROUND INFORMATION FOR \_\_\_\_\_  
(NAME OF CHILD)

**OTHER CHILDREN BORN TO THE BIRTH 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 ADOPTIVE PLACEMENT	YES ____ NO ____	YES ____ NO ____

BACKGROUND INFORMATION FOR \_\_\_\_\_  
(NAME OF CHILD)

**OTHER CHILDREN BORN TO THE BIRTH FATHER**

FULL LEGAL NAME		
RELATIONSHIP		
ADDRESS STREET/RR/P.O. BOX CITY/TOWN/STATE/ZIP		
DATE OF BIRTH		
RACE/ETHNICITY		
HAIR COLOR		
EYE COLOR		
SKIN COLOR		
WEIGHT		
HEIGHT		
EDUCATION (HIGHEST GRADE COMPLETED, VOCATIONAL/ASSOC.		

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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 ADOPTIVE PLACEMENT	YES _____ NO _____	YES _____ NO _____

USE ADDITIONAL PAGES, IF NEEDED, TO DESCRIBE OTHER CHILDREN BORN TO THE BIRTH MOTHER OR BIRTH FATHER

**PRENATAL HISTORY:**

MONTH PRENATAL CARE BEGAN \_\_\_\_\_

DURING THIS PREGNANCY DID YOU

- TAKE ANY MEDICATIONS? Yes ( ) No ( )
  - EXPERIENCE PHYSICAL COMPLICATIONS? Yes ( ) No ( )
  - HAVE ANY X-RAY, ELECTROCARDIOGRAM OR RADIATION EXPOSURE? Yes ( ) No ( )
- IF YES TO ANY OF THE ABOVE, PLEASE EXPLAIN:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DID YOU HAVE ANY OF THE FOLLOWING DURING THIS PREGNANCY?

- GERMAN MEASLES Yes ( ) No ( ) DATE \_\_\_\_\_
- VENEREAL DISEASE Yes ( ) No ( ) DATE \_\_\_\_\_
- VIRUS TYPE \_\_\_\_\_ Yes ( ) No ( ) DATE \_\_\_\_\_
- INFECTIONS TYPE \_\_\_\_\_ Yes ( ) No ( ) DATE \_\_\_\_\_

WERE YOU INVOLVED IN ANY ACCIDENTS DURING THIS PREGNANCY?

Yes ( ) No ( )

WERE YOU SEXUALLY OR PHYSICALLY ABUSED DURING THIS PREGNANCY? Yes ( ) No ( )

IF YES TO EITHER OF THESE QUESTIONS, PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

**DELIVERY HISTORY:**

DURATION OF LABOR \_\_\_\_\_

TYPE OF DELIVERY \_\_\_\_\_

WERE THERE OTHER PREGNANCIES OF THE BIRTH MOTHER: Yes ( ) No ( )

IF YES, PLEASE DESCRIBE THE PREGNANCY AND HOW THE PREGNANCY ENDED (ABORTION, STILL BIRTH, MISCARRIAGES, ETC.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MEDICAL HISTORY FOR \_\_\_\_\_  
**NAME OF BIRTH MOTHER ( ) BIRTH FATHER ( )**

NAME OF CHILD: \_\_\_\_\_

(Rule 0250-7-13-.02, continued)

PLEASE INDICATE BY A CHECK MARK (X) IF YOU OR ANY BIRTH RELATIVE LISTED ON PAGES 3 THROUGH 13 HAVE EVER BEEN DIAGNOSED WITH THE FOLLOWING MEDICAL PROBLEMS. EXPLAIN IN THE "COMMENTS" SECTION THE SPECIFICS OF THE ILLNESS, THE SEVERITY OF THE ILLNESS, AGE AT ONSET OF ILLNESS, TYPE OF TREATMENT AND OUTCOME.

MEDICAL CONDITION	SELF		YES - OTHER RELATIVE (SPECIFY)	COMMENTS
	YES	NO		
ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)				
ALCOHOLISM				
ALLERGIES				
ARTHRITIS				
BONE DISEASE				
CANCER				
CEREBRAL PALSY				
CLEFT PALATE				
CONGENITAL DEFECTS				
CORONARY (HEART) PROBLEMS				
CYSTIC FIBROSIS				
DEAFNESS				
MEDICAL CONDITION	SELF		YES - OTHER RELATIVE (SPECIFY)	COMMENTS
	YES	NO		
DIABETES				
EAR INFECTIONS				
ECZEMA				
EPILEPSY/ SEIZURES				
GONORRHEA/ SYPHILIS				
HAY FEVER/ ASTHMA				
HEARING PROBLEMS				
HEART PROBLEMS				
HEMOPHILIA				
HERPES				
HODGKIN'S				
HORMONE DISORDER				
HYPERTENSION				
KIDNEY DISEASE				
MENTAL ILLNESS				
MENTAL RETARDATION				
MIGRAINES				
MULTIPLE SCLEROSIS				

(Rule 0250-7-13-.02, continued)

MUSCULAR DYSTROPHY				
NARCOTIC ADDICTION				

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

**SUBSTANCE USE HISTORY - 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: \_\_\_\_\_

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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)

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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).

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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.

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(Rule 0250-7-13-.02, continued)

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**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).

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**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.)

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**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: \_\_\_\_\_

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OTHER INFORMATION YOU WOULD LIKE TO SHARE ABOUT YOURSELF, YOUR SOCIAL/MEDICAL HISTORY, YOUR BIRTH  
RELATIVES OR ABOUT THE CIRCUMSTANCES IMPACTING YOUR DECISION TO PLACE YOUR CHILD FOR ADOPTION.

(IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH SHEETS.)

Birth/Legal Mother:

Birth/Legal Father:

(Rule 0250-7-13-.02, continued)

Legal Guardian(s):

FURTHER AFFIANT SAITH NOT.

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

**Signature:** \_\_\_\_\_  
Parent or Legal Guardian

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

OR

**Please Print:** \_\_\_\_\_  
\_\_\_\_ Chancellor \_\_\_\_ Circuit Judge \_\_\_\_ Juvenile Court Judge  
\_\_\_\_ Warden or \_\_\_\_ Judge or \_\_\_\_ Clerk of Court of Record In  
another State; or \_\_\_\_ U.S. Foreign Service Officers or  
\_\_\_\_ Officers of The United States Armed Forces  
Authorized to Administer Oaths

**Signature:** \_\_\_\_\_

When this form is being completed by DCS staff for pre-placement information purposes, and not as a part of the surrender process, the person completing the form should sign and date the form.

**Signature:** \_\_\_\_\_ **County:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Authority:** T.C.A. §§4-5-201, et seq., 36-1-111(k) and 36-117(g), Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001.

**0250-7-13-.03 SURRENDER DOCUMENTS FOR USE IN SURRENDERS TO A TENNESSEE LICENSED CHILD-PLACING AGENCY OR THE TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES IN THESE MATTERS, IN A TENNESSEE COURT.**

- (1) The following form is composed of four (4) Parts making a complete package which must be used at the time of surrender of a child for adoption in a Tennessee court to a Licensed Child-Placing Agency (LCPA) or the Tennessee Department of Children's Services in these matters, (TDCS). Parts I, II, and III must be completed at the time of the surrender. Copies of Parts I and II should be given to the person executing the surrender and to the Department or LCPA. Copies of Part III should be given to the person executing the surrender and sent directly to the Department's Central Office by the Clerk. Part IV, the revocation of surrender, which is part of the package, must be given to the parent or guardian at the time of the surrender.
- (2) The requirements for execution and processing of the forms are contained in T.C.A. §§ 36-1-111 and 36-1-112 and are noted in summary manner on the forms.
- (3) The information in these forms is confidential and is not to be released without the written approval of the court.
- (4) Form:

**FORMS FOR SURRENDER IN TENNESSEE OF A CHILD  
TO  
TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES  
OR  
A LICENSED CHILD-PLACING AGENCY  
BY A PARENT OR GUARDIAN IN TENNESSEE**

**PART I**

**PRE-SURRENDER INFORMATION**

The following information is required by Tennessee Code Annotated § 36-1-111 and must be obtained under oath by the Court prior to execution of the surrender in PART II by the parent or legal guardian:

Note: Pseudonyms must not be used nor may spaces for the identities of persons whose names are known be left blank. The court shall require the persons executing these documents to prove their identities satisfactorily to the court. T.C.A. § 36-1-111(g).

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ )

Being duly sworn according to law, affiant would state:

1. I am:
  - 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. This child was born in wedlock  / out of wedlock .
4. State the names and relationships of any other legal/biological parent, legal guardian or possible biological parent for this child:
  - a. (1) Name: \_\_\_\_\_
  - (2) Relationship to the child: \_\_\_\_\_



(Rule 0250-7-13-.03, continued)

- (3) Address \_\_\_\_\_
- (4) City, State Zip \_\_\_\_\_
- (5) Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_
- (6) Other identifying information concerning the above identified other legal or biological parent/legal guardian.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ and

- b. (1) Name: \_\_\_\_\_
- (2) Relationship to the child: \_\_\_\_\_
- (3) Address \_\_\_\_\_
- (4) City, State Zip \_\_\_\_\_
- (5) Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_
- (6) Other identifying information concerning the above identified other legal or biological parent or legal guardian.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ and

- c. (1) Name: \_\_\_\_\_
- (2) Relationship to the child: \_\_\_\_\_
- (3) Address \_\_\_\_\_
- (4) City, State Zip \_\_\_\_\_
- (5) Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_
- (6) Other identifying information concerning the above identified other legal or parent/legal guardian.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 5. The identity is unknown for the other:
  - a. Legal parent Yes  No
  - b. Biological parent Yes  No
  - c. Legal guardian Yes  No
  - d. Not applicable Yes  No

- 6. The whereabouts is unknown for the other:
  - a. Legal parent Yes  No
  - b. Biological parent Yes  No
  - c. Legal 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 above-named legal or biological parent/legal guardian has been (\_\_\_\_) or will be given (\_\_\_\_) to the Tennessee Department of Children’s Services or the Licensed Child-Placing Agency to whom the above child is being surrendered.

- 8. Information Concerning Child’s Native American Heritage:
  - a. Are you or the child of Native American heritage? Yes  No   
If no, go to # 9.
  - b. If yes, are you eligible for tribal membership? Yes  No
  - c. If yes, give name of tribe. \_\_\_\_\_
  - d. Are you registered with a Native American tribe? Yes  No
  - e. If yes, give name of tribe. \_\_\_\_\_
  - f. Is your child eligible for tribal membership? Yes  No
  - g. If yes, give name of tribe. \_\_\_\_\_
  - h. Has your child been registered with a Native American tribe? Yes  No
  - i. If yes, give name of tribe. \_\_\_\_\_
  - j. This information is unknown. Yes  No

- 9. a. Will this child be sent out of Tennessee to another state or country for adoption?  
Yes  No  If no, go to #10
- b. If yes, name of state or country. \_\_\_\_\_
- c. If yes, I understand 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

(Rule 0250-7-13-.03, continued)

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 property? Yes  No  If yes, please describe the property owned and give the property value: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- b. Is it expected that the child will become possessed of any real or personal property? Yes  No   
 If, yes please describe property, who currently owns the property, the time and circumstances under which the child becomes owner and give the property value:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
12. a. Do you currently have:  
 Only legal custody of the child? Yes  No   
 Only physical custody of the child? Yes  No   
 Both legal and physical custody of the child? Yes  No
- b. If another person(s) holds legal custody of the child at this time, give the following information:  
 Name: \_\_\_\_\_  
 Relationship, if any, to you or the child: \_\_\_\_\_  
 Address: \_\_\_\_\_  
                     (Street, RR, P.O. Box)                      (Town/City)                      (State)                      (Zip)  
 Telephone Number (Home) \_\_\_\_\_ (Work) \_\_\_\_\_
- c. If another person(s) holds physical custody of the child at this time, give the following information:  
 Name: \_\_\_\_\_  
 Relationship, if any, to you or the child: \_\_\_\_\_  
 Address: \_\_\_\_\_  
                     (Street, RR, P.O. Box)                      (Town/City)                      (State)                      (Zip)  
 Telephone Number (Home) \_\_\_\_\_ (Work) \_\_\_\_\_
- d. Is the person(s) who holds custody the prospective adoptive parent? Yes  No
- e. If a licensed child placing agency, the Department of Children’s Services or another State agency holds physical and/or legal custody of your child, give the following information:  
 Name of Agency: \_\_\_\_\_  
 Street/Rural Route/P.O. Box: \_\_\_\_\_  
 Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- f. Do you intend to give custody to the licensed child placing agency or the Tennessee Department of Children’s Services?  
 Yes  No
- 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  No
- b. Do you desire counseling regarding such assistance which may be available to you or regarding other issues surrounding 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  No
- c. Has such counseling been made available to you? Yes  No



(Rule 0250-7-13-.03, continued)

- 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. 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.
  4. 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.
  5.
    - a. 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.
- 6. 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 Agency \_\_\_\_\_ (Name of LCPA)
  - b. \_\_\_Tennessee Department of Children's Services (Please check if applicable.)

FURTHER AFFIANT SAITH NOT.

This the \_\_\_ day of \_\_\_\_\_, 20\_\_.

**Signature:**      Biological \_\_, Legal \_\_ Mother \_\_\_\_\_  
                          Biological \_\_, Legal \_\_ Father \_\_\_\_\_  
                          Legal Guardian \_\_\_\_\_

Sworn to and subscribed before me this the \_\_\_ day of \_\_\_\_\_, 20\_\_.

**Please Print:** \_\_\_\_\_  
 \_\_\_Chancellor, \_\_\_ Circuit Judge, \_\_\_ or Juvenile Court Judge  
 of \_\_\_\_\_ County, Tennessee

**Signature:** \_\_\_\_\_  
 \_\_\_Chancellor, \_\_\_ Circuit or \_\_\_ Juvenile Court Judge

**\*See Note Below Before Signing**

**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 prior 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).

(Rule 0250-7-13-.03, continued)

**NOTES TO THE CLERK:**

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<sup>th</sup> 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**

**B. ACCEPTANCE OF SURRENDER BY LICENSED CHILD-PLACING AGENCY OR TENNESSEE DEPARTMENT OF CHILDREN’S SERVICES**

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ )

Being duly sworn according to law, affiant would state:

1. I, \_\_\_\_\_, an authorized representative of:
  - a. Licensed Child-Placing Agency \_\_\_\_\_; or the
  - b. \_\_\_\_\_ County Tennessee Department of Children’s Services accept the surrender of:
  - 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 THESE SUBSECTIONS MUST EXIST BEFORE THE SURRENDER CAN BE RECEIVED BY THE COURT:**

2. I \_\_\_\_\_ certify on behalf of:
 

Licensed Child-Placing Agency \_\_\_\_\_ (Name of Agency); or the  
 \_\_\_\_\_ Tennessee Department of Children’s Services:

  - a. \_\_\_ That my agency has physical custody of this child; or
  - b. \_\_\_ That my agency has received the affidavit required by § 36-1-111 (d)(6) concerning the right to receive custody from the surrendering parent or guardian within five (5) days of the date of this surrender. The affidavit of the custodial parent or guardian to that effect has been presented to the court at this time; or
  - c. \_\_\_ My agency has the right to receive physical custody of the child upon his or her release from a hospital or health care facility, and the affidavit of the custodial parent or guardian to this effect required by § 36-1-111 (d)(6) has been presented to the court at this time; or
  - d. \_\_\_ That another person or agency has physical custody of the child. The affidavit of that person or agency required by § 36-1-111 (d)(6) which indicates their waiver of the right to custody of the child upon entry of an order of guardianship pursuant to § 36-1-136(r) has been presented to this court at this time.

**SUBSECTIONS 3. AND 4. MUST BE ANSWERED “YES” OR MUST BE MARKED “NOT APPLICABLE” BEFORE THE SURRENDER 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

(Rule 0250-7-13-.03, continued)

- 4. Yes  No  (**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 is not required.

\_\_\_\_\_

\_\_\_\_\_

Not Applicable

FURTHER AFFIANT SAITH NOT.

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**Signature:** \_\_\_\_\_  
 Authorized Representative of Licensed Child-Placing Agency  
 or the Tennessee Department of Children’s Services

Sworn to and subscribed before me this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**Please Print:** \_\_\_\_\_  
 \_\_ Chancellor, \_\_ Circuit or \_\_ Juvenile Court Judge  
 of \_\_\_\_\_ County, Tennessee

**Signature:** \_\_\_\_\_  
 \_\_ Chancellor, \_\_ Circuit or \_\_ Juvenile Court Judge

**CERTIFICATION**

I, \_\_\_\_\_, Clerk of the \_\_\_\_\_  
 Court for \_\_\_\_\_ County, Tennessee hereby certify the foregoing copies of Parts I and II of the  
 Surrender Forms to be true and accurate copies of the documents filed with the court.

\_\_\_\_\_  
 Clerk of the \_\_\_\_\_ Court of  
 \_\_\_\_\_ County, Tennessee

(Seal)

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

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. 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

(Rule 0250-7-13-.03, continued)

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 6<sup>TH</sup> 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) (Zip Code)  
 \_\_\_\_\_, \_\_\_\_\_  
 (Home Telephone No.) (Work Telephone No.)

- b. Is this address an address the department may use to write to you concerning your wishes regarding contact.  
 Yes  No  If no, please share address to be used:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 (Street/Rural Route/P. O. Box) (Town/City) (State)  
 \_\_\_\_\_, \_\_\_\_\_  
 (Zip Code) (Work Telephone) (Home Telephone)

- c. Is this address an address a person requesting contact may use to write to you?  
 Yes  No . If no, please share the address to be used:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 (Street/Rural Route/P. O. Box) (Town/City) (State)  
 \_\_\_\_\_, \_\_\_\_\_  
 (Zip Code) (Work Telephone) (Home Telephone)

- d. Are the telephone numbers the numbers the department may use to contact you? YES  NO .  
 If no, may the listed telephone numbers be shared with eligible persons requesting contact? YES  NO . If no, please list telephone number(s), if any, that might be shared and used to contact you.

\_\_\_\_\_, \_\_\_\_\_  
 (Work Telephone No.) (Home Telephone No.)

(Rule 0250-7-13-.03, continued)

- 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 may, however, exclude persons in those classes from this automatic coverage so that they will have to register a contact veto themselves or, upon location by the department, pursuant to a search request, they will have to register a contact veto at the time. [T.C.A. § 36-1-130(a)(6)]. Please indicate whether you wish to exclude any of these persons.
- c. I wish to exclude from the automatic contact veto the following:
  - (1) My siblings: Yes  No
  - (2) My lineal descendants: Yes  No
  - (3) My lineal ancestors: Yes  No
  - (4) The spouses of:
    - (a) siblings Yes  No
    - (b) lineal descendants Yes  No
    - (c) lineal ancestors Yes  No

Please complete the following for any known individuals:

Name	Relationship To Surrendering Person	Address Street, RR, P. O. Box, Town, State, Zip

- d. I wish to veto contact with: [T.C.A. § 36-1-128(c)]
  - (1) Any future siblings of the adopted person. Yes  No
  - (2) A current spouse Yes  No  Name of current spouse \_\_\_\_\_
  - (3) Future spouse of mine Yes  No
  - (4) Any of my lineal descendants Yes  No

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 surrendering (adopted person) and **ALL** other classes of eligible persons who, as may be permitted by law, to have access to the sealed records, sealed adoption records or post adoption record to have contact with me.
- b. I wish to **limit consent** to certain persons and only give consent for contact with the following classes of people:
  - (1) The adopted person Yes  No
  - (2) The adopted person's adoptive parents Yes  No
  - (3) The adopted person's adoptive siblings Yes  No
  - (4) The adopted person's lineal descendants Yes  No
  - (5) The legal representatives of any of these persons Yes  No
- c. If contact is limited to the legal representative of certain classes of persons, please describe:
 

\_\_\_\_\_

\_\_\_\_\_



(Rule 0250-7-13-.03, continued)

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  \_\_\_\_\_

Letters  \_\_\_\_\_

Personal contact, unannounced  \_\_\_\_\_

Personal contact, prearranged with me , either via phone  or correspondence

Personal contact through another person. Please give name, relationship to you, if any, and information to be released regarding how to contact: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Other information I wish to have released about me to any eligible persons (please identify to whom and the contents of the information to be provided)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Should you wish no contact with any other eligible persons but wish to share a statement of your feelings, or circumstances which impact your decision, please share that information here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_, 20 \_\_\_\_.

**Signature:** Biological \_\_\_ Legal \_\_\_ Mother \_\_\_\_\_  
Biological \_\_\_ Legal \_\_\_ Father \_\_\_\_\_  
Legal Guardian \_\_\_\_\_

Sworn 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

**CERTIFICATION**

I, \_\_\_\_\_, Clerk of the \_\_\_\_\_ Court of \_\_\_\_\_ County, Tennessee, certify the foregoing copy of Part III of the Surrender Forms to be a true and accurate copy of the document executed before this Court.

\_\_\_\_\_  
Clerk of the \_\_\_\_\_ Court of  
\_\_\_\_\_ County, Tennessee

(Seal)

**PART IV**

**REVOCAION OF SURRENDER BY A PARENT OR GUARDIAN**

(Rule 0250-7-13-.03, continued)

STATE OF TENNESSEE

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 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 and Name of Court)
5. I hereby revoke and void the 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:** \_\_\_\_\_  
 \_\_Chancellor, \_\_Circuit Judge, or \_\_Juvenile Court Judge  
 of \_\_\_\_\_ County, Tennessee

**Signature** (See notes below): \_\_\_\_\_  
 \_\_Chancellor, \_\_Circuit Judge, or \_\_Juvenile Court Judge

**NOTES TO COURT, OR OTHER PERSON AUTHORIZED TO RECEIVE A REVOCATION, AND TO THE CLERK:**

1. If the judge or other person who received the surrender is unavailable or absent, the successor or substitute to that judge or person may accept the revocation, or in the absence of the judge or his or her successor, another judge with jurisdiction to receive a surrender (in another state or territory this would be the chancellor, judge, or clerk of a court of record) may accept the revocation. In the event the surrender was taken in another state or country, or before the warden of a state or federal penitentiary and there is no authorized successor to the person who received the surrender or that person is unavailable, the revocation may be taken by a court in Tennessee which is qualified to receive a surrender or by a court in another state, territory, or country with domestic relations jurisdiction to accept the revocation. T.C.A. § 36-1-112(a)(1).
2. The surrender must be revoked within ten (10) days including Saturdays, Sundays and legal holidays following the original execution of the surrender. T.C.A. § 36-1-112(a)(1). The revocation period will begin on the day following the signing of the surrender and will expire on the tenth (10th) day. If the tenth (10th) falls on a Saturday, Sunday or legal holiday, the last day for revocation will be the next day which is not a Saturday, Sunday or legal holiday.
3. The court or person receiving the revocation shall maintain the originals in the office of the clerk or the person receiving the surrender together with the original of the surrender or the adoption petition containing the parental consent, if available, and shall personally give, or

(Rule 0250-7-13-.03, continued)

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 6<sup>th</sup> 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 foregoing 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.

(Rule 0250-7-13-.04, continued)

(4) Form:

**FORMS FOR SURRENDER OF CHILD IN TENNESSEE  
DIRECTLY TO  
ADOPTIVE PARENTS  
BY A PARENT OR GUARDIAN**

**PART I**

**PRE-SURRENDER INFORMATION**

The following information is required by Tennessee Code Annotated § 36-1-111 and must be obtained under oath by the Court prior to execution of the surrender in PART II by the parent or legal guardian:

Note: Pseudonyms must not be used nor may spaces for the identities of persons whose names are known be left blank. The court shall require the persons executing these documents to prove their identities satisfactorily to the court. T.C.A. § 36-1-111(g).

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ )

Being duly sworn according to law, affiant would state:

1. I am:
  - 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. This child was born in wedlock  / out of wedlock .
  
4. State the names and relationships of any other legal/biological parent, legal guardian or possible biological parent for this child:
  - a.
    - (1) Name: \_\_\_\_\_
    - (2) Relationship to the child: \_\_\_\_\_
    - (3) Address \_\_\_\_\_
    - (4) City, State Zip \_\_\_\_\_
    - (5) Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_
    - (6) Other identifying information concerning the above identified other legal or biological parent/legal guardian.  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ and
  
  - b.
    - (1) Name: \_\_\_\_\_
    - (2) Relationship to the child: \_\_\_\_\_
    - (3) Address \_\_\_\_\_
    - (4) City, State Zip \_\_\_\_\_
    - (5) Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_
    - (6) Other identifying information concerning the above identified other legal or biological parent/legal guardian.  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ and
  
  - c.
    - (1) Name: \_\_\_\_\_
    - (2) Relationship to the child: \_\_\_\_\_
    - (3) Address \_\_\_\_\_
    - (4) City, State Zip \_\_\_\_\_
    - (5) Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_
    - (6) Other identifying information concerning the above identified other legal or biological parent/legal guardian.  
\_\_\_\_\_  
\_\_\_\_\_

(Rule 0250-7-13-.04, continued)

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5. The identity is unknown for the other:
  - a. Legal parent      Yes  No
  - b. Biological parent      Yes  No
  - c. Legal guardian      Yes  No
  - d. Not applicable      Yes  No
  
6. The whereabouts is unknown for the other:
  - a. Legal parent      Yes  No
  - b. Biological parent      Yes  No
  - c. Legal 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 Native American heritage?      Yes  No   
If no, go to # 9.
  - b. If yes, are you eligible for tribal membership? Yes  No
  - c. If yes, give name of tribe. \_\_\_\_\_
  - d. Are you registered with a Native American tribe? Yes  No
  - e. If yes, give name of tribe. \_\_\_\_\_
  - f. Is your child eligible for tribal membership? Yes  No
  - g. If yes, give name of tribe. \_\_\_\_\_
  - h. Has your child been registered with a Native American tribe?      Yes  No
  - i. If yes, give name of tribe. \_\_\_\_\_
  - j. This information is unknown.      Yes  No
  
9.
  - a. Will this child be sent out of Tennessee to another state or country 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 property?      Yes  No  If yes, please describe the property owned and give the property value: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Rule 0250-7-13-.04, continued)

- b. Is it expected that the child will become possessed of any real or personal property? Yes  No   
If yes, please describe property, who currently owns the property, the time and circumstances under which the child becomes owner and give the property value:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. a. Do you currently have:  
Only legal custody of the child? Yes  No   
Only physical custody of the child? Yes  No   
Both legal and physical custody of the child? Yes  No
- b. If another person(s) holds legal custody of the child at this time, give the following information:  
Name: \_\_\_\_\_  
Relationship, if any, to you or the child: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street, RR, P.O. Box) (Town/City) (State) (Zip)  
Telephone Number (Home) \_\_\_\_\_ (Work) \_\_\_\_\_
- c. If another person(s) holds physical custody of the child at this time, give the following information:  
Name: \_\_\_\_\_  
Relationship, if any, to you or the child: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street, RR, P.O. Box) (Town/City) (State) (Zip)  
Telephone Number (Home) \_\_\_\_\_ (Work) \_\_\_\_\_
- d. Is the person(s) who holds custody the prospective adoptive parent? Yes  No
- e. If a licensed child placing agency, the Department of Children's Services or another State agency holds physical and/or legal custody of your child, give the following information:  
Name of Agency: \_\_\_\_\_  
Street/Rural Route/P.O. Box: \_\_\_\_\_  
Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- f. Do you intend to give custody to the prospective adoptive parents? Yes  No
- g. Explain any other circumstances regarding the custody status of this child: \_\_\_\_\_  
\_\_\_\_\_
13. a. Are you aware of assistance which may be available to you to care for the child should you desire to parent this child? Yes  No
- 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  No
- 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. Do you desire to be represented by legal counsel at this surrender proceeding? Yes  No
- b. If not, do you desire to consult with legal counsel prior to the execution of the surrender of the child? Yes  No
- 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
15. Do you understand that if you sign the following surrender of the above-named child that you will have no right to act as parent of the child in any manner whatsoever forever, that your rights and responsibilities to and with the child will be terminated and that the child will become the legal child of other persons? Yes  No
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 **REVOCATION OF SURRENDER** 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 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, if you currently have custody of the child, unless the court finds that to

(Rule 0250-7-13-.04, continued)

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. 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 the prospective adoptive parents? Yes  No

FURTHER, AFFIANT SAITH NOT.

This the \_\_\_ day of \_\_\_\_\_, 20\_\_.

Signature: Biological\_\_\_ Legal\_\_\_ Mother\_\_\_\_\_
Biological\_\_\_ Legal\_\_\_ Father\_\_\_\_\_
Legal Guardian of \_\_\_\_\_ of

Name of Child

Sworn to and subscribed before me this the \_\_\_ day of \_\_\_\_\_, 20\_\_.

Please Print: \_\_\_\_\_
\_\_\_Chancellor, \_\_\_Circuit Judge, or \_\_\_Juvenile Court Judge
of \_\_\_\_\_ County, Tennessee

Signature: \_\_\_\_\_
Chancellor, Circuit Judge, or Juvenile Court Judge

PART II

A. SURRENDER BY PARENT OR GUARDIAN DIRECTLY TO PROSPECTIVE ADOPTIVE PARENTS

STATE OF TENNESSEE )
COUNTY OF \_\_\_\_\_)

Being duly sworn 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. 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.
4. 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.
5. a. 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.

6. I FREELY AND VOLUNTARILY, WITHOUT DURESS OF ANY KIND, SURRENDER ALL OF MY PARENTAL OR GUARDIANSHIP RIGHTS TO \_\_\_\_\_ (CHILD'S NAME)

(Rule 0250-7-13-.04, continued)

**TO:**

- a. Prospective Adoptive Mother \_\_\_\_\_
- b. Prospective Adoptive Father \_\_\_\_\_

FURTHER AFFIANT SAITH NOT.

This the \_\_\_ day of \_\_\_\_\_, 20\_\_.

**Signature:** Biological \_\_\_ Legal \_\_\_ Mother \_\_\_\_\_  
 Biological \_\_\_ Legal \_\_\_ Father \_\_\_\_\_  
 Legal Guardian \_\_\_\_\_

Sworn to and subscribed before me this the \_\_\_ day of \_\_\_\_\_, 20\_\_.

**Please Print:** \_\_\_\_\_  
 \_\_\_ Chancellor, \_\_\_ Circuit or \_\_\_ Juvenile Court Judge of  
 \_\_\_\_\_ County, Tennessee

**Signature:** \_\_\_\_\_  
 Chancellor, Circuit or Juvenile Court Judge

**\*See Note Below Before Signing**

**NOTES TO 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, 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).
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).
4. 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).
5. 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:**

1. 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).
2. 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).
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<sup>th</sup> 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**

**B. ACCEPTANCE OF SURRENDER BY PROSPECTIVE ADOPTIVE PARENTS**

STATE OF TENNESSEE )  
 COUNTY OF \_\_\_\_\_ )

Being duly sworn, affiant(s) would state:



(Rule 0250-7-13-.04, continued)

1. a. I am \_\_\_\_\_, Prospective Adoptive Mother.  
 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.  
 b. Prospective Adoptive Father's Date of Birth \_\_\_\_\_  
 c. Prospective Adoptive Father's Marital Status \_\_\_\_\_  
 d. Prospective Adoptive Father's Address \_\_\_\_\_

3. \_\_\_\_\_ 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
			Legal Counsel
			Other Person/Organization Specify:
			Social Counseling Cost for Child's Parent/Legal Guardian
			Legal Counseling for Child's Parent/Legal Guardian
			Hospital or Medical Costs for the Birth of the Child
			Medical Care/Other Birth Related Expenses for Mother and/or Child
			Counseling Fees for Child
			Food, Maternity Clothing, Child's Clothing
			Housing and/or Utilities for Parent/Guardian
			Other Costs (Specify to Whom)

**SUBSECTIONS 5a.-5d. MUST BE MARKED TO DESIGNATE THE APPLICABLE SITUATION. ONE OF THE FOLLOWING MUST EXIST BEFORE THE SURRENDER CAN BE RECEIVED BY THE COURT:**

5. a. \_\_\_\_\_ I/We have physical custody of this child; or
- b. \_\_\_\_\_ I/We will receive physical custody of the child from the parent or legal guardian within five (5) days of this surrender. The affidavit required by § 36-1-111 (d)(6) of the custodial parent or guardian to this effect has been presented to the court 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 presented to the court at this time; or
- d. \_\_\_\_\_ Another person or agency currently has physical control of the child. I/We have presented to the court an affidavit of the person or agency required by § 36-1-111 (d)(6) which indicates their waiver of the right to custody of the child upon entry of a guardianship order pursuant to § 36-1-136(r).

(Rule 0250-7-13-.04, continued)

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

- 6. Yes  No  I/We have presented to the court a currently effective or updated home study or preliminary home study of my/our home conducted by a licensed child-placing agency, a licensed clinical social worker, or the Tennessee Department of Children’s Services.
- 7. Yes  No  I/We have attached the certificate of the completion of ( )legal/( )social counseling if counseling was requested by the surrendering parent. See Item #s 13 and 14 in Part I above. Not Applicable.
- 8. Yes  No  If the child has been 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. Not Applicable.
- 9. 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:**

- 10. Yes  No  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. Not Applicable.

b. If not, how will it be effected?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FURTHER AFFIANT(S) SAITH NOT

This \_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Prospective Adoptive Mother

\_\_\_\_\_  
Signature of Prospective Adoptive Father

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

**Please Print:** \_\_\_\_\_  
\_\_Chancellor, \_\_Circuit Judge, or \_\_Juvenile Court Judge

of \_\_\_\_\_ County, Tennessee

**Signature:** \_\_\_\_\_  
\_\_Chancellor, \_\_Circuit Judge, or \_\_Juvenile Court Judge

**CERTIFICATION**

I, \_\_\_\_\_, Clerk of the \_\_\_\_\_  
Court for \_\_\_\_\_ County, Tennessee hereby certify the foregoing copies of Parts I and II of the  
Surrender Forms to be true and accurate copies of the documents filed with the court.

\_\_\_\_\_  
Clerk of the \_\_\_\_\_ Court of  
\_\_\_\_\_ County, Tennessee

(Seal)

(Rule 0250-7-13-.04, continued)

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

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.
  - 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 6<sup>th</sup> 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.**

\_\_\_\_\_.

(Rule 0250-7-13-.04, continued)

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 department may use to write to you concerning your wishes regarding contact. Yes  No  If no, please share address to be used:

\_\_\_\_\_ (Street/Rural Route/P. O. Box) \_\_\_\_\_ (Town/City) \_\_\_\_\_ (State) \_\_\_\_\_  
 \_\_\_\_\_ (Zip Code) \_\_\_\_\_ (Work Telephone) \_\_\_\_\_ (Home Telephone) \_\_\_\_\_

c. Is this address an address a person requesting contact may use to write to you? Yes  No . If no, please share the address to be used:

\_\_\_\_\_ (Street/Rural Route/P. O. Box) \_\_\_\_\_ (Town/City) \_\_\_\_\_ (State) \_\_\_\_\_  
 \_\_\_\_\_ (Zip Code) \_\_\_\_\_ (Work Telephone) \_\_\_\_\_ (Home Telephone) \_\_\_\_\_

d. Are the telephone numbers the numbers the department may use to contact you? YES  NO . If no, may the listed telephone numbers be shared with eligible persons requesting contact? YES  NO . If no, please list telephone number(s), if any, that might be shared and used to contact you.

\_\_\_\_\_ (Work Telephone 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 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 may, however, exclude persons in those classes from this automatic coverage so that they will have to register a contact veto themselves or, upon location by the department, pursuant to a search request, they will have to register a contact veto at the time. [T.C.A. § 36-1-130(a)(6)]. Please indicate whether you wish to exclude any of these persons.

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

- (1) My siblings: Yes  No
- (2) My lineal descendants: Yes  No
- (3) My lineal ancestors: Yes  No
- (4) The spouses of:
  - (a) siblings Yes  No
  - (b) lineal descendants Yes  No
  - (c) lineal ancestors Yes  No

Please complete the following for any known individuals:

Name	Relationship To Surrendering Person	Address Street, RR, P. O. Box, Town, State, Zip

- d. I wish to veto contact with: [T.C.A. § 36-1-128(c)]
- (1) Any future siblings of the adopted person. Yes  No
  - (2) A current spouse Yes  No  Name of current spouse \_\_\_\_\_
  - (3) Future spouse of mine Yes  No
  - (4) Any of my lineal descendants Yes  No

Please complete the following for any known individuals:

Please complete the following for any known individuals:

(Rule 0250-7-13-.04, continued)

Name	Relationship To Surrendering Person	Address Street, RR, P. O. Box, Town, State, Zip

9. a. I give **consent** for the child I am surrendering (adopted person) and **ALL** other classes of eligible persons who, as may be permitted by law, to have access to the sealed records, sealed adoption records or post adoption record to have contact with me.

b. I wish to **limit consent** to certain persons and only give consent for contact with the following classes of people:

- (1) The adopted person Yes  No
- (2) The adopted person's adoptive parents Yes  No
- (3) The adopted person's adoptive siblings Yes  No
- (4) The adopted person's lineal descendants Yes  No
- (5) The legal representatives of any of these persons Yes  No

c. If contact is limited to the legal representative of certain classes of persons, please describe:

\_\_\_\_\_

\_\_\_\_\_

10. 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  \_\_\_\_\_

Letters  \_\_\_\_\_

Personal contact, unannounced  \_\_\_\_\_

Personal contact, prearranged with me , either via phone  or correspondence

Personal contact through another person  Please give name, relationship to you, if any, and information to be released regarding how to contact: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Other information I wish to have released about me to any eligible persons (please identify to whom and the contents of the information to be provided)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Should you wish no contact with any other eligible persons but wish to share a statement of your feelings, or circumstances which impact your decision, please share that information here:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 \_\_\_\_\_, 20\_\_\_\_.

**Signature:** Biological \_\_\_ Legal \_\_\_ Mother \_\_\_\_\_  
 Biological \_\_\_ Legal \_\_\_ Father \_\_\_\_\_  
 Legal Guardian \_\_\_\_\_

Sworn to and subscribed to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(Rule 0250-7-13-.04, continued)

Please Print:

\_\_\_\_\_  
Chancellor, Circuit Judge, Juvenile Court Judge of  
\_\_\_\_\_ County, Tennessee

Signature:

\_\_\_\_\_  
Chancellor, Circuit Judge, Juvenile Court Judge

**CERTIFICATION**

I, \_\_\_\_\_, Clerk of the \_\_\_\_\_ Court of \_\_\_\_\_ County, Tennessee, certify the foregoing copy of Part III of the Surrender Forms to be a true and accurate copy of the document executed before this Court.

\_\_\_\_\_  
Clerk of the \_\_\_\_\_ Court of  
\_\_\_\_\_ County, Tennessee

(Seal)

**PART IV**

**REVOCAION OF SURRENDER BY A PARENT OR GUARDIAN**

**STATE OF TENNESSEE**

**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 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 and Name of Court)
5. I hereby revoke and void the 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\_\_.

(Rule 0250-7-13-.04, continued)

**Please Print:**

\_\_\_\_\_  
 \_\_Chancellor, \_\_Circuit Judge, or \_\_Juvenile Court Judge

of \_\_\_\_\_ County, Tennessee

**Signature** (See notes below):

\_\_\_\_\_  
 Chancellor, Circuit Judge, or Juvenile Court Judge

**NOTES TO COURT, OR OTHER PERSON AUTHORIZED TO RECEIVE A REVOCATION, AND TO THE CLERK:**

1. If the judge or other person who received the surrender is unavailable or absent, the successor or substitute to that judge or person may accept the revocation, or in the absence of the judge or his or her successor, another judge with jurisdiction to receive a surrender (in another state or territory this would be the chancellor, judge, or clerk of a court of record) may accept the revocation. In the event the surrender was taken in another state or country, or before the warden of a state or federal penitentiary and there is no authorized successor to the person who received the surrender or that person is unavailable, the revocation may be taken by a court in Tennessee which is qualified to receive a surrender or by a court in another state, territory, or country with domestic relations jurisdiction to accept the revocation. T.C.A. § 36-1-112(a)(1).
2. The surrender must be revoked within ten (10) days including Saturdays, Sundays and legal holidays following the original execution of the surrender. T.C.A. § 36-1-112(a)(1). The revocation period will begin on the day following the signing of the surrender and will expire on the tenth (10th) day. If the tenth (10th) falls on a Saturday, Sunday or legal holiday, the last day for revocation will be the next day which is not a Saturday, Sunday or legal holiday.
3. The court or person receiving the revocation shall maintain the originals in the office of the clerk or the person receiving the surrender together with the original of the surrender or the adoption petition containing the parental consent, if available, and shall personally give, or by certified mail, return receipt requested, send certified copies of the revocation to the child’s parent(s) or legal guardian(s), and to the prospective adoptive parents or the local office of the Tennessee Department of Children’s Services or the licensed child-placing agency to whom the child was surrendered. See, T.C.A. § 36-1-112(c)(1).

4. a. A certified copy of the revocation shall be attached to a certified copy of the surrender or the petition for adoption containing the parental consent, and the clerk shall send these, within three (3) days by certified mail, return receipt requested to:

Tennessee Department of Children’s Services  
 Central Office  
 Adoption Services  
 436 6<sup>th</sup> 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 foregoing 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)

(Rule 0250-7-13-.04, continued)

**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).

STATE OF \_\_\_\_\_ )  
 COUNTY OF \_\_\_\_\_ )

Being duly sworn according to law, affiant would state:

1. I am:
  - 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. This child was born in wedlock / out of wedlock .
4. State the names and relationships of any other legal/biological parent, legal guardian or possible biological parent for this child:
  - a. (1) Name: \_\_\_\_\_



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

- (2) Relationship to the child: \_\_\_\_\_
- (3) Address \_\_\_\_\_
- (4) City, State Zip \_\_\_\_\_
- (5) Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_
- (6) Other identifying information concerning the above identified other legal or biological parent/legal guardian.  
 \_\_\_\_\_  
 \_\_\_\_\_

and

- b. (1) Name: \_\_\_\_\_
- (2) Relationship to the child: \_\_\_\_\_
- (3) Address \_\_\_\_\_
- (4) City, State Zip \_\_\_\_\_
- (5) Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_
- (6) Other identifying information concerning the above identified other legal or biological parent/legal guardian.  
 \_\_\_\_\_  
 \_\_\_\_\_

and

- c. (1) Name: \_\_\_\_\_
- (2) Relationship to the child: \_\_\_\_\_
- (3) Address \_\_\_\_\_
- (4) City, State Zip \_\_\_\_\_
- (5) Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_
- (6) Other identifying information concerning the above identified other legal or biological parent/legal guardian.  
 \_\_\_\_\_  
 \_\_\_\_\_

5. The identity is unknown for the other:

- a. Legal parent Yes  No
- b. Biological parent Yes  No
- c. Legal guardian Yes  No
- d. Not applicable Yes  No

6. The whereabouts is unknown for the other:

- a. Legal parent Yes  No
- b. Biological parent Yes  No
- c. Legal 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 above-named legal or biological parent/legal guardian has been(\_\_\_\_) or will be given(\_\_\_\_) to the Tennessee Department of Children’s Services or the Licensed Child-Placing Agency to whom the above child is being surrendered.

8. Information Concerning Child’s Native American Heritage:

- a. Are you or the child of Native American heritage? Yes  No   
If no, go to # 9.
- b. If yes, are you eligible for tribal membership? Yes  No
- c. If yes, give name of tribe. \_\_\_\_\_
- d. Are you registered with a Native American tribe? Yes  No
- e. If yes, give name of tribe. \_\_\_\_\_
- f. Is your child eligible for tribal membership? Yes  No
- g. If yes, give name of tribe. \_\_\_\_\_
- h. Has your child been registered with a Native American tribe? Yes  No
- i. If yes, give name of tribe. \_\_\_\_\_
- j. This information is unknown. Yes  No

9. a. Will this child be sent out of Tennessee to another state or country for adoption?

Yes  No  If no, go to #10.

b. If yes, name of state or country. \_\_\_\_\_

c. If yes, I understand Tennessee law will govern the interpretation of this surrender.

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

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 property? Yes  No  If yes, please describe the property owned and give the property value: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- b. 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 owner and give the property value:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

12. a. Do you currently have:  
 Only legal custody of the child? Yes  No   
 Only physical custody of the child? Yes  No   
 Both legal and physical custody of the child? Yes  No
- b. If another person(s) holds legal custody of the child at this time, give the following information:  
 Name: \_\_\_\_\_  
 Relationship, if any, to you or the child: \_\_\_\_\_  
 Address: \_\_\_\_\_  
                     (Street, RR, P.O. Box)                      (Town/City)                      (State)                      (Zip)  
 Telephone Number (Home) \_\_\_\_\_ (Work) \_\_\_\_\_
- c. If another person(s) holds physical custody of the child at this time, give the following information:  
 Name: \_\_\_\_\_  
 Relationship, if any, to you or the child: \_\_\_\_\_  
 Address: \_\_\_\_\_  
                     (Street, RR, P.O. Box)                      (Town/City)                      (State)                      (Zip)  
 Telephone Number (Home) \_\_\_\_\_ (Work) \_\_\_\_\_
- d. Is the person(s) who holds custody the prospective adoptive parent? Yes  No
- e. If a licensed child placing agency, the Department of Children’s Services or another State agency holds physical and/or legal custody of your child, give the following information:  
 Name of Agency: \_\_\_\_\_  
 Street/Rural Route/P.O. Box: \_\_\_\_\_  
 Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- f. Do you intend to give custody to the licensed child placing agency or the Department of Children’s Services?  
 Yes  No
- g. Explain any other circumstances regarding the custody status of this child: \_\_\_\_\_  
 \_\_\_\_\_
13. a. Are you aware of assistance which may be available to you to care for the child should you desire to parent this child?  
 Yes  No

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

- b. Do you desire counseling regarding such assistance which may be available to you or regarding other issues surrounding adoption or parenting from a social services agency or licensed counselor concerning the decision to place this child for adoption?  
Yes  No
- c. Has such counseling been made available to you? Yes  No
- 14. a. Do you desire to be represented by legal counsel at this surrender proceeding? Yes  No
- b. If not, do you desire to consult with legal counsel prior to the execution of the surrender of the child? Yes  No
- c. Has such counseling been made available to you? Yes  No
- 15. Do you understand that if you sign the following surrender of the above-named child that you will have no right to act as parent of the child in any manner 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. 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 judge or clerk 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 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 Tennessee Department of Children's Services or Licensed Child-Placing Agency 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. 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, AFFIANT SAITH NOT.

This the \_\_\_\_ day of \_\_\_\_\_ 20\_\_.

**Signature:** Biological\_\_ Legal\_\_ Mother \_\_\_\_\_  
 Biological\_\_ Legal\_\_ Father \_\_\_\_\_  
 Legal Guardian of \_\_\_\_\_ of

\_\_\_\_\_  
Name of Child

Sworn to and subscribed before me this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

**Please Print:**

\_\_\_\_\_  
 \_\_Chancellor, \_\_Judge, of a Court of Record of the  
 \_\_\_\_\_ Court of \_\_\_\_\_,  
 County or Parish, of \_\_\_\_\_,  
 (State or Territory)  
 \_\_\_\_\_  
 (City)

**Signature:**

\_\_\_\_\_  
Chancellor Or Judge Of Court Of Record Named Above

**OR BY A CLERK OF A COURT OF RECORD:**

**Please Print:**

\_\_\_\_\_  
 Name of Clerk of Court of Record of The \_\_\_\_\_  
 Court of \_\_\_\_\_, Count or Parish of \_\_\_\_\_  
 \_\_\_\_\_,  
 (State or Territory) (City)

(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: \_\_\_\_\_ 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. 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.
4. 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.
5.
  - a. 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.

**6. 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 Agency \_\_\_\_\_(Name of LCPA)
- b. \_\_\_Tennessee Department of Children's Services (Please check if applicable.)

FURTHER AFFIANT SAITH NOT.

This the \_\_\_ day of \_\_\_\_\_, 20\_\_.

Signature: Biological \_\_, Legal \_\_ Mother \_\_\_\_\_  
Biological \_\_, Legal \_\_ Father \_\_\_\_\_  
Legal Guardian \_\_\_\_\_

Sworn to and subscribed before me this the \_\_\_ day of \_\_\_\_\_, 20\_\_.

Please Print: \_\_\_\_\_  
\_\_\_\_Chancellor, \_\_ Judge, of a Court of Record  
\_\_\_\_ Court of \_\_\_\_\_ County or  
Parish, of \_\_\_\_\_ at

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

(State Or Territory)

\_\_\_\_\_  
(City)

**Signature:** \_\_\_\_\_  
Chancellor or Judge of Court of Record Named Above

**\*See Notes Below Before Signing**

**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:** \_\_\_\_\_  
Clerk of Court of Record

**\*See Notes Below 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 prior 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 6<sup>th</sup> 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

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

(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 shall be sent, without cost, to: Adoption Services, Tennessee Department of Children's Services, 436 6<sup>th</sup> 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**

STATE OF \_\_\_\_\_ )  
 COUNTY OF \_\_\_\_\_ )

Being duly sworn according to law, affiant would state:

1. I, \_\_\_\_\_, an authorized representative of:
  - a. Licensed Child-Placing Agency \_\_\_\_\_; or the
  - b. \_\_\_\_\_ County Tennessee Department of Children's Services upon execution of Parts I and IIA, by the parent or guardian named therein before Judge or Clerk of the Court named therein, accept the surrender of:
  - 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 COURT:**

2. I \_\_\_\_\_ certify on behalf of:  
 Licensed Child-Placing Agency \_\_\_\_\_ (Name of Agency);  
 or the  
 \_\_\_\_\_ Tennessee Department of Children's Services;
  - a. \_\_\_\_\_ That my agency has physical custody of this child; or
  - b. \_\_\_\_\_ That my agency has received the affidavit required by § 36-1-111 (d)(6) concerning the right to receive custody from the surrendering parent or guardian within five (5) days of the date of this surrender. The affidavit of the custodial parent or guardian to that effect has been attached with the acceptance at this time; or
  - c. \_\_\_\_\_ My agency has the right to receive physical custody of the child upon his or her release from a hospital or health care facility, and the affidavit of the custodial parent or guardian to this effect required by § 36-1-111 (d)(6) has been attached with the acceptance at this time; or
  - d. \_\_\_\_\_ That another person or agency has physical custody of the child. The affidavit of that person or agency required by § 36-1-111 (d)(6) which indicates their waiver of the right to custody of the child upon entry of an order of guardianship pursuant to § 36-1-136(r) has been attached to the acceptance at this time.

**SUBSECTIONS 3. AND 4. MUST BE ANSWERED "YES" OR MUST BE MARKED "NOT APPLICABLE" BEFORE THE SURRENDER IS COMPLETED BY THE COURT.**

3. Yes  No  That if the Indian Child Welfare Act, 25 U.S.C. § 1901 et seq., applies because of the child's Native American heritage, there has been compliance with the Act.  Not Applicable
4. Yes  No  (**Licensed Child-Placing Agency Only**) 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

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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 Tennessee Licensed Child-Placing Agency

**Signature:** \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires: \_\_\_\_\_.

**CERTIFICATION OF OUT-OF STATE CLERK**

I, \_\_\_\_\_, Clerk of the \_\_\_\_\_ Court of  
\_\_\_\_\_ County (Parish) \_\_\_\_\_ (Name of State)  
hereby certify the foregoing copies of Parts I and II of the Surrender Forms to be true and accurate copies of the documents filed with the court.

\_\_\_\_\_  
Clerk of the \_\_\_\_\_ Court of  
\_\_\_\_\_ County (Parish),  
\_\_\_\_\_.

(Seal)

**CERTIFICATION OF TENNESSEE CLERK**

I, \_\_\_\_\_, Clerk of the \_\_\_\_\_ Court of  
\_\_\_\_\_ County, Tennessee, certify the foregoing copies of Parts I and II of the Surrender Forms to be  
true and accurate copies of the documents filed with this Court.

Clerk of the \_\_\_\_\_ Court of  
\_\_\_\_\_ County, Tennessee.

(Seal)

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

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ )

Being duly sworn according to law affiant would state:

- 1. I am:
  - a. Mother: \_\_\_\_\_, or

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

- 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 6<sup>th</sup> 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) (Zip Code)  
 \_\_\_\_\_, \_\_\_\_\_  
 (Home Telephone No.) (Work Telephone No.)

- b. Is this address an address the department may use to write to you concerning your wishes regarding contact.  
 Yes  No  If no, please share address to be used:

\_\_\_\_\_, \_\_\_\_\_,  
 (Street/Rural Route/P. O. Box) (Town/City) (State)  
 \_\_\_\_\_, \_\_\_\_\_  
 (Zip Code) (Work Telephone) (Home Telephone)



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

- c. Is this address an address a person requesting contact may use to write to you?  
 Yes  No  If no, please share the address to be used:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 (Street/Rural Route/P. O. Box) (Town/City) (State)  
 \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 (Zip Code) (Work Telephone) (Home Telephone)

- d. Are the telephone numbers the numbers the department may use to contact you?  
 YES  NO  If no, may the listed telephone numbers be shared with eligible persons requesting contact? YES  NO  If no, please list telephone number(s), if any, that might be shared and used to contact you.

\_\_\_\_\_, \_\_\_\_\_  
 (Work Telephone 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 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 may, however, exclude persons in those classes from this automatic coverage so that they will have to register a contact veto themselves or, upon location by the department, pursuant to a search request, they will have to register a contact veto at the time. [T.C.A. § 36-1-130(a)(6)]. Please indicate whether you wish to exclude any of these persons.
- c. I wish to exclude from the automatic contact veto the following:
- (1) My siblings: Yes  No
  - (2) My lineal descendants: Yes  No
  - (3) My lineal ancestors: Yes  No
  - (4) The spouses of:
    - (a) siblings Yes  No
    - (b) lineal descendants Yes  No
    - (c) lineal ancestors Yes  No

Please complete the following for any known individuals:

Name	Relationship To Surrendering Person	Address Street., RR, P. O. Box, Town, State, Zip

- d. I wish to veto contact with: [T.C.A. § 36-1-128(c)]
- (1) Any future siblings of the adopted person. Yes  No
  - (2) A current spouse Yes  No  Name of current spouse \_\_\_\_\_
  - (3) Future spouse of mine Yes  No
  - (4) Any of my lineal descendants Yes  No

Please complete the following for any known individuals:

Name	Relationship To Surrendering Person	Address Street., RR, P. O. Box, Town, State, Zip

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

- 9. a. I give **consent** for the child I am surrendering (adopted person) and **ALL** other classes of eligible persons who, as may be permitted by law, to have access to the sealed records, sealed adoption records or post adoption record to have contact with me.
- b. I wish to **limit consent** to certain persons and only give consent for contact with the following classes of people:
  - (1) The adopted person Yes  No
  - (2) The adopted person's adoptive parents Yes  No
  - (3) The adopted person's adoptive siblings Yes  No
  - (4) The adopted person's lineal descendants Yes  No
  - (5) The legal representatives of any of these persons Yes  No

c. If contact is limited to the legal representative of certain classes of persons, please describe:  
 \_\_\_\_\_  
 \_\_\_\_\_

- 10. 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  \_\_\_\_\_
  - Letters  \_\_\_\_\_
  - Personal contact, unannounced  \_\_\_\_\_
  - Personal contact, prearranged with me , either via phone  or correspondence

Personal contact through another person. Please give name, relationship to you, if any, and information to be released regarding how to contact:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 11. Other information I wish to have released about me to any eligible persons (please identify to whom and the contents of the information to be provided)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 12. Should you wish no contact with any other eligible persons but wish to share a statement of your feelings, or circumstances which impact your decision, please share that information here:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 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 \_\_\_\_\_, 20\_\_.

**Signature:** Biological \_\_\_ Legal \_\_\_ Mother \_\_\_\_\_  
 Biological \_\_\_ Legal \_\_\_ Father \_\_\_\_\_  
 Legal Guardian \_\_\_\_\_

Sworn to and subscribed to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

**Please Print:** \_\_\_\_\_  
 \_\_\_ Chancellor, \_\_\_ Judge, or \_\_\_ Clerk of the  
 \_\_\_\_\_ Court of  
 \_\_\_\_\_  
 County or Parish, of  
 \_\_\_\_\_  
 (STATE OR TERRITORY)

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

at \_\_\_\_\_  
(CITY)

**Signature:** \_\_\_\_\_  
Chancellor, Judge or Clerk of Court of Record Named Above

**CERTIFICATION**

I, \_\_\_\_\_, Clerk of the \_\_\_\_\_ Court of \_\_\_\_\_ County,  
State of \_\_\_\_\_, certify the foregoing copy of Part III of the Surrender Forms to be a true and accurate copy of the document  
executed before this Court.

\_\_\_\_\_  
Clerk of the \_\_\_\_\_ Court of  
\_\_\_\_\_ County,  
State of \_\_\_\_\_

(Seal)

**PART IV**

**REVOCAION 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 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 hereby revoke and void the 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\_\_.

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

**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 6<sup>th</sup> Avenue North  
 Nashville, TN 37243-1290

See, T.C.A. § 36-1-112(c)(2).

- b. Please provide the certification on the page following this Revocation form.
5. If the revocation must be executed before a court or person before whom the surrender was not executed or in which the adoption petition was not filed, the original of the revocation shall be sent within three (3) days to the court or person before whom the surrender was executed or where the adoption petition was filed and that court or person shall be responsible for sending the forms to the Tennessee Department of Children’s Services Central Office and to the persons or agencies in #3 entitled to copies of the revocation. See, T.C.A. § 36-112(c)(2)(B).

**CERTIFICATION**

I, \_\_\_\_\_, Clerk of the \_\_\_\_\_ Court of \_\_\_\_\_  
County, State of \_\_\_\_\_, certify the foregoing copy of the 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,  
State of \_\_\_\_\_

(Seal)

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

**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:

**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).

STATE OF \_\_\_\_\_ )  
 COUNTY OF \_\_\_\_\_ )

Being duly sworn according to law, affiant would state:

1. I am:
  - 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. 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:

(Rule 0250-7-13-.06, continued)

- a. (1) Name: \_\_\_\_\_
- (2) Relationship to the child: \_\_\_\_\_
- (3) Address \_\_\_\_\_
- (4) City, State Zip \_\_\_\_\_
- (5) Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_
- (6) Other identifying information concerning the above identified other legal or biological parent/legal guardian.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ and

- b. (1) Name: \_\_\_\_\_
- (2) Relationship to the child: \_\_\_\_\_
- (3) Address \_\_\_\_\_
- (4) City, State Zip \_\_\_\_\_
- (5) Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_
- (6) Other identifying information concerning the above identified other legal or biological parent/legal guardian.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ and

- c. (1) Name: \_\_\_\_\_
- (2) Relationship to the child: \_\_\_\_\_
- (3) Address \_\_\_\_\_
- (4) City, State Zip \_\_\_\_\_
- (5) Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_
- (6) Other identifying information concerning the above identified other legal or biological parent/legal guardian.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 5. The identity is unknown for the other:
  - a. Legal parent Yes  No
  - b. Biological parent Yes  No
  - c. Legal guardian Yes  No
  - d. Not applicable Yes  No

- 6. The whereabouts is unknown for the other:
  - a. Legal parent Yes  No
  - b. Biological parent Yes  No
  - c. Legal 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 Native American heritage? Yes  No   
If no, go to # 9.
  - b. If yes, are you eligible for tribal membership? Yes  No
  - c. If yes, give name of tribe. \_\_\_\_\_
  - d. Are you registered with a Native American tribe? Yes  No
  - e. If yes, give name of tribe. \_\_\_\_\_
  - f. Is your child eligible for tribal membership? Yes  No
  - g. If yes, give name of tribe. \_\_\_\_\_
  - h. Has your child been registered with a Native American tribe? Yes  No
  - i. If yes, give name of tribe. \_\_\_\_\_
  - j. This information is unknown. Yes  No

- 9. a. Will this child be sent out of Tennessee to another state or country for adoption?  
 Yes  No  If no, go to #10.
- b. If yes, name of state or country.

(Rule 0250-7-13-.06, continued)

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 property? Yes  No  If yes, please describe the property owned and give the property value: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

b. 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 owner and give the property value:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

12. a. Do you currently have:

Only legal custody of the child? Yes  No

Only physical custody of the child? Yes  No

Both legal and physical custody of the child? Yes  No

b. If another person(s) holds legal custody of the child at this time, give the following information:

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

Relationship, if any, to you or the child: \_\_\_\_\_

Address: \_\_\_\_\_  
 (Street, RR, P.O. Box) (Town/City) (State) (Zip)

Telephone Number (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

c. If another person(s) holds physical custody of the child at this time, give the following information:

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

Relationship, if any, to you or the child: \_\_\_\_\_

Address: \_\_\_\_\_  
 (Street, RR, P.O. Box) (Town/City) (State) (Zip)

Telephone Number (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

d. Is the person(s) who holds custody the prospective adoptive parent? Yes  No

e. If a licensed child placing agency, the Tennessee Department of Children's Services or another State agency holds physical and/or legal custody of your child, give the following information:

Name of Agency: \_\_\_\_\_

Street/Rural Route/P.O. Box: \_\_\_\_\_

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

f. Do you intend to give custody to the prospective adoptive parents? Yes  No

g. Explain any other circumstances regarding the custody status of this child: \_\_\_\_\_

\_\_\_\_\_

13 a. Are you aware of assistance which may be available to you to care for the child should you desire to parent this child?

(Rule 0250-7-13-.06, continued)

- Yes  No
- b. Do you desire counseling regarding such assistance which may be available to you or regarding other issues concerning adoption or parenting from a social services agency or licensed counselor concerning the decision to place this child for adoption?  
Yes  No
- 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. Do you desire to be represented by legal counsel at this surrender proceeding? Yes  No
- b. If not, do you desire to consult with legal counsel prior to the execution of the surrender of the child? Yes  No
- 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
- 15. Do you understand that if you sign the following surrender of the above-named child that you will have no right to act as parent of the child in any manner whatsoever forever, that your rights and responsibilities to and with the child will be terminated and that the child will become the legal child of other persons? Yes  No
- 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 REVOCATION OF SURRENDER before the judge or clerk 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 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, 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. 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 the prospective adoptive parents? Yes  No

FURTHER, AFFIANT SAITH NOT.

This the \_\_\_\_ day of \_\_\_\_\_ 20\_\_.

**Signature:** Biological\_\_\_\_ Legal\_\_\_\_ Mother\_\_\_\_\_

Biological\_\_\_\_ Legal\_\_\_\_ Father\_\_\_\_\_

Legal Guardian of \_\_\_\_\_ of \_\_\_\_\_

\_\_\_\_\_  
Name of Child

Sworn to and subscribed before me this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

**Please Print:**

\_\_\_\_\_  
 \_\_Chancellor, \_\_Judge, of a Court of Record of the  
 \_\_\_\_\_ Court of \_\_\_\_\_,  
 County or Parish, of \_\_\_\_\_,  
 (State or Territory)  
 \_\_\_\_\_  
 (City)

**Signature:**

\_\_\_\_\_  
Chancellor Or Judge Of Court Of Record Named Above

**OR BY A CLERK OF A COURT OF RECORD:**

**Please Print:** \_\_\_\_\_  
 Name Of Clerk Of Court Of Record Of The \_\_\_\_\_



(Rule 0250-7-13-.06, continued)

Court Of \_\_\_\_\_, County Or  
Parish Of \_\_\_\_\_,  
(State Or Territory) (City)

Signature: \_\_\_\_\_  
Clerk Of Court Of Record

**PART II**

**A. SURRENDER OF CHILD BY PARENT OR GUARDIAN IN ANOTHER STATE OR TERRITORY DIRECTLY TO PROSPECTIVE ADOPTIVE PARENTS**

STATE OF TENNESSEE )  
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. 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.
4. 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.
5.
  - a. 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.
6. **I FREELY AND VOLUNTARILY, WITHOUT DURESS OF ANY KIND, SURRENDER ALL OF MY PARENTAL OR GUARDIANSHIP RIGHTS TO \_\_\_\_\_**  
(CHILD'S NAME)

**TO:**

- a. Prospective Adoptive Mother \_\_\_\_\_
- b. Prospective Adoptive Father \_\_\_\_\_

FURTHER AFFIANT SAITH NOT.

This the \_\_\_ day of \_\_\_\_\_, 20\_\_.

Signature:      Biological \_\_\_ Legal \_\_\_      Mother \_\_\_\_\_  
                          Biological \_\_\_ Legal \_\_\_      Father \_\_\_\_\_  
                          Legal Guardian \_\_\_\_\_

Sworn to and subscribed before me this the \_\_\_ day of \_\_\_\_\_, 20\_\_.

**Please Print:** \_\_\_\_\_  
 \_\_\_Chancellor, \_\_\_ Judge, of Court of Record of  
 \_\_\_\_\_ Court of \_\_\_\_\_ County or  
 Parish, of \_\_\_\_\_ at  
 (State Or Territory)

(Rule 0250-7-13-.06, continued)

(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)**\*See Notes Below  
Before Signing**Signature: \_\_\_\_\_  
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 prior 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 6<sup>th</sup> 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).

(Rule 0250-7-13-.06, continued)

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 6<sup>th</sup> 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**

**B. ACCEPTANCE OF SURRENDER BY PROSPECTIVE ADOPTIVE PARENTS**

STATE OF \_\_\_\_\_ )  
 COUNTY OF \_\_\_\_\_ )

Being duly sworn according to law, affiant(s) would state:

1. a. I am \_\_\_\_\_, Prospective Adoptive Mother.  
 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.  
 b. Prospective Adoptive Father’s Date of Birth \_\_\_\_\_  
 c. Prospective Adoptive Father’s Marital Status \_\_\_\_\_  
 d. Prospective Adoptive Father’s Address \_\_\_\_\_
3. Upon execution of Parts I and IIA. by the parent or guardian named therein before a Judge or Clerk of a Court of Record in the State or Territory where the surrender is accepted \_\_\_\_\_ agree to assume responsibility for obtaining guardianship of  
 (I/We)  
 \_\_\_\_\_ through court order within thirty (30) days of the date of this surrender  
 (Name of Child)  
 [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
			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)

(Rule 0250-7-13-.06, continued)

**SUBSECTIONS 5a.-5d. MUST BE MARKED TO DESIGNATE THE APPLICABLE SITUATION. ONE OF THE FOLLOWING MUST EXIST BEFORE THE SURRENDER CAN BE RECEIVED BY THE COURT OR CLERK:**

- 5. a. \_\_\_\_\_ I/We have physical custody of this child; or
- b. \_\_\_\_\_ I/We will receive physical custody of the child from the parent or legal guardian within five (5) days of this surrender. The affidavit required by § 36-1-111 (d)(6) of the custodial parent or guardian to this effect has been attached to the acceptance at this time; or
- c. \_\_\_\_\_ I/We have the right to receive physical custody of the child upon his or her release from a hospital or health care facility, and the affidavit of the custodial parent or guardian to this effect required by § 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 MUST BE ANSWERED “YES” OR MUST BE MARKED “NOT APPLICABLE” BEFORE THE SURRENDER IS COMPLETED BY THE COURT OR CLERK:**

- 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 the certificate of the completion of ( )legal/( )social counseling if counseling was requested by the surrendering parent. See Item #s 13 and 14 in Part I. Not Applicable.
- 8. Yes  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 or other substitute form required for ICPC compliance or a sworn statement stating why such form is not required by the ICPC. Not Applicable.
- 9. 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:**

- 10. Yes  No  a. If the child is to be removed from Tennessee for adoption in another state, there has been compliance with the Interstate Compact or the Placement of Children. Not Applicable.
- b. If not, how will it be effected?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

FURTHER AFFIANT(S) SAITH NOT

This \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Prospective Adoptive Mother

\_\_\_\_\_  
Signature of Prospective Adoptive Father

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires:\_\_\_\_\_.

**CERTIFICATION OF OUT-OF STATE CLERK**

(Rule 0250-7-13-.06, continued)

I, \_\_\_\_\_, Clerk of the \_\_\_\_\_ Court of \_\_\_\_\_ County (Parish) \_\_\_\_\_ (Name of State) hereby certify the foregoing copies of Parts I and II of the Surrender Forms to be true and accurate copies of the documents filed with the court.

\_\_\_\_\_  
Clerk of the \_\_\_\_\_ Court of \_\_\_\_\_ County (Parish), \_\_\_\_\_.

(Seal)

**CERTIFICATION OF TENNESSEE CLERK**

I, \_\_\_\_\_, Clerk of the \_\_\_\_\_ Court of \_\_\_\_\_ County, Tennessee, certify the foregoing copies of Parts I and II of the Surrender Forms to be true and accurate copies of the documents filed with this Court.

\_\_\_\_\_  
Clerk of the \_\_\_\_\_ Court of \_\_\_\_\_ County, Tennessee.

(Seal)

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

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.
  - 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.

(Rule 0250-7-13-.06, continued)

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 6<sup>TH</sup> 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) (Zip Code)  
\_\_\_\_\_, \_\_\_\_\_  
(Home Telephone No.) (Work Telephone No.)

- b. Is this address an address the department may use to write to you concerning your wishes regarding contact.  
Yes  No  If no, please share address to be used:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Street/Rural Route/P. O. Box) (Town/City) (State)  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Zip Code) (Work Telephone) (Home Telephone)

- c. Is this address an address a person requesting contact may use to write to you? Yes  No . If no, please share the address to be used:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Street/Rural Route/P. O. Box) (Town/City) (State)  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Zip Code) (Work Telephone) (Home Telephone)

- d. Are the telephone numbers the numbers the department may use to contact you?  
YES  NO . If no, may the listed telephone numbers be shared with eligible persons requesting contact? YES  NO .  
If no, please list telephone number(s), if any, that might be shared and used to contact you.

\_\_\_\_\_, \_\_\_\_\_  
(Work Telephone 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 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 may, however, exclude persons in those classes from this automatic coverage so that they will have to register a contact veto themselves or, upon location by the department, pursuant to a search request, they will have to register a contact veto at the time. [T.C.A. § 36-1-130(a)(6)]. Please indicate whether you wish to exclude any of these persons.
- c. I wish to exclude from the automatic contact veto the following:
- (1) My siblings: Yes  No
- (2) My lineal descendants: Yes  No
- (3) My lineal ancestors: Yes  No
- (4) The spouses of:
- (a) siblings Yes  No
- (b) lineal descendants Yes  No
- (c) lineal ancestors Yes  No

(Rule 0250-7-13-.06, continued)

Please complete the following for any known individuals:

Name	Relationship To Surrendering Person	Address Street., RR, P. O. Box, Town, State, Zip

- d. I wish to veto contact with: [T.C.A. § 36-1-128(c)]
- (1) Any future siblings of the adopted person. Yes  No .
  - (2) A current spouse Yes  No  Name of current spouse \_\_\_\_\_
  - (3) Future spouse of mine Yes  No
  - (4) Any of my lineal descendants Yes  No

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 surrendering (adopted person) and **ALL** other classes of eligible persons who, as may be permitted by law, to have access to the sealed records, sealed adoption records or post adoption record to have contact with me.

b. I wish to **limit consent** to certain persons and only give consent for contact with the following classes of people:

- (1) The adopted person Yes  No
- (2) The adopted person's adoptive parents Yes  No
- (3) The adopted person's adoptive siblings Yes  No
- (4) The adopted person's lineal descendants Yes  No
- (5) The legal representatives of any of these persons Yes  No

c. If contact is limited to the legal representative of certain classes of persons, please describe:

\_\_\_\_\_

\_\_\_\_\_

10. 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  \_\_\_\_\_

Letters  \_\_\_\_\_

Personal contact, unannounced  \_\_\_\_\_

Personal contact, prearranged with me  either via phone  or correspondence

Personal contact through another person  Please give name, relationship to you, if any, and information to be released regarding how to contact: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Other information I wish to have released about me to any eligible persons (please identify to whom and the contents of the information to be provided):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Rule 0250-7-13-.06, 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 \_\_\_\_\_, 20\_\_\_\_.

**Signature:** Biological \_\_\_ Legal \_\_\_ Mother \_\_\_\_\_  
Biological \_\_\_ Legal \_\_\_ Father \_\_\_\_\_  
Legal Guardian \_\_\_\_\_

Sworn to and subscribed to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**Please Print:** \_\_\_\_\_  
\_\_ Chancellor, \_\_ Judge, or \_\_ Clerk of the  
\_\_\_\_\_ Court of \_\_\_\_\_  
County or Parish, of \_\_\_\_\_  
(STATE OR TERRITORY)  
at \_\_\_\_\_  
(CITY)

**Signature:** \_\_\_\_\_  
Chancellor, Judge or Clerk of Court of Record Named Above

**CERTIFICATION**

I, \_\_\_\_\_, Clerk of the \_\_\_\_\_ Court of \_\_\_\_\_ County, State of \_\_\_\_\_, certify the foregoing copy of Part III of the Surrender Forms to be a true and accurate copy of the document executed before this Court.

\_\_\_\_\_  
Clerk of the \_\_\_\_\_ Court of  
State of \_\_\_\_\_

(Seal)

**PART IV**

**REVOCAION 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: \_\_\_\_\_



(Rule 0250-7-13-.06, continued)

- 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 hereby revoke and void the 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:** \_\_\_\_\_  
 \_\_\_\_ 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 6<sup>th</sup> Avenue North  
 Nashville, TN 37243-1290

(Rule 0250-7-13-.06, continued)

See, T.C.A. § 36-1-112(c)(2).

- b. Please provide the certification on the page following this Revocation form.

If the revocation must be executed before a court or person before whom the surrender was not executed or in which the adoption petition was not filed, the original of the revocation shall be sent within three (3) days to the court or person before whom the surrender was executed or where the adoption petition was filed and that court or person shall be responsible for sending the forms to the Tennessee Department of Children’s Services Central Office and to the persons or agencies in #3 entitled to copies of the revocation. See, T.C.A. § 36-112(c)(2)(B).

**CERTIFICATION**

I, \_\_\_\_\_, Clerk of the \_\_\_\_\_ Court of \_\_\_\_\_ County, State of \_\_\_\_\_, certify the foregoing copy of Part III of the Surrender Forms to be a true and accurate copy of the document executed before this Court.

\_\_\_\_\_  
 Clerk of the \_\_\_\_\_ Court of \_\_\_\_\_  
 State of \_\_\_\_\_ County,

(Seal)

**Authority:** T.C.A. §§ 4-5-201, et seq., 36-1-111, 36-1-112, 36-1-125, 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001.

**0250-7-13-.07 SURRENDER DOCUMENTS FOR USE IN SURRENDERS TO A LICENSED CHILD-PLACING AGENCY OR THE TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES IN THESE MATTERS, BEFORE UNITED STATES FOREIGN SERVICE OFFICER OR OFFICER OF THE UNITED STATES ARMED FORCES IN A FOREIGN COUNTRY.**

- (1) The following form is composed of four (4) Parts making a complete package which must be used at the time of surrender of child for adoption to a Tennessee Licensed Child-Placing Agency (LCPA) or the Tennessee Department of Children's Services (TDCS) before a United States Foreign Service Officer or Officer of the United States Armed Forces who is authorized to administer oaths. Parts I, II A. and III should be completed at the time of the surrender. Part II B. should be completed by the Department or LCPA prior to sending the form to the United States Foreign Service Officer or Officer of the United States Armed Forces who is authorized to administer oaths for completion of the surrender. Copies of Parts I and II should be given to the person executing the surrender and to Department or LCPA. Copies of Part III should be given to the person executing the surrender and should be sent directly to the Department by the Officer. Part IV, the revocation of surrender, which is part of the package, must be given to the parent or guardian at the time of the surrender.
- (2) The requirements for execution and processing of the forms are contained in T.C.A. §§ 36-1-111 and 36-1-112 and are noted in summary manner on the forms.
- (3) The information in these forms is confidential and is not to be released without the written approval of the court with domestic relations jurisdiction where the file is maintained.
- (4) Form:

**FORM FOR SURRENDER OF A CHILD BY A PARENT OR GUARDIAN RESIDING OR TEMPORARILY RESIDING IN A FOREIGN COUNTRY  
TO  
TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES  
OR  
A LICENSED CHILD-PLACING AGENCY**

**PART I**

**PRE-SURRENDER INFORMATION**

The following information is required by Tennessee Code Annotated § 36-1-111 and must be obtained under oath by an officer of the United States Foreign Service or an officer of the United States Armed Forces authorized to administer oaths prior to execution of the surrender in PART II by the parent or legal guardian:

Note: Pseudonyms must not be used nor may spaces for the identities of persons whose names are known be left blank. The court shall require the persons executing these documents to prove their identities satisfactorily to the court. T.C.A. § 36-1-111(g).

**COUNTRY OF** \_\_\_\_\_ )  
**CITY OR OTHER LOCATION** \_\_\_\_\_ )

Being duly sworn according to law, affiant would state:

1. I am:
  - 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 \_\_\_\_\_

(Rule 0250-7-13-.07, continued)

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:
  - a. (1) Name: \_\_\_\_\_  
 (2) Relationship to the child: \_\_\_\_\_  
 (3) Address \_\_\_\_\_  
 (4) City, State Zip \_\_\_\_\_  
 (5) Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
 (6) Other identifying information concerning the above identified other legal or biological parent/legal guardian.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ and
  
  - b. (1) Name: \_\_\_\_\_  
 (2) Relationship to the child: \_\_\_\_\_  
 (3) Address \_\_\_\_\_  
 (4) City, State Zip \_\_\_\_\_  
 (5) Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
 (6) Other identifying information concerning the above identified other legal or biological parent/legal guardian.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ and
  
  - c. (1) Name: \_\_\_\_\_  
 (2) Relationship to the child: \_\_\_\_\_  
 (3) Address \_\_\_\_\_  
 (4) City, State Zip \_\_\_\_\_  
 (5) Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
 (6) Other identifying information concerning the above identified other legal or biological parent/legal guardian.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
5. The identity is unknown for the other:
  - a. Legal parent Yes  No
  - b. Biological parent Yes  No
  - c. Legal guardian Yes  No
  - d. Not applicable Yes  No
  
6. The whereabouts is unknown for the other:
  - a. Legal parent Yes  No
  - b. Biological parent Yes  No
  - c. Legal 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 above-named legal or biological parent/legal guardian has been(\_\_\_\_) or will be given(\_\_\_\_) to the Tennessee Department of Children’s Services or the Licensed Child-Placing Agency to whom the above child is being surrendered.
  
8. Information Concerning Child’s Native American Heritage:
  - a. Are you or the child of Native American heritage? Yes  No   
 If no, go to # 9.
  - b. If yes, are you eligible for tribal membership? Yes  No
  - c. If yes, give name of tribe. \_\_\_\_\_
  - d. Are you registered with a Native American tribe? Yes  No
  - e. If yes, give name of tribe. \_\_\_\_\_
  - f. Is your child eligible for tribal membership? Yes  No
  - g. If yes, give name of tribe. \_\_\_\_\_
  - h. Has your child been registered with a Native American tribe? Yes  No
  - i. If yes, give name of tribe. \_\_\_\_\_
  - j. This information is unknown. Yes  No

(Rule 0250-7-13-.07, continued)

- 9. a. Will this child be sent out of Tennessee to another state or country for adoption?  
Yes  No  If no, go to #10.
  - b. If yes, name of state or country.  
\_\_\_\_\_
  - c. If yes, I understand 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 property? Yes  No  If yes, please describe the property owned and give the property value:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - b. 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 owner and give the property value:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. a. Do you currently have:  
Only legal custody of the child? Yes  No   
Only physical custody of the child? Yes  No   
Both legal and physical custody of the child? Yes  No
- b. If another person(s) holds legal custody of the child at this time, give the following information:  
Name: \_\_\_\_\_  
Relationship, if any, to you or the child: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street, RR, P.O. Box) (Town/City) (State) (Zip)  
Telephone Number (Home) \_\_\_\_\_ (Work) \_\_\_\_\_
  - c. If another person(s) holds physical custody of the child at this time, give the following information:  
Name: \_\_\_\_\_  
Relationship, if any, to you or the child: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street, RR, P.O. Box) (Town/City) (State) (Zip)  
Telephone Number (Home) \_\_\_\_\_ (Work) \_\_\_\_\_
  - d. Is the person(s) who holds custody the prospective adoptive parent? Yes  No
  - e. If a licensed child placing agency, the Department of Children’s Services or another State agency holds physical and/or legal custody of your child, give the following information:  
Name of Agency: \_\_\_\_\_  
Street/Rural Route/P.O. Box: \_\_\_\_\_  
Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
  - f. Do you intend to give custody to the licensed child placing agency or the Tennessee Department of Children’s Services?

(Rule 0250-7-13-.07, continued)

- Yes  No
- g. Explain any other circumstances regarding the custody status of this child: \_\_\_\_\_
13. a. Are you aware of assistance which may be available to you to care for the child should you desire to parent this child?  
Yes  No
- b. Do you desire counseling regarding such assistance which may be available to you or regarding other issues surrounding adoption or parenting from a social service agency or licensed counselor concerning the decision to place this child for adoption?  
Yes  No
- c. Has such counseling been made available to you? Yes  No
14. a. Do you desire to be represented by legal counsel at this surrender proceeding? Yes  No
- b. If not, do you desire to consult with legal counsel prior to the execution of the surrender of the child?  
Yes  No
- c. Has such counseling been made available to you? Yes  No
15. Do you understand that if you sign the following surrender of the above-named child that you will have no right to act as parent of the child in any manner 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. 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
- 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 Tennessee Department of Children's Services or Licensed Child-Placing Agency 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. 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, AFFIANT SAITH NOT.

This the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

**Signature:** Biological\_\_\_\_ Legal\_\_\_\_ Mother\_\_\_\_\_

Biological\_\_\_\_ Legal\_\_\_\_ Father\_\_\_\_\_

Legal Guardian of \_\_\_\_\_ of

\_\_\_\_\_  
Name of Child

Sworn to and subscribed before me this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

**Please Print:** \_\_\_\_\_  
Name and Title of Officer of the Foreign Service or the United  
Armed Forces Authorized to Administer Oaths

**Signature:** \_\_\_\_\_  
Name and Title of Officer of the Foreign Service or the United  
Armed Forces Authorized to Administer Oaths

**PART II**

(Rule 0250-7-13-.07, continued)

**A. SURRENDER OF A CHILD TO AND ACCEPTANCE OF THE SURRENDER BY THE TENNESSEE DEPARTMENT CHILDREN’S SERVICES OR A LICENSED CHILD PLACING AGENCY BY THE PARENT OR GUARDIAN RESIDING OR TEMPORARILY RESIDING IN A FOREIGN COUNTRY**

**COUNTRY OF:** \_\_\_\_\_ )  
**CITY OR OTHER LOCATION:** \_\_\_\_\_ )

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. 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.
  
4. 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.
  
5.
  - a. 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.
  
6. **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 Agency \_\_\_\_\_ (Name of LCPA)
- b. \_\_\_Tennessee Department of Children’s Services (Please check if applicable.)

FURTHER AFFIANT SAITH NOT.

This the \_\_\_ day of \_\_\_\_\_, 20\_\_.

**Signature:** Biological \_\_, Legal \_\_ Mother \_\_\_\_\_  
 Biological \_\_, Legal \_\_ Father \_\_\_\_\_  
 Legal Guardian \_\_\_\_\_

Sworn to and subscribed before me this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

**Please Print:** \_\_\_\_\_  
 Name and Title of Officer of the Foreign Service or the United  
 Armed Forces Authorized to Administer Oaths

**\*See Notes Below Before Signing**

**Signature:** \_\_\_\_\_  
 Name and Title of Officer of the Foreign Service or the United  
 Armed Forces Authorized to Administer Oaths

(Rule 0250-7-13-.07, continued)

**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 prior to execution of the surrender. T. C. A. § 36-1-111(k).
3. When applicable, as noted in Section B., all provisions of B. must be completed prior to your signing of the Surrender in Section A. T.C.A. § 36-1-111(k), (m) and (o). Section B.4. does not have to be completed by the Tennessee Department of Children's Services. T.C.A. 36-1-111(n).
4. Certified copies of Parts I and II must be given or sent to the person(s) executing the surrender and to the licensed child-placing agency or the Tennessee Department of Children's Services as noted in the Acceptance portion in Part B. Please certify copies of Parts I and II on the page following Part II. T.C.A. 36-1-111(p)(1). Part III should be certified on the page following Part III and sent to: Adoption Services, Tennessee Department of Children's Services, 436 6<sup>th</sup> 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. 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 permanently filed by the court in a separate file for that purpose, (Child's Name) and shall be confidential and shall not be inspected by anyone else without the written approval of the court. T.C.A. 36-1-111(p)(1) and (2).
2. 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 6<sup>th</sup> 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. ACCEPTANCE OF SURRENDER BY LICENSED CHILD-PLACING AGENCY OR TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES**

STATE OF \_\_\_\_\_ )  
 COUNTY OF \_\_\_\_\_ )

Being duly sworn according to law, affiant would state:

1. I, \_\_\_\_\_, an authorized representative of:
  - a. Licensed Child-Placing Agency \_\_\_\_\_; or the
  - b. \_\_\_\_\_ County Tennessee Department of Children's Services, upon execution of Parts I and II A. by the parent or guardian named therein before a U. S. Foreign Service Officer or Officer of the U. S. Armed Forces authorized to administer oaths, accept the surrender of:



(Rule 0250-7-13-.07, continued)

c. Name of Child \_\_\_\_\_ . DATE: \_\_\_\_\_

Please Print: \_\_\_\_\_  
Name and Title of Authorized Representative

Signature: \_\_\_\_\_  
Signature of Authorized Representative

**SUBSECTIONS 2a.-2d. MUST BE MARKED TO DESIGNATE THE APPLICABLE SITUATION. ONE OF THOSE SUBSECTIONS MUST EXIST BEFORE THE SURRENDER CAN BE RECEIVED BY THE U. S. FOREIGN SERVICE OFFICER OR OFFICER OF THE U. S. ARMED FORCES:**

2. I \_\_\_\_\_ certify on behalf of:  
 Licensed Child-Placing Agency \_\_\_\_\_ (Name of Agency);  
 or the  
 \_\_\_ Tennessee Department of Children’s Services:
- a. \_\_\_ That my agency has physical custody of this child; or
  - b. \_\_\_ That my agency has received the affidavit required by § 36-1-111 (d)(6) concerning the right to receive custody from the surrendering parent or guardian within five (5) days of the date of this surrender. The affidavit of the custodial parent or guardian to that effect has been attached with this 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 this acceptance at this time; or
  - d. \_\_\_ That another person or agency has physical custody of the child. The affidavit of that person or agency required by § 36-1-111 (d)(6) which indicates their waiver of the right to custody of the child upon entry of an order of guardianship pursuant to § 36-1-136(r) has been attached 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.**

3. Yes  No  That if the Indian Child Welfare Act, 25 U.S.C. § 1901 et seq., applies because of the child’s Native American heritage, there has been compliance with the Act.  Not Applicable
4. Yes  No  (**Licensed Child-Placing Agency Only**) 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:\_\_\_\_\_.

(Rule 0250-7-13-.07, continued)

**CERTIFICATION OF U. S. FOREIGN SERVICE OFFICER  
OR OFFICER OF THE UNITED STATES ARMED FORCES**

I, \_\_\_\_\_, an Officer of the U. S. Foreign Service or an Officer of the United States Armed Forces, hereby certify the foregoing copies of Parts I and II of the Surrender Forms to be true and accurate copies of the documents executed and filed with me.

\_\_\_\_\_  
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 \_\_\_\_\_ County, Tennessee, certify the foregoing copies of Parts I and II of the Surrender Forms to be true and accurate copies of the documents filed with this Court.

Clerk of the \_\_\_\_\_ Court of  
\_\_\_\_\_ County, Tennessee.

(Seal)

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

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.
  - 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].

(Rule 0250-7-13-.07, continued)

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 6<sup>TH</sup> 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)  
\_\_\_\_\_, \_\_\_\_\_,  
(Town/City) (State) (Zip Code)  
\_\_\_\_\_, \_\_\_\_\_,  
(Home Telephone No.) (Work Telephone No.)

- b. Is this address an address the department may use to write to you concerning your wishes regarding contact. Yes  No  If no, please share address to be used:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
(Street/Rural Route/P. O. Box) (Town/City) (State)  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
(Zip Code) (Work Telephone) (Home Telephone)

- c. Is this address an address a person requesting contact may use to write to you? Yes  No . If no, please share the address to be used:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
(Street/Rural Route/P. O. Box) (Town/City) (State)  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
(Zip Code) (Work Telephone) (Home Telephone)

- d. Are the telephone numbers the numbers the department may use to contact you? YES  NO . If no, may the listed telephone numbers be shared with eligible persons requesting contact? YES  NO . If no, please list telephone number(s), if any, that might be shared and used to contact you.

\_\_\_\_\_, \_\_\_\_\_,  
(Work Telephone 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 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, without their consent, be contacted by a person eligible to have the records opened. You may, however, exclude persons in those classes from this automatic coverage so that they will have to register a contact veto themselves or, upon location by the department, pursuant to a search request, will have to register a contact veto at the time. [T.C.A. § 36-1-130(a)(6)]. Please indicate whether you wish to exclude any of these persons.
- c. I wish to exclude from the automatic contact veto the following:
  - (1) My siblings: Yes  No
  - (2) My lineal descendants: Yes  No
  - (3) My lineal ancestors: Yes  No
  - (4) The spouses of:
    - (a) siblings Yes  No
    - (b) lineal descendants Yes  No

(Rule 0250-7-13-.07, continued)

(c) lineal ancestors Yes  No

Please complete the following for any known individuals:

Name	Relationship To Surrendering Person	Address Street., RR, P. O. Box, Town, State, Zip

- d. I wish to veto contact with: [T.C.A. § 36-1-128(c)]
- (1) Any future siblings of the adopted person. Yes  No .
  - (2) A current spouse Yes  No  Name of current spouse \_\_\_\_\_
  - (3) Future spouse of mine Yes  No
  - (4) Any of my lineal descendants Yes  No

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 surrendering (adopted person) and **ALL** other classes of eligible persons who, as may be permitted by law, to have access to the sealed records, sealed adoption records or post adoption record to have contact with me.

b. I wish to **limit consent** to certain persons and only give consent for contact with the following classes of people:

- (1) The adopted person Yes  No
- (2) The adopted person's adoptive parents Yes  No
- (3) The adopted person's adoptive siblings Yes  No
- (4) The adopted person's lineal descendants Yes  No
- (5) The legal representatives of any of these persons Yes  No

c. If contact is limited to the legal representative of certain classes of persons, please describe:

\_\_\_\_\_

10. 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  \_\_\_\_\_

Letters  \_\_\_\_\_

Personal contact, unannounced  \_\_\_\_\_

Personal contact, prearranged with me , either via phone  or correspondence

Personal contact through another person. Please give name, relationship to you, if any, and information to be released regarding how to contact: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

11. Other information I wish to have released about me to any eligible persons (please identify to whom and the contents of the information to be provided): \_\_\_\_\_

(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 \_\_\_\_\_, 20\_\_.

**Signature:** Biological \_\_\_ Legal \_\_\_ Mother \_\_\_\_\_  
Biological \_\_\_ Legal \_\_\_ Father \_\_\_\_\_  
Legal Guardian \_\_\_\_\_

Sworn to and subscribed to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

**Please Print:** \_\_\_\_\_  
U.S. Foreign Service Officer or Officer of the U.S. Armed Forces

**Signature:** \_\_\_\_\_  
U.S. Foreign Service Officer or Officer of the U.S. Armed Forces

**CERTIFICATION**

I, \_\_\_\_\_, 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:
  - 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 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 \_\_\_\_\_

(Rule 0250-7-13-.07, continued)

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.

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 6<sup>th</sup> 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).

(Rule 0250-7-13-.07, continued)

**CERTIFICATION**

I, \_\_\_\_\_, U.S. Foreign Service Officer/Officer of the U.S. Armed Forces of (please state location) \_\_\_\_\_, certify the foregoing copy of the Revocation of Surrender to be a true and accurate copy of the Revocation of Surrender executed before me.

\_\_\_\_\_  
U.S. Foreign Service Officer or Officer of the U.S.  
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:

(Rule 0250-7-13-.08, continued)

1. I am:
  - 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. This child was born in wedlock  / out of wedlock .
  
4. State the names and relationships of any other legal/biological parent, legal guardian or possible biological parent for this child:
  - a.
    - (1) Name: \_\_\_\_\_
    - (2) Relationship to the child: \_\_\_\_\_
    - (3) Address \_\_\_\_\_
    - (4) City, State Zip \_\_\_\_\_
    - (5) Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_
    - (6) Other identifying information concerning the above identified other legal or biological parent/legal guardian.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
 \_\_\_\_\_ and
  
  - b.
    - (1) Name: \_\_\_\_\_
    - (2) Relationship to the child: \_\_\_\_\_
    - (3) Address \_\_\_\_\_
    - (4) City, State Zip \_\_\_\_\_
    - (5) Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_
    - (6) Other identifying information concerning the above identified other legal or biological parent/legal guardian.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
 \_\_\_\_\_ and
  
  - c.
    - (1) Name: \_\_\_\_\_
    - (2) Relationship to the child: \_\_\_\_\_
    - (3) Address \_\_\_\_\_
    - (4) City, State Zip \_\_\_\_\_
    - (5) Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_
    - (6) Other identifying information concerning the above identified other legal or biological parent/legal guardian.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
5. The identity is unknown for the other:
  - a. Legal parent      Yes  No
  - b. Biological parent      Yes  No
  - c. Legal guardian      Yes  No
  - d. Not applicable      Yes  No
  
6. The whereabouts is unknown for the other:
  - a. Legal parent      Yes  No
  - b. Biological parent      Yes  No
  - c. Legal 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:



(Rule 0250-7-13-.08, continued)

- a. Are you or the child of Native American heritage? Yes  No   
If no, go to # 9.
  - b. If yes, are you eligible for tribal membership? Yes  No
  - c. If yes, give name of tribe. \_\_\_\_\_
  - d. Are you registered with a Native American tribe? Yes  No
  - e. If yes, give name of tribe. \_\_\_\_\_
  - f. Is your child eligible for tribal membership? Yes  No
  - g. If yes, give name of tribe. \_\_\_\_\_
  - h. Has your child been registered with a Native American tribe? Yes  No
  - i. If yes, give name of tribe. \_\_\_\_\_
  - j. This information is unknown. Yes  No
9. a. Will this child be sent out of Tennessee to another state or country 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 property?  
Yes  No   
If yes, please describe the property owned and give the property value:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- b. Is it expected that the child will become possessed of any real or personal property? Yes  No   
If yes, please describe property, who currently owns the property, the time and circumstances under which the child becomes owner and give the property value:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. a. Do you currently have:  
Only legal custody of the child? Yes  No   
Only physical custody of the child? Yes  No   
Both legal and physical custody of the child? Yes  No
- b. If another person(s) holds legal custody of the child at this time, give the following information:  
Name: \_\_\_\_\_  
Relationship, if any, to you or the child: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street, RR, P.O. Box) (Town/City) (State) (Zip)  
Telephone Number (Home) \_\_\_\_\_ (Work) \_\_\_\_\_
- c. If another person(s) holds physical custody of the child at this time, give the following information:  
Name: \_\_\_\_\_  
Relationship, if any, to you or the child: \_\_\_\_\_

(Rule 0250-7-13-.08, continued)

Address: \_\_\_\_\_  
(Street, RR, P.O. Box) (Town/City) (State) (Zip)

Telephone Number (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

- d. Is the person(s) who holds custody the prospective adoptive parent? Yes  No
- e. If a licensed child placing agency, the Department of Children's Services or another State agency holds physical and/or legal custody of your child, give the following information:  
Name of Agency: \_\_\_\_\_  
Street/Rural Route/P.O. Box: \_\_\_\_\_  
Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- f. Do you intend to give custody to the prospective adoptive parents? Yes  No
- g. Explain any other circumstances regarding the custody status of this child: \_\_\_\_\_  
\_\_\_\_\_

- 13. a. Are you aware of assistance which may be available to you to care for the child should you desire to parent this child?  
Yes  No
- b. Do you desire counseling regarding such assistance which may be available to you or regarding other issues concerning adoption or parenting a social service agency or a licensed counselor concerning the decision to place this child for adoption? Yes  No
- 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. Do you desire to be represented by legal counsel at this surrender proceeding? Yes  No
- b. If not, do you desire to consult with legal counsel prior to the execution of the surrender of the child? Yes  No
- 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

15. Do you understand that if you sign the following surrender of the above-named child that you will have no right to act as parent of the child in any manner whatsoever forever, that your rights and responsibilities to and with the child will be terminated and that the child will become the legal child of other persons? Yes  No

- 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 REVOCATION OF SURRENDER before the officer 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 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, 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. 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 the prospective adoptive parents? Yes  No

FURTHER, AFFIANT SAITH NOT.  
This the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature: Biological \_\_\_ Legal \_\_\_ Mother \_\_\_\_\_  
Biological \_\_\_ Legal \_\_\_ Father \_\_\_\_\_  
Legal Guardian of \_\_\_\_\_ of \_\_\_\_\_

\_\_\_\_\_  
Name of Child

Sworn to and subscribed before me this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(Rule 0250-7-13-.08, continued)

**Please Print:** \_\_\_\_\_  
 Name and Title of Officer of the Foreign Service or the United  
 Armed Forces Authorized to Administer Oaths

**Signature:** \_\_\_\_\_  
 Name and Title of Officer of the Foreign Service or the United  
 Armed Forces Authorized to Administer Oaths

**PART II**

**A. SURRENDER OF CHILD DIRECTLY TO PROSPECTIVE ADOPTIVE PARENTS BY PARENT OR GUARDIAN RESIDING OR TEMPORARILY RESIDING IN A FOREIGN COUNTRY**

**COUNTRY OF** \_\_\_\_\_ )  
**CITY OR OTHER LOCATION 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. 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.
  
4. 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.
  
5.
  - a. 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.
  
6. **I FREELY AND VOLUNTARILY, WITHOUT DURESS OF ANY KIND, SURRENDER ALL OF MY PARENTAL OR GUARDIANSHIP RIGHTS TO** \_\_\_\_\_  
 (CHILD'S NAME)

**TO:**

- a. Prospective Adoptive Mother \_\_\_\_\_
- b. Prospective Adoptive Father \_\_\_\_\_

FURTHER AFFIANT SAITH NOT.

This the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

**Signature:**      Biological\_\_\_ Legal\_\_\_      Mother \_\_\_\_\_  
                          Biological\_\_\_ Legal\_\_\_      Father \_\_\_\_\_  
                          Legal Guardian \_\_\_\_\_

Sworn to and subscribed before me this the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

(Rule 0250-7-13-.08, continued)

**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 prior 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**

(Rule 0250-7-13-.08, continued)

STATE OF \_\_\_\_\_ )  
 COUNTY OF \_\_\_\_\_ )

Being duly sworn according to law, affiant(s) would state:

1. a. I am \_\_\_\_\_, Prospective Adoptive Mother.  
 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.  
 b. Prospective Adoptive Father's Date of Birth \_\_\_\_\_  
 c. Prospective Adoptive Father's Marital Status \_\_\_\_\_  
 d. Prospective Adoptive Father's Address \_\_\_\_\_
3. Upon execution of Parts I and II A. by the parent or guardian named herein before a U. S. Foreign Service Officer or Officer of the Armed Forces authorized to administer oaths \_\_\_\_\_ agree to assume  
 (I/We)  
 responsibility for obtaining guardianship of \_\_\_\_\_ through court  
 (Name of Child)  
 order within thirty (30) days of the date of this surrender [See, T.C.A. § 36-1-111(u)], and we agree, therefore, to be responsible for the care, custody, financial support, medical care, education, moral, and spiritual training of this child.
4. The following costs have been paid by \_\_\_\_\_ for activities involving the placement of this child.  
 (me/us)

Amount Paid	To Whom	Date Paid	Type Service/Cost
			Licensed Child Placing Agency
			Licensed Clinical Social Worker
			Legal Counsel
			Other Person/Organization Specify:
			Social Counseling Cost for Child's Parent/Legal Guardian
			Legal Counseling for Child's Parent/Legal Guardian
			Hospital or Medical Costs for the Birth of the Child
			Medical Care/Other Birth Related Expenses for Mother and/or Child
			Counseling Fees for Child
			Food, Maternity Clothing, Child's Clothing
			Housing and/or Utilities for Parent/Guardian
			Other Costs (Specify to Whom)

**SUBSECTIONS 5a.-5d. MUST BE MARKED TO DESIGNATE THE APPLICABLE SITUATION. ONE OF THE FOLLOWING MUST EXIST BEFORE THE SURRENDER CAN BE RECEIVED BY THE A U. S. FOREIGN SERVICE OFFICER OR OFFICER OF THE U. S. ARMED FORCES AUTHORIZED TO ADMINISTER OATHS:**

5. a. \_\_\_\_\_ I/We have physical custody of this child; or
- b. \_\_\_\_\_ I/We will receive physical custody of the child from the parent or legal guardian within five (5) days of this surrender. The affidavit required by § 36-1-111 (d)(6) of the custodial parent or guardian to this effect has been attached with 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 with the acceptance at this time; or

(Rule 0250-7-13-.08, continued)

- d. \_\_\_\_\_ Another person or agency currently has physical control of the child. I/We have attached to the acceptance an affidavit of the person or agency required by § 36-1-111 (d)(6) which indicates their waiver of the right to custody of the child upon entry of a guardianship order pursuant to § 36-1-136(r).

**SUBSECTIONS 6-9 MUST BE ANSWERED “YES” OR MUST BE MARKED “NOT APPLICABLE” BEFORE THE SURRENDER IS COMPLETED BY THE U. S. FOREIGN SERVICE OR ARMED SERVICES OFFICER:**

- 6. Yes  No  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. Yes  No  I/We have attached the certificate of the completion of (\_\_\_\_) legal/(\_\_\_\_) social counseling if counseling was requested by the surrendering parent. See Item #s 13. and 14. above in Part I.  
Not Applicable.
- 8. Yes  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 or other substitute form required for ICPC compliance or a sworn statement stating why such form is not required by the ICPC.  
Not Applicable.
- 9. 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:**

- 10. Yes  No  a. If the child is to be removed from Tennessee for adoption in another state, there has been compliance with the Interstate Compact or the Placement of Children. Not Applicable.

b. If not, how will it be effected?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FURTHER AFFIANT(S) SAITH NOT

This \_\_\_ day of \_\_\_\_\_, 20\_\_\_.

\_\_\_\_\_  
Signature of Prospective Adoptive Mother

\_\_\_\_\_  
Signature of Prospective Adoptive Father

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 the U. S. Foreign Service or \_\_\_an Officer of the United States Armed Forces, hereby certify the foregoing copies of Parts I and II of the Surrender Forms to be true and accurate copies of the documents executed and filed with me.

(Rule 0250-7-13-.08, continued)

\_\_\_\_\_  
 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  
 \_\_\_\_\_ County, Tennessee, certify the foregoing copies of Parts I and II of the Surrender Forms to be  
 true and accurate copies of the documents filed with this Court.

Clerk of the \_\_\_\_\_ Court of  
 \_\_\_\_\_ County, Tennessee.

(Seal)

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

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.
  - 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)].

(Rule 0250-7-13-.08, continued)

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 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 department may use to write to you concerning your wishes regarding contact?  
Yes  No  If no, please share address to be used:

\_\_\_\_\_, \_\_\_\_\_,  
(Street/Rural Route/P. O. Box) (Town/City) (State)  
\_\_\_\_\_, \_\_\_\_\_,  
(Zip Code) (Work Telephone) (Home Telephone)

- c. Is this address an address a person requesting contact may use to write to you? Yes  No . If no, please share the address to be used:

\_\_\_\_\_, \_\_\_\_\_,  
(Street/Rural Route/P. O. Box) (Town/City) (State)  
\_\_\_\_\_, \_\_\_\_\_,  
(Zip Code) (Work Telephone) (Home Telephone)

- d. Are the telephone numbers the numbers the department may use to contact you?  
YES  NO . If no, may the listed telephone numbers be shared with eligible persons requesting contact?  
YES  NO . If no, please list telephone number(s), if any, that might be shared and used to contact you.

\_\_\_\_\_, \_\_\_\_\_,  
(Work Telephone 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 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 may, however, exclude persons in those classes from this automatic coverage so that they will have to register a contact veto themselves or, upon location by the department, pursuant to a search request, they will have to register a contact veto at the time. [T.C.A. § 36-1-130(a)(6)]. Please indicate whether you wish to exclude any of these persons.

- c. I wish to exclude from the automatic contact veto the following:

- (1) My siblings: Yes  No   
(2) My lineal descendants: Yes  No   
(3) My lineal ancestors: Yes  No   
(4) The spouses of:  
(a) siblings Yes  No   
(b) lineal descendants Yes  No   
(c) lineal ancestors Yes  No

Please complete the following for any known individuals:

Name	Relationship To Surrendering Person	Address Street, RR, P. O. Box, Town, State, Zip



(Rule 0250-7-13-.08, continued)


- d. I wish to veto contact with: [T.C.A. § 36-1-128(c)]
- (1) Any future siblings of the adopted person. Yes  No .
  - (2) A current spouse Yes  No  Name of current spouse \_\_\_\_\_
  - (3) Future spouse of mine Yes  No
  - (4) Any of my lineal descendants Yes  No

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 surrendering (adopted person) and **ALL** other classes of eligible persons who, as may be permitted by law, to have access to the sealed records, sealed adoption records or post adoption record to have contact with me.
- b. I wish to **limit consent** to certain persons and only give consent for contact with the following classes of people:
- (1) The adopted person Yes  No
  - (2) The adopted person's adoptive parents Yes  No
  - (3) The adopted person's adoptive siblings Yes  No
  - (4) The adopted person's lineal descendants Yes  No
  - (5) The legal representatives of any of these persons Yes  No

c. If contact is limited to the legal representative of certain classes of persons, please describe:  
 \_\_\_\_\_  
 \_\_\_\_\_

10. 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  \_\_\_\_\_
- Letters  \_\_\_\_\_
- Personal contact, unannounced  \_\_\_\_\_
- Personal contact, prearranged with me , either via phone  or correspondence
- Personal contact through another person. Please give name, relationship to you, if any, and information to be released regarding how to contact: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

11. Other information I wish to have released about me to any eligible persons (please identify to whom and the contents of the information to be provided)
- \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

12. Should you wish no contact with any other eligible persons but wish to share a statement of your feelings, or circumstances which impact your decision, please share that information here:
- \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Rule 0250-7-13-.08, continued)

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 \_\_\_\_\_, 20\_\_\_\_.

Signature: Biological \_\_\_ Legal \_\_\_ Mother \_\_\_\_\_
Biological \_\_\_ Legal \_\_\_ Father \_\_\_\_\_
Legal Guardian \_\_\_\_\_

Sworn to and subscribed to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Please Print: \_\_\_\_\_
U.S. Foreign Service Officer or Officer of the U.S. Armed
Forces

Signature: \_\_\_\_\_
U.S. Foreign Service Officer or Officer of the U.S. Armed
Forces

CERTIFICATION

I, \_\_\_\_\_, 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:
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 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 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.

(Rule 0250-7-13-.08, continued)

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**

(Rule 0250-7-13-.08, continued)

I, \_\_\_\_\_, U.S. Foreign Service Officer/Officer of the U.S. Armed Forces of (please state location) \_\_\_\_\_, certify the foregoing copy of the Revocation of Surrender to be a true and accurate copy of the Revocation of Surrender executed before me.

\_\_\_\_\_  
U.S. Foreign Service Officer or Officer of the U.S.  
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-.09 SURRENDER DOCUMENTS FOR USE IN SURRENDERS TO A LICENSED CHILD-PLACING AGENCY OR THE TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES IN THESE MATTERS, BY AN INMATE OF A STATE OR FEDERAL PENITENTIARY.**

- (1) The following form is composed of four (4) Parts making a complete package which must be used at the time of surrender of child for adoption to a licensed child-placing agency or the Tennessee Department of Children's Services in these matters, and must be completed by the inmate and the Warden of the penitentiary before a Notary Public. Parts I, II A. and III should be completed at the time of the surrender. Part II B. should be completed by the Department or Licensed Child Placing Agency prior to sending the form to the Warden for completion of the surrender. Copies of Parts I and II should be given to the person executing the surrender and to the Department or Licensed Child Placing Agency. Copies of Part III should be given to the person executing the surrender and should be sent directly to the Department by the Warden. Part IV, the revocation of surrender, which is part of the package, must be given to the parent or guardian at the time of the surrender.
- (2) The requirements for execution and processing of the forms are contained in T.C.A. §§ 36-1-111 and 36-1-112 and are noted in summary manner on the forms.
- (3) The information in these forms is confidential and is not to be released without the written approval of the court with domestic relations jurisdiction where the file is maintained.
- (4) Form:

**SURRENDER OF A CHILD BY A PARENT OR GUARDIAN INCARCERATED IN A STATE OR FEDERAL PENITENTIARY 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 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 Warden shall require the persons executing these documents to prove their identities satisfactorily to him or her. T.C.A. § 36-1-111(g).

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ )

Being duly sworn according to law, affiant would state:

1. I am:
  - a. Mother: \_\_\_\_\_ (Date of Birth) \_\_\_\_\_, or
  - b. Father: \_\_\_\_\_ (Date of Birth) \_\_\_\_\_, or
  - c. Legal Guardian: \_\_\_\_\_ (Date of Birth) \_\_\_\_\_, of:

(Rule 0250-7-13-.09, continued)

- 2. a. Child's Name \_\_\_\_\_
- b. Child's Date of Birth \_\_\_\_\_
- c. Child's Place of Birth \_\_\_\_\_
- d. Child's Sex \_\_\_\_\_
- e. Child's Race \_\_\_\_\_

3. This child was born in wedlock / out of wedlock .

4. State the names and relationships of any other legal/biological parent, legal guardian or possible biological parent for this child:

- a. (1) Name: \_\_\_\_\_
  - (2) Relationship to the child: \_\_\_\_\_
  - (3) Address \_\_\_\_\_
  - (4) City, State Zip \_\_\_\_\_
  - (5) Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_
  - (6) Other identifying information concerning the above identified other legal or biological parent/legal guardian.  
\_\_\_\_\_
- \_\_\_\_\_ and

- b. (1) Name: \_\_\_\_\_
  - (2) Relationship to the child: \_\_\_\_\_
  - (3) Address \_\_\_\_\_
  - (4) City, State Zip \_\_\_\_\_
  - (5) Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_
  - (6) Other identifying information concerning the above identified other legal or biological parent/legal guardian.  
\_\_\_\_\_
- \_\_\_\_\_ and

- c. (1) Name: \_\_\_\_\_
  - (2) Relationship to the child: \_\_\_\_\_
  - (3) Address \_\_\_\_\_
  - (4) City, State Zip \_\_\_\_\_
  - (5) Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_
  - (6) Other identifying information concerning the above identified other legal or biological parent/legal guardian.  
\_\_\_\_\_
- \_\_\_\_\_

5. The identity is unknown for the other:
- a. Legal parent Yes  No
  - b. Biological parent Yes  No
  - c. Legal guardian Yes  No
  - d. Not applicable Yes  No

6. The whereabouts is unknown for the other:
- a. Legal parent Yes  No
  - b. Biological parent Yes  No
  - c. Legal 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 above-named legal or biological parent/legal guardian has been (\_\_\_\_) or will be given (\_\_\_\_) to the Tennessee Department of Children's Services or the Licensed Child-Placing Agency to whom the above child is being surrendered.

8. Information Concerning Child's Native American Heritage:
- a. Are you or the child of Native American heritage? Yes  No   
If no, go to # 9.
  - b. If yes, are you eligible for tribal membership? Yes  No
  - c. If yes, give name of tribe. \_\_\_\_\_
  - d. Are you registered with a Native American tribe? Yes  No

(Rule 0250-7-13-.09, continued)

- e. If yes, give name of tribe. \_\_\_\_\_
  - f. Is your child eligible for tribal membership? Yes  No
  - g. If yes, give name of tribe. \_\_\_\_\_
  - h. Has your child been registered with a Native American tribe? Yes  No
  - i. If yes, give name of tribe. \_\_\_\_\_
  - j. This information is unknown. Yes  No
9. a. Will this child be sent out of Tennessee to another state or country for adoption?  
Yes  No  If no, go to #10.
- b. If yes, name of state or country. \_\_\_\_\_
- c. If yes, I understand 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 property? Yes  No  If yes, please describe the property owned and give the property value: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- b. 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 owner and give the property value:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. a. Do you currently have:  
Only legal custody of the child? Yes  No   
Only physical custody of the child? Yes  No   
Both legal and physical custody of the child? Yes  No
- b. If another person(s) holds legal custody of the child at this time, give the following information:  
Name: \_\_\_\_\_  
Relationship, if any, to you or the child: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street, RR, P.O. Box) (Town/City) (State) (Zip)  
Telephone Number (Home) \_\_\_\_\_ (Work) \_\_\_\_\_
- c. If another person(s) holds physical custody of the child at this time, give the following information:  
Name: \_\_\_\_\_  
Relationship, if any, to you or the child: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street, RR, P.O. Box) (Town/City) (State) (Zip)  
Telephone Number (Home) \_\_\_\_\_ (Work) \_\_\_\_\_
- d. Is the person(s) who holds custody the prospective adoptive parent? Yes  No

(Rule 0250-7-13-.09, continued)

- e. If a licensed child placing agency, the Department of Children’s Services or another State agency holds physical and/or legal custody of your child, give the following information:  
 Name of Agency: \_\_\_\_\_  
 Street/Rural Route/P.O. Box: \_\_\_\_\_  
 Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
  - f. Do you intend to give custody to the licensed child placing agency or the Department of Children’s Services?  
 Yes  No
  - g. Explain any other circumstances regarding the custody status of this child: \_\_\_\_\_
13. a. Are you aware of assistance which may be available to you to care for the child should you desire to parent this child?  
 Yes  No
- b. Do you desire counseling regarding such assistance which may be available to you or regarding other issues surrounding adoption or parenting from the Tennessee Department of Children’s Services a licensed child-placing agency, or a licensed clinical social worker or other social services agency concerning the decision to place this child for adoption?  
 Yes  No
- c. Has such counseling been made available to you? Yes  No
14. a. Do you desire to be represented by legal counsel at this surrender proceeding? Yes  No
- b. If not, do you desire to consult with legal counsel prior to the execution of the surrender of the child?  
 Yes  No
- c. Has such counseling been made available to you? Yes  No
15. Do you understand that if you sign the following surrender of the above-named child that you will have no right to act as parent of the child in any manner 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. 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 warden 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 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 Tennessee Department of Children’s Services or Licensed Child-Placing Agency 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. 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, AFFIANT SAITH NOT.

This the \_\_\_\_ day of \_\_\_\_\_ 20\_\_.

Signature: Biological\_\_ Legal\_\_ Mother \_\_\_\_\_  
 Biological\_\_ Legal\_\_ Father \_\_\_\_\_  
 Legal Guardian of \_\_\_\_\_ of

\_\_\_\_\_  
Name of Child

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, personally appeared before me \_\_\_\_\_, a Notary Public for the State and County noted above, \_\_\_\_\_ (Name of Parent or guardian), who acknowledged that the above document is correct to the best of his/her information and belief.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

(Rule 0250-7-13-.09, continued)

**Please Print:**

\_\_\_\_\_  
Name of the Warden of \_\_\_\_\_  
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 acknowledged that he/she witnessed the completion of the pre-surrender information noted above.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

**PART II**

**A. SURRENDER OF CHILD BY A PARENT OR GUARDIAN INCARCERATED IN A STATE OR FEDERAL PENITENTIARY TO THE TENNESSEE DEPARTMENT OF CHILDREN’S SERVICES OR A TENNESSEE LICENSED CHILD-PLACING AGENCY**

STATE OF TENNESSEE  
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. 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.
  
4. 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.
  
5.
  - a. 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 warden 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.
  
6. **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 Agency \_\_\_\_\_ (Name of LCPA)



(Rule 0250-7-13-.09, continued)

b.  Tennessee Department of Children’s Services (Please check if applicable.)

FURTHER AFFIANT SAITH NOT.

This the \_\_\_ day of \_\_\_\_\_, 20\_\_.

**Signature:** Biological \_\_, Legal \_\_ Mother \_\_\_\_\_  
Biological \_\_, Legal \_\_ Father \_\_\_\_\_  
Legal Guardian \_\_\_\_\_

On this \_\_\_ day of \_\_\_\_\_, 20\_\_, personally appeared before me \_\_\_\_\_, a Notary Public for the State and County noted above, \_\_\_\_\_, (Name of Parent or Guardian), who acknowledged that the above surrender of the child, \_\_\_\_\_, (Name of Child) was executed freely and voluntarily.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

**Please Print:**

\_\_\_\_\_  
Name of the Warden of \_\_\_\_\_  
Correctional Facility Located at \_\_\_\_\_  
\_\_\_\_\_  
(City, County and State of Facility)

**\*See Notes Below  
Before Signing**

**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 signing of the surrender of \_\_\_\_\_ by \_\_\_\_\_ (Name of Child)

\_\_\_\_\_  
(Name of Parent/ Guardian)

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

**NOTES TO WARDEN AUTHORIZED TO TAKE THE SURRENDER IN SECTION A:**

1. A minor may complete the surrender to any person eighteen (18) years of age or older. T.C.A. § 36-1-110.
2. A separate medical/social history form for the child, the child’s parent(s) and biological relatives must be completed under oath prior 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

(Rule 0250-7-13-.09, continued)

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:**

- 1. The copies of the surrender forms filed by the licensed child-placing agency or the Tennessee Department of Children’s Services with this court shall be entered in a special docket for surrenders and shall be styled “In Re \_\_\_\_\_” and shall be (Child’s Name) permanently filed by the court in a separate file for that purpose, and shall be confidential and shall not be inspected by anyone else without the written approval of the court. T.C.A. § 36-1-111(p)(1) and (2).
- 2. Within five (5) days of the filing of the surrender in Tennessee, a certified copy of Parts I and II filed with this court shall be sent, without cost, to: Adoption Services, Tennessee Department of Children’s Services, 436 6th Avenue North, Nashville, TN 37243-1290. T.C.A. § 36-1-111(p)(1), (2) and (4). Please Certify the copies on the page following the certification given by the Warden.

**PART II**

**B. ACCEPTANCE OF SURRENDER BY TENNESSEE DEPARTMENT OF CHILDREN’S SERVICES OR A TENNESSEE LICENSED CHILD-PLACING AGENCY**

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ )

Being duly sworn according to law, affiant would state:

- 1. I, \_\_\_\_\_, an authorized representative of:
  - a. Licensed Child-Placing Agency \_\_\_\_\_; or the
  - b. \_\_\_\_\_ County Tennessee Department of Children’s Services upon execution of Parts I and 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

**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 WARDEN:**

- 2. I \_\_\_\_\_ certify on behalf of:
  - \_\_\_\_ Licensed Child-Placing Agency \_\_\_\_\_ (Name of Agency);
  - or the
  - \_\_\_\_ Tennessee Department of Children’s Services;
  - a. \_\_\_\_ That my agency has physical custody of this child; or
  - b. \_\_\_\_ That my agency has received the affidavit required by § 36-1-111 (d)(6) concerning the right to receive custody from the surrendering parent or guardian within five (5) days of the date of this surrender. The affidavit of the custodial parent or guardian to that effect has been attached with the acceptance at this time; or
  - c. \_\_\_\_ My agency has the right to receive physical custody of the child upon his or her release from a hospital or health care facility, and the affidavit of the custodial parent or guardian to this effect required by § 36-1-111 (d)(6) has been attached with the acceptance at this time; or

(Rule 0250-7-13-.09, continued)

- d. \_\_\_\_ That another person or agency has physical custody of the child. The affidavit of that person or agency required by § 36-1-111 (d)(6) which indicates their waiver of the right to custody of the child upon entry of an order of guardianship pursuant to § 36-1-136(r) has been attached to the acceptance at this time.

**SUBSECTIONS 3. AND 4. MUST BE ANSWERED “YES” OR MUST BE MARKED “NOT APPLICABLE” BEFORE THE SURRENDER IS COMPLETED BY THE WARDEN.**

- 3. Yes  No  That if the Indian Child Welfare Act, 25 U.S.C. § 1901 et seq., applies because of the child’s Native American heritage, there has been compliance with the Act.  Not Applicable
- 4. Yes  No  (**Licensed Child-Placing Agency Only**) 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 Tennessee Licensed Child-Placing Agency

Signature: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 NOTARY PUBLIC

My commission expires: \_\_\_\_\_.

**CERTIFICATION OF WARDEN**

I, \_\_\_\_\_, Warden of the \_\_\_\_\_ (Name of Correctional Facility) located at \_\_\_\_\_ (Location of Facility) hereby certify that the foregoing copies of Parts I and II of the Surrender Forms are true and accurate copies of the documents executed before me.

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 Warden, \_\_\_\_\_  
 (Name of Correctional Facility)

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

**CERTIFICATION OF TENNESSEE CLERK**

I, \_\_\_\_\_, Clerk of the \_\_\_\_\_ Court of \_\_\_\_\_ County, Tennessee, certify the foregoing copies of Parts I and II of the Surrender Forms to be true and accurate copies of the documents filed with this Court.

(Rule 0250-7-13-.09, continued)

Clerk of the \_\_\_\_\_ Court of  
\_\_\_\_\_ County, Tennessee.

(Seal)

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

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.
  - 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.**

(Rule 0250-7-13-.09, continued)

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 department may use to write to you concerning your wishes regarding contact. Yes  No  If no, please share address to be used:

(Street/Rural Route/P. O. Box)	(Town/City)	(State)
(Zip Code)	(Work Telephone)	(Home Telephone)

- c. Is this address an address a person requesting contact may use to write to you? Yes  No . If no, please share the address to be used:

(Street/Rural Route/P. O. Box)	(Town/City)	(State)
(Zip Code)	(Work Telephone)	(Home Telephone)

- d. Are the telephone numbers the numbers the department may use to contact you? YES  NO .  
 If no, may the listed telephone numbers be shared with eligible persons requesting contact? YES  NO .  
 If no, please list telephone number(s), if any, that might be shared and used to contact you.

(Work Telephone 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 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 may, however, exclude persons in those classes from this automatic coverage so that they will have to register a contact veto themselves or, upon location by the department, pursuant to a search request, they will have to register a contact veto at the time. [T.C.A. § 36-1-130(a)(6)]. Please indicate whether you wish to exclude any of these persons.

- c. I wish to exclude from the automatic contact veto the following:

- |                            |                              |                             |
|----------------------------|------------------------------|-----------------------------|
| (1) My siblings:           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (4) The spouses of:        |                              |                             |
| (2) My lineal descendants: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (3) My lineal ancestors:   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (a) siblings               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (b) lineal descendants     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (c) lineal ancestors       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Please complete the following for any known individuals:

Name	Relationship To Surrendering Person	Address Street, RR, P. O. Box, Town, State, Zip

- d. I wish to veto contact with: [T.C.A. § 36-1-128(c)]
- |  |                              |                             |
|--|------------------------------|-----------------------------|
| (1) Any future siblings of the adopted person. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (2) A current spouse                           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (3) Future spouse of mine                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (4) Any of my lineal descendants               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
- Name of current spouse \_\_\_\_\_

Please complete the following for any known individuals:

(Rule 0250-7-13-.09, continued)

Name	Relationship To Surrendering Person	Address Street, RR, P. O. Box, Town, State, Zip

9. a. I give **consent** for the child I am surrendering (adopted person) and **ALL** other classes of eligible persons who, as may be permitted by law, to have access to the sealed records, sealed adoption records or post adoption record to have contact with me.

b. I wish to **limit consent** to certain persons and only give consent for contact with the following classes of people:

- (1) The adopted person Yes  No
- (2) The adopted person's adoptive parents Yes  No
- (3) The adopted person's adoptive siblings Yes  No
- (4) The adopted person's lineal descendants Yes  No
- (5) The legal representatives of any of these persons Yes  No

c. If contact is limited to the legal representative of certain classes of persons, please describe:

\_\_\_\_\_

\_\_\_\_\_

10. 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  \_\_\_\_\_

Letters  \_\_\_\_\_

Personal contact, unannounced  \_\_\_\_\_

Personal contact, prearranged with me , either via phone  or correspondence

Personal contact through another person. Please give name, relationship to you, if any, and information to be released regarding how to contact: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Other information I wish to have released about me to any eligible persons (please identify to whom and the contents of the information to be provided)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Should you wish no contact with any other eligible persons but wish to share a statement of your feelings, or circumstances which impact your decision, please share that information here:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 \_\_\_\_\_, 20\_\_\_\_.

**Signature:**      Biological \_\_\_ Legal \_\_\_      Mother \_\_\_\_\_  
                          Biological \_\_\_ Legal \_\_\_      Father \_\_\_\_\_  
                          Legal Guardian \_\_\_\_\_

Sworn to and subscribed to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(Rule 0250-7-13-.09, continued)

\_\_\_\_\_  
Notary Public

My commission 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 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_.

**CERTIFICATION**

I, \_\_\_\_\_, Warden of the \_\_\_\_\_ Correctional Facility located at \_\_\_\_\_, \_\_\_\_\_ County, State of \_\_\_\_\_, certify the foregoing copy of Part III of the Surrender Forms to be a true and accurate copy of the document executed before me.

\_\_\_\_\_  
Warden of State or Federal Penitentiary

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 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 \_\_\_\_\_.

(Rule 0250-7-13-.09, continued)

4. The surrender was executed before:

\_\_\_\_\_  
 (Warden of State or Federal Penitentiary)  
 \_\_\_\_\_  
 (Name of Facility and Location)

5. I hereby revoke and void the 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:**

\_\_\_\_\_  
 Warden of State or Federal Penitentiary  
 \_\_\_\_\_  
 Name of Facility and Location

**Signature** (See notes below):

\_\_\_\_\_  
 Warden of State or Federal Penitentiary

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
 Notary Public

My commission expires on \_\_\_\_\_.

**NOTES TO COURT, OR OTHER PERSON AUTHORIZED TO RECEIVE A REVOCATION, AND TO THE CLERK:**

1. If the judge or other person who received the surrender is unavailable or absent, the successor or substitute to that judge or person may accept the revocation, or in the absence of the judge or his or her successor, another judge with jurisdiction to receive a surrender (in another state or territory this would be the chancellor, judge, or clerk of a court of record) may accept the revocation. In the event the surrender was taken in another state or country, or before the warden of a state or federal penitentiary and there is no authorized successor to the person who received the surrender or that person is unavailable, the revocation may be taken by a court in Tennessee which is qualified to receive a surrender or by a court in another state, territory, or country with domestic relations jurisdiction to accept the revocation. T.C.A. § 36-1-112(a)(1).
2. The surrender must be revoked within ten (10) days including Saturdays, Sundays and legal holidays following the original execution of the surrender. T.C.A. § 36-1-112(a)(1). The revocation period will begin on the day following the signing of the surrender and will expire on the tenth (10th) day. If the tenth (10th) falls on a Saturday, Sunday or legal holiday, the last day for revocation will be the next day which is not a Saturday, Sunday or legal holiday.
3. The court or person receiving the revocation shall maintain the originals in the office of the clerk or the person receiving the surrender together with the original of the surrender or the adoption petition containing the parental consent, if available, and shall personally give, or by certified mail, return receipt requested, send certified copies of the revocation to the child's parent(s) or legal guardian(s), and to the prospective adoptive parents or the local office of the Tennessee Department of Children's Services or the licensed child-placing agency to whom the child was surrendered. See, T.C.A. § 36-1-112(c)(1).
4. a. A certified copy of the revocation shall be attached to a certified copy of the surrender or the petition for adoption containing the parental consent, and the clerk shall send these, within three (3) days by certified Mail, return receipt requested to:

Tennessee Department of Children's Services  
 Central Office  
 Adoption Services  
 436 6th Avenue North  
 Nashville, TN 37243-1290

See, T.C.A. § 36-1-112(c)(2).



(Rule 0250-7-13-.09, continued)

- b. Please provide the certification on the page following this Revocation form.
5. If the revocation must be executed before a court or person before whom the surrender was not executed or in which the adoption petition was not filed, the original of the revocation shall be sent within three (3) days to the court or person before whom the surrender was executed or where the adoption petition was filed and that court or person shall be responsible for sending the forms to the Tennessee Department of Children's Services Central Office and to the persons or agencies in #3 entitled to copies of the revocation. See, T.C.A. § 36-112(c)(2)(B).

**CERTIFICATION**

I, \_\_\_\_\_, Warden of the \_\_\_\_\_ Correctional Facility located at \_\_\_\_\_, \_\_\_\_\_ County, State of \_\_\_\_\_, certify the foregoing copy of the Revocation of Surrender to be a true and accurate copy of the Revocation of Surrender executed before me.

\_\_\_\_\_  
Warden of State or Federal Penitentiary

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

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**

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

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).

STATE OF \_\_\_\_\_ )
COUNTY OF \_\_\_\_\_ )

Being duly sworn according to law, affiant would state:

- 1. I am:
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. This child was born in wedlock [ ] / out of wedlock [ ].
4. State the names and relationships of any other legal/biological parent, legal guardian or possible biological parent for this child:
a. (1) Name: \_\_\_\_\_
(2) Relationship to the child: \_\_\_\_\_
(3) Address \_\_\_\_\_
(4) City, State Zip \_\_\_\_\_
(5) Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_
(6) Other identifying information concerning the above identified other legal or biological parent/legal guardian.
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_ and
b. (1) Name: \_\_\_\_\_
(2) Relationship to the child: \_\_\_\_\_
(3) Address \_\_\_\_\_
(4) City, State Zip \_\_\_\_\_
(5) Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_
(6) Other identifying information concerning the above identified other legal or biological parent/legal guardian.
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_ and
c. (1) Name: \_\_\_\_\_
(2) Relationship to the child: \_\_\_\_\_
(3) Address \_\_\_\_\_
(4) City, State Zip \_\_\_\_\_
(5) Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_
(6) Other identifying information concerning the above identified other legal or biological parent/legal guardian.
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
5. The identity is unknown for the other:
a. Legal parent Yes [ ] No [ ]
b. Biological parent Yes [ ] No [ ]

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

- c. Legal guardian      Yes  No
  - d. Not applicable      Yes  No
6. The whereabouts is unknown for the other:
- a. Legal parent      Yes  No
  - b. Biological parent      Yes  No
  - c. Legal 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 Native American heritage?      Yes  No   
If no, go to # 9.
  - b. If yes, are you eligible for tribal membership?      Yes  No
  - c. If yes, give name of tribe. \_\_\_\_\_
  - d. Are you registered with a Native American tribe?      Yes  No
  - e. If yes, give name of tribe. \_\_\_\_\_
  - f. Is your child eligible for tribal membership?      Yes  No
  - g. If yes, give name of tribe. \_\_\_\_\_
  - h. Has your child been registered with a Native American tribe?      Yes  No
  - i. If yes, give name of tribe. \_\_\_\_\_
  - j. This information is unknown.      Yes  No
9. a. Will this child be sent out of Tennessee to another state or country 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 property?      Yes  No  If yes, please describe the property owned and give the property value: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- b. 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 owner and give the property value: \_\_\_\_\_  
\_\_\_\_\_

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

- 
- 
12. a. Do you currently have:
- Only legal custody of the child? Yes  No
- Only physical custody of the child? Yes  No
- Both legal and physical custody of the child? Yes  No
- b. If another person(s) holds legal custody of the child at this time, give the following information:
- Name: \_\_\_\_\_
- Relationship, if any, to you or the child: \_\_\_\_\_
- Address: \_\_\_\_\_
- (Street, RR, P.O. Box) (Town/City) (State) (Zip)
- Telephone Number (Home) \_\_\_\_\_ (Work) \_\_\_\_\_
- c. If another person(s) holds physical custody of the child at this time, give the following information:
- Name: \_\_\_\_\_
- Relationship, if any, to you or the child: \_\_\_\_\_
- Address: \_\_\_\_\_
- (Street, RR, P.O. Box) (Town/City) (State) (Zip)
- Telephone Number (Home) \_\_\_\_\_ (Work) \_\_\_\_\_
- d. Is the person(s) who holds custody the prospective adoptive parent? Yes  No
- e. If a licensed child placing agency, the Department of Children's Services or another State agency holds physical and/or legal custody of your child, give the following information:
- Name of Agency: \_\_\_\_\_
- Street/Rural Route/P.O. Box: \_\_\_\_\_
- Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- f. Do you intend to give custody to the prospective adoptive parents? Yes  No
- g. Explain any other circumstances regarding the custody status of this child: \_\_\_\_\_
- 
13. a. Are you aware of assistance which may be available to you to care for the child should you desire to parent this child?  
Yes  No
- 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  No
- 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. Do you desire to be represented by legal counsel at this surrender proceeding? Yes  No
- b. If not, do you desire to consult with legal counsel prior to the execution of the surrender of the child? Yes  No
- 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
15. Do you understand that if you sign the following surrender of the above-named child that you will have no right to act as parent of the child in any manner whatsoever forever, that your rights and responsibilities to and with the child will be terminated and that the child will become the legal child of other persons? Yes  No
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 **REVOCATION OF SURRENDER** before the warden 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 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, 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?

(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 above-named child so that the child may be placed for adoption and adopted by the prospective adoptive parents? Yes  No

FURTHER AFFIANT SAITH NOT.

This the \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature: Biological \_\_\_ Legal \_\_\_ Mother \_\_\_\_\_
Biological \_\_\_ Legal \_\_\_ Father \_\_\_\_\_
Legal Guardian \_\_\_\_\_ of
Name of Child \_\_\_\_\_

On this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, personally appeared before me \_\_\_\_\_, a Notary Public for the State and County noted above, (Name of Parent or Guardian) \_\_\_\_\_ who acknowledged that the above document is correct to the best of his/her information and belief.

Notary Public

My commission expires \_\_\_\_\_.

Please Print

Name of the Warden of \_\_\_\_\_
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:

- 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. 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.

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

- 4. 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.
- 5. a. 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 Warden 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.
- 6. **I FREELY AND VOLUNTARILY, WITHOUT DURESS OF ANY KIND, SURRENDER ALL OF MY PARENTAL OR GUARDIANSHIP RIGHTS TO (CHILD'S NAME) \_\_\_\_\_ TO:**
  - a. Prospective Adoptive Mother \_\_\_\_\_
  - b. Prospective Adoptive Father \_\_\_\_\_

FURTHER AFFIANT SAITH NOT.

This the \_\_\_ day of \_\_\_\_\_, 20\_\_.

**Signature:** Biological \_\_\_ Legal \_\_\_ Mother \_\_\_\_\_  
 Biological \_\_\_ Legal \_\_\_ Father \_\_\_\_\_  
 Legal Guardian \_\_\_\_\_

On this \_\_\_ day of \_\_\_\_\_, 20\_\_, personally appeared before me \_\_\_\_\_, a Notary Public for the State and County noted above, (Name of Parent or Guardian) \_\_\_\_\_ who acknowledged that the above surrender of the child (Name of Child) \_\_\_\_\_ was executed freely and voluntarily.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_.

**Please Print:** \_\_\_\_\_  
 Name of the Warden of \_\_\_\_\_  
 Correctional Facility Located at \_\_\_\_\_  
 \_\_\_\_\_  
 (City, County and State of Facility)

**Signature:** \_\_\_\_\_  
Warden

\*See Note Below

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 signing of the surrender of the child

\_\_\_\_\_ by \_\_\_\_\_.  
(Name of Child) (Name of Parent/Guardian)

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_.

**NOTES TO WARDEN AUTHORIZED TO TAKE THE SURRENDER IN SECTION A:**

- 1. A minor may complete the surrender to any person eighteen (18) years of age or older.
- 2. A separate medical/social history from 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).
- 3. When applicable, as noted in Section B., all provisions of Section B. must be completed prior to your signing of the Surrender in Section A. T. C. A. § 36-1-111(k), (m) and (o).
- 4. Certified copies of Parts I and IIA must be given or sent to the person(s) executing the surrender. Certified copies of Part I, IIA and B are to be given to the prospective adoptive parents as noted in the Acceptance portion in Part B. Please certify copies of Parts I and II on the page following Part II. Part III should be certified on the page following Part III and sent to: Adoption Services, Tennessee Department of Children's Services, 436 6th Avenue North, Nashville, TN 37243-1290.

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

5. The originals of the Surrender forms shall be maintained in a separate file designated for the purpose, shall be confidential and shall not be inspected by anyone else without the written approval of a court with domestic relations jurisdiction where the file is maintained. T.C.A. § 36-1-111(p)(2)(B). After ten (10) days, the original shall be sent to the Adoption Services, Tennessee Department of Children's Services at: 436 6th Avenue North, Nashville, TN 37243-1290.

**NOTES TO THE COURT IN TENNESSEE WHERE THE SURRENDER IS FILED:**

- 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:**

- 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).
- 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: 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 by the Warden.

**PART II****B. ACCEPTANCE OF SURRENDER BY PROSPECTIVE ADOPTIVE PARENTS**

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ )

Being duly sworn, affiant(s) would state:

- I am \_\_\_\_\_, Prospective Adoptive Mother.
  - Prospective Adoptive Mother's Date of Birth \_\_\_\_\_
  - Prospective Adoptive Mother's Marital Status \_\_\_\_\_
  - Prospective Adoptive Mother's Address \_\_\_\_\_
- I am \_\_\_\_\_, Prospective Adoptive Father.
  - Prospective Adoptive Father's Date of Birth \_\_\_\_\_
  - Prospective Adoptive Father's Marital Status \_\_\_\_\_
  - Prospective Adoptive Father's Address \_\_\_\_\_
- Upon execution of Parts I and IIA. by the parent or guardian named therein before the Warden named therein where the surrender is accepted \_\_\_\_\_ 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)

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

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
			Legal Counsel
			Other Person/Organization Specify:
			Social Counseling Cost for Child's Parent/Legal Guardian
			Legal Counseling for Child's Parent/Legal Guardian
			Hospital or Medical Costs for the Birth of the Child
			Medical Care/Other Birth Related Expenses for Mother and/or Child
			Counseling Fees for Child
			Food, Maternity Clothing, Child's Clothing
			Housing and/or Utilities for Parent/Guardian
			Other Costs (Specify to Whom)

**SUBSECTIONS 5a.-5d. MUST BE MARKED TO DESIGNATE THE APPLICABLE SITUATION. ONE OF THE FOLLOWING MUST EXIST BEFORE THE SURRENDER CAN BE RECEIVED BY THE COURT OR CLERK:**

5. a. \_\_\_\_\_ I/We have physical custody of this child; or
- b. \_\_\_\_\_ I/We will receive physical custody of the child from the parent or legal guardian within five (5) days of this surrender. The affidavit required by § 36-1-111 (d)(6) of the custodial parent or guardian to this effect has been attached to the acceptance at this time; or
- c. \_\_\_\_\_ I/We have the right to receive physical custody of the child upon his or her release from a hospital or health care facility, and the affidavit of the custodial parent or guardian to this effect required by § 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 MUST BE ANSWERED "YES" OR MUST BE MARKED "NOT APPLICABLE" BEFORE THE SURRENDER IS COMPLETED BY THE WARDEN:**

6. Yes  No  I/We have attached hereto a currently effective or updated home study or preliminary home study of my/our home conducted by a licensed child-placing agency, a licensed clinical social worker, or the Tennessee Department of Children's Services.
7. Yes  No  I/We have attached the certificate of the completion of (\_\_)legal/(\_\_)social counseling if counseling was requested by the surrendering parent. See Item #s 13 and 14 in Part I. Not Applicable.
8. Yes  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 or other substitute form required for ICPC compliance or a sworn statement stating why such form is not required by the ICPC.  
Not Applicable.
9. 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:**



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

10. Yes  No  a. If the child is to be removed from Tennessee for adoption in another state, there has been compliance with the Interstate Compact or the Placement of Children.  Not Applicable.

b. If not, how will it be effected?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FURTHER AFFIANT(S) SAITH NOT

This \_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Prospective Adoptive Mother

\_\_\_\_\_  
Signature of Prospective Adoptive Father

Sworn to and subscribed before me this \_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires:\_\_\_\_\_.

**CERTIFICATION OF WARDEN**

I, \_\_\_\_\_, Warden of the \_\_\_\_\_ (Name of Correctional Facility) located at \_\_\_\_\_ (Location of Facility) hereby certify that the foregoing copies of Parts I and II of the Surrender Forms are true and accurate copies of the documents executed before me.

This \_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Warden, \_\_\_\_\_  
(Name of Correctional Facility)

Sworn to and subscribed before me this \_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

**CERTIFICATION OF TENNESSEE CLERK**

I, \_\_\_\_\_, Clerk of the \_\_\_\_\_ Court of \_\_\_\_\_ County, Tennessee, certify the foregoing copies of Parts I and II of the Surrender Forms to be true and accurate copies of the documents filed with this Court.

Clerk of the \_\_\_\_\_ Court of \_\_\_\_\_ County, Tennessee.

(Seal)

**PART III**

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

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

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.
  - 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 Birth & Married Names) (Street/Rural Route/P. O. Box)  
 \_\_\_\_\_, \_\_\_\_\_,  
 (Town/City) (State) (Zip Code)  
 \_\_\_\_\_, \_\_\_\_\_,  
 (Home Telephone No.) (Work Telephone No.)

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

- b. Is this address an address the department may use to write to you concerning your wishes regarding contact.  
 Yes  No  If no, please share address to be used:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 (Street/Rural Route/P. O. Box) (Town/City) (State)  
 \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 (Zip Code) (Work Telephone) (Home Telephone)

- c. Is this address an address a person requesting contact may use to write to you? Yes  No . If no, please share the address to be used:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 (Street/Rural Route/P. O. Box) (Town/City) (State)  
 \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 (Zip Code) (Work Telephone) (Home Telephone)

- d. Are the telephone numbers the numbers the department may use to contact you?  
 YES  NO . If no, may the listed telephone numbers be shared with eligible persons requesting contact?  
 YES  NO . If no, please list telephone number(s), if any, that might be shared and used to contact you.

\_\_\_\_\_, \_\_\_\_\_  
 (Work Telephone 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 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 may, however, exclude persons in those classes from this automatic coverage so that they will have to register a contact veto themselves or, upon location by the department, pursuant to a search request, they will have to register a contact veto at the time. [T.C.A. § 36-1-130(a)(6)]. Please indicate whether you wish to exclude any of these persons.

- c. I wish to exclude from the automatic contact veto the following:

- (1) My siblings: Yes  No
- (2) My lineal descendants: Yes  No
- (3) My lineal ancestors: Yes  No
- (4) The spouses of:
  - (a) siblings Yes  No
  - (b) lineal descendants Yes  No
  - (c) lineal ancestors Yes  No

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

- d. I wish to veto contact with: [T.C.A. § 36-1-128(c)]
- (1) Any future siblings of the adopted person. Yes  No .
  - (2) A current spouse Yes  No  Name of current spouse \_\_\_\_\_
  - (3) Future spouse of mine Yes  No
  - (4) Any of my lineal descendants Yes  No

Please complete the following for any known individuals:

Name	Relationship To Surrendering Person	Address Street, RR, P. O. Box, Town, State, Zip

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


9. a. I give **consent** for the child I am surrendering (adopted person) and **ALL** other classes of eligible persons who, as may be permitted by law, to have access to the sealed records, sealed adoption records or post adoption record to have contact with me.

b. I wish to **limit consent** to certain persons and only give consent for contact with the following classes of people:

- (1) The adopted person Yes  No
- (2) The adopted person's adoptive parents Yes  No
- (3) The adopted person's adoptive siblings Yes  No
- (4) The adopted person's lineal descendants Yes  No
- (5) The legal representatives of any of these persons Yes  No

c. If contact is limited to the legal representative of certain classes of persons, please describe:

\_\_\_\_\_

\_\_\_\_\_

10. 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  \_\_\_\_\_
- Letters  \_\_\_\_\_
- Personal contact, unannounced  \_\_\_\_\_
- Personal contact, prearranged with me , either via phone  or correspondence

Personal contact through another person. Please give name, relationship to you, if any, and information to be released regarding how to contact: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Other information I wish to have released about me to any eligible persons (please identify to whom and the contents of the information to be provided)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Should you wish no contact with any other eligible persons but wish to share a statement of your feelings, or circumstances which impact your decision, please share that information here:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 \_\_\_\_\_, 20\_\_\_\_.

**Signature:** Biological \_\_\_ Legal \_\_\_ Mother \_\_\_\_\_  
 Biological \_\_\_ Legal \_\_\_ Father \_\_\_\_\_  
 Legal Guardian \_\_\_\_\_

Sworn to and subscribed to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 Notary Public

My commission expires \_\_\_\_\_.

**Please Print:** \_\_\_\_\_  
 Warden of State or Federal Penitentiary

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

\_\_\_\_\_  
Name of Facility and Location

**Signature:** \_\_\_\_\_  
Warden of State or Federal Penitentiary

Sworn to and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_.

**CERTIFICATION**

I, \_\_\_\_\_, Warden of the \_\_\_\_\_ Correctional Facility located at \_\_\_\_\_, \_\_\_\_\_ County, State of \_\_\_\_\_, certify the foregoing copy of Part III of the Surrender Forms to be a true and accurate copy of the document executed before me.

\_\_\_\_\_  
Warden of State or Federal Penitentiary

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires on \_\_\_\_\_.

**PART IV**

**REVOCAION 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 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: \_\_\_\_\_  
Warden of State or Federal Penitentiary

\_\_\_\_\_  
Name of Facility and Location

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

5. I hereby revoke and void the 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:

Warden of State or Federal Penitentiary
Name of Facility and Location

Signature (See notes below):

Warden of State or Federal Penitentiary

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public

My commission expires on \_\_\_\_\_.

NOTES TO COURT, OR OTHER PERSON AUTHORIZED TO RECEIVE A REVOCATION, AND TO THE CLERK:

- 1. If the judge or other person who received the surrender is unavailable or absent, the successor or substitute to that judge or person may accept the revocation...
2. The surrender must be revoked within ten (10) days including Saturdays, Sundays and legal holidays following the original execution of the surrender.
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...
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

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

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

**CERTIFICATION**

I, \_\_\_\_\_, Warden of the \_\_\_\_\_ Correctional Facility located at \_\_\_\_\_, \_\_\_\_\_ County, State of \_\_\_\_\_, certify the foregoing copy of the Revocation of Surrender to be a true and accurate copy of the Revocation of Surrender executed before me.

\_\_\_\_\_  
Warden of State or Federal Penitentiary

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

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-.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 to the prospective adoptive parents. Copies of Part III should be given to the person executing the surrender and should be sent directly to the Department by the Clerk. Part IV, the revocation of surrender, which is part of the package, must be available to the parent at the time of the confirmation of the parental consent.
- (2) The requirements for execution and processing of the forms are contained in T.C.A. §§ 36-1-111(k)(l)(m),(o) and (r) and 36-1-117(g) and are noted in summary manner on the forms.
- (3) The information in these forms is confidential and is not to be released without the written approval of the court.
- (4) Form:

**FORMS FOR USE IN CONFIRMATION OF PARENTAL CONSENT FILED  
WITH ADOPTION PETITION PURSUANT TO T.C.A. § 36-1-117(g) AND  
FOR OBTAINING ORDER OF GUARDIANSHIP PURSUANT TO**

(Rule 0250-7-13-.11, continued)

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).

STATE OF \_\_\_\_\_ )
COUNTY OF \_\_\_\_\_ )

Being duly sworn according to law, affiant would state:

- 1. I am:
a. Mother: \_\_\_\_\_ (Date of Birth) \_\_\_\_\_, or
b. Father: \_\_\_\_\_ (Date of Birth) \_\_\_\_\_, or
2. a. Child's Name \_\_\_\_\_
b. Child's Date of Birth \_\_\_\_\_
c. Child's Place of Birth \_\_\_\_\_
d. Child's Sex \_\_\_\_\_
e. Child's Race \_\_\_\_\_
3. This child was born in wedlock  / out of wedlock .
4. State the names and relationships of any other legal/biological parent, legal guardian or possible biological parent for this child:
a. (1) Name: \_\_\_\_\_
(2) Relationship to the child: \_\_\_\_\_
(3) Address \_\_\_\_\_
(4) City, State Zip \_\_\_\_\_
(5) Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_
(6) Other identifying information concerning the above identified other legal or biological parent/legal guardian.
\_\_\_\_\_
\_\_\_\_\_ and
b. (1) Name: \_\_\_\_\_
(2) Relationship to the child: \_\_\_\_\_
(3) Address \_\_\_\_\_
(4) City, State Zip \_\_\_\_\_
(5) Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_
(6) Other identifying information concerning the above identified other legal or biological parent/legal guardian.
\_\_\_\_\_
\_\_\_\_\_ and
c. (1) Name: \_\_\_\_\_
(2) Relationship to the child: \_\_\_\_\_
(3) Address \_\_\_\_\_
(4) City, State Zip \_\_\_\_\_
(5) Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_
(6) Other identifying information concerning the above identified other legal or biological parent/legal guardian.
\_\_\_\_\_
\_\_\_\_\_
5. The identity is unknown for the other:
a. Legal parent Yes  No



(Rule 0250-7-13-.11, continued)

- b. Biological parent Yes  No
- c. Legal guardian Yes  No
- d. Not applicable Yes  No

6. The whereabouts is unknown for the other:
- a. Legal parent Yes  No
  - b. Biological parent Yes  No
  - c. Legal 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 or to the agency conducting the adoptive home study, or the attorney for the prospective adoptive parents.

8. Information Concerning Child's Native American Heritage:
- a. Are you or the child of Native American heritage? Yes  No   
If no, go to # 9.
  - b. If yes, are you eligible for tribal membership? Yes  No
  - c. If yes, give name of tribe. \_\_\_\_\_
  - d. Are you registered with a Native American tribe? Yes  No
  - e. If yes, give name of tribe. \_\_\_\_\_
  - f. Is your child eligible for tribal membership? Yes  No
  - g. If yes, give name of tribe. \_\_\_\_\_
  - h. Has your child been registered with a Native American tribe? Yes  No
  - i. If yes, give name of tribe. \_\_\_\_\_
  - j. This information is unknown. Yes  No

9. a. Will this child be sent out of Tennessee to another state or country for adoption?  
Yes  No  If no, go to #10.
- b. If yes, name of state or country.  
\_\_\_\_\_
- c. If yes, I understand 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 property? Yes  No  If yes, please describe the property owned and give the property value:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. 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 owner and give the property value:  
\_\_\_\_\_  
\_\_\_\_\_

(Rule 0250-7-13-.11, continued)

- 
- 
- 12. a. Do you currently have:
    - Only legal custody of the child? Yes  No
    - Only physical custody of the child? Yes  No
    - Both legal and physical custody of the child? Yes  No
  - b. If another person(s) holds legal custody of the child at this time, give the following information:
    - Name: \_\_\_\_\_
    - Relationship, if any, to you or the child: \_\_\_\_\_
    - Address: \_\_\_\_\_
    - (Street, RR, P.O. Box) (Town/City) (State) (Zip)
    - Telephone Number (Home) \_\_\_\_\_ (Work) \_\_\_\_\_
  - c. If another person(s) holds physical custody of the child at this time, give the following information:
    - Name: \_\_\_\_\_
    - Relationship, if any, to you or the child: \_\_\_\_\_
    - Address: \_\_\_\_\_
    - (Street, RR, P.O. Box) (Town/City) (State) (Zip)
    - Telephone Number (Home) \_\_\_\_\_ (Work) \_\_\_\_\_
  - d. Is the person(s) who holds custody the prospective adoptive parent? Yes  No
  - e. If a licensed child placing agency, the Department of Children's Services or another State agency holds physical and/or legal custody of your child, give the following information:
    - Name of Agency: \_\_\_\_\_
    - Street/Rural Route/P.O. Box: \_\_\_\_\_
    - Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
  - f. Have you given custody of the child to the prospective adoptive parents? Yes  No
  - g. Explain any other circumstances regarding the custody status of this child: \_\_\_\_\_
- 
- 13. a. Are you aware of assistance which may be available to you to care for the child should you desire to parent this child?
    - Yes  No
  - 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  No
- 14. a. Do you desire to be represented by legal counsel at this confirmation proceeding? Yes  No
  - b. 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  No
- 15. Do you understand that if the court confirms the parental consent executed by you in the adoption petition concerning the above-named child that you will have no right to act as parent of the above-named child in any manner whatsoever forever, and that the child will become the legal child of other persons? Yes  No
- 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  No
  - b. Do you wish to revoke or cancel your parental consent? Yes  No
  - c. Do you understand that if you do sign the Revocation of Parental Consent, the prospective adoptive parents will be required to return 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. Knowing the above, do you freely, voluntarily and without duress or pressure by any other person(s) desire to allow the above-named child to be adopted by the prospective adoptive parents?
    - Yes  No

FURTHER, AFFIANT SAITH NOT.

This the \_\_\_\_ day of \_\_\_\_\_ 20\_\_.

Signature: Biological\_\_ Legal\_\_ Mother\_\_\_\_\_  
Biological\_\_ Legal\_\_ Father\_\_\_\_\_ of

\_\_\_\_\_  
Name of Child

(Rule 0250-7-13-.11, continued)

Sworn to and subscribed before me this the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

**Please Print:** \_\_\_\_\_  
 \_\_Chancellor, \_\_Circuit Judge  
 of \_\_\_\_\_ County, Tennessee

**Signature:** \_\_\_\_\_  
 Chancellor, Circuit Judge

**B. AFFIDAVIT OF COMPLIANCE BY PROSPECTIVE ADOPTIVE PARENT(S)**  
**T. C. A. §§ 36-1-111(k) (m) (o) and(r) (6) (A) and 36-1-117 (g)**

**NOTE:** The information in Part B must be obtained prior to the 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. See T.C.A. § 36-1-111(o).

STATE OF TENNESSEE )  
 COUNTY OF \_\_\_\_\_ )

Being duly sworn, affiant(s) would state:

1. a. I am \_\_\_\_\_, Prospective Adoptive Mother.  
 b. Prospective Adoptive Mother's Date of Birth \_\_\_\_\_  
 c. Prospective Adoptive Mother's Place of Birth \_\_\_\_\_  
 d. Prospective Adoptive Mother's Marital Status \_\_\_\_\_
2. a. I am \_\_\_\_\_, Prospective Adoptive Father.  
 b. Prospective Adoptive Father's Date of Birth \_\_\_\_\_  
 c. Prospective Adoptive Father's Place of Birth \_\_\_\_\_  
 d. Prospective Adoptive Father's Marital Status \_\_\_\_\_
3. \_\_\_\_\_ 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
			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)

(Rule 0250-7-13-.11, continued)

\_\_\_\_\_

**SUBSECTIONS 5a.-5d. MUST BE MARKED TO DESIGNATE THE APPLICABLE SITUATION. ONE OF THE FOLLOWING MUST EXIST BEFORE PARENTAL CONSENT CAN BE THE BASIS FOR AN ORDER OF GUARDIANSHIP BY THE COURT. T. C. A. § 36-1-111(o):**

- 5. a. \_\_\_\_\_ I/We have physical custody of this child; or
- b. \_\_\_\_\_ I/We will receive physical custody of the child from the parent or legal guardian within five (5) days of this surrender. The affidavit required by § 36-1-111 (d)(6) of the custodial parent or guardian to this effect has been presented to the court 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 presented to the court at this time; or
- d. \_\_\_\_\_ Another person or agency currently has physical control of the child. I/We have presented to the court an affidavit of the person or agency required by § 36-1-111 (d)(6) which indicates their waiver of the right to custody of the child upon entry of a guardianship order pursuant to § 36-1-136(r).

**SUBSECTIONS 6-9 MUST BE ANSWERED “YES” OR MUST BE MARKED “NOT APPLICABLE” BEFORE THE ORDER OF CONFIRMATION AND ORDER OF GUARDIANSHIP IS ENTERED BY THE COURT. T. C. A. § 36-1-111 (m), (o):**

- 6. Yes  No  I/We have presented to the court a currently effective or updated home study or preliminary home study of my/our home conducted by a licensed child-placing agency, a licensed clinical social worker, or the Tennessee Department of Children’s Services.
- 7. Yes  No  I/We have attached the certificate of the completion of (\_\_)legal/(\_\_)social counseling if counseling was requested by the consenting parent. See Item #s 13 and 14 in Part I above. Not Applicable.
- 8. Yes  No  If the child has been 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. Not Applicable.
- 9. 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:**

- 10. Yes  No  a. If the child is to be removed from Tennessee for adoption in another state, there has been compliance with the Interstate Compact or the Placement of Children. Not Applicable.
- b. If not, how will it be effected?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

FURTHER AFFIANT(S) SAITH NOT

This \_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Prospective Adoptive Mother

\_\_\_\_\_  
Signature of Prospective Adoptive Father

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

**Please Print:** \_\_\_\_\_  
 \_\_\_Chancellor, \_\_\_Circuit Judge  
 of \_\_\_\_\_County,  
 Tennessee

**Signature:** \_\_\_\_\_  
 Chancellor or Circuit Judge

\*See Notes Below Before

(Rule 0250-7-13-.11, continued)

**Signing**

**NOTES TO THE COURT:**

1. Please see T. C. A. § 36-1-102(13), 36-1-111 and 36-1-117(g) for the use of parental consents.
2. A separate medical/social history form for the child, the child’s parent(s), and biological relative, must be completed under oath prior to entry of the Order Of Confirmation. T. C. A. § 36-1-111(k).
3. When applicable, as noted above, all provisions of Section B. must be completed as directed prior to entry of the Order of Full or Partial Guardianship and prior to entry of the Order of Confirmation. T. C. A. § 36-1-111(k), (m) and (o).
4. The parental consent is not sufficient to vest custodial or guardianship authority with the prospective adoptive parent(s). T. C. A. § 36-1-111(r) (2). Upon satisfactory completion of the above necessary requirements and execution of Part B. in the Pre-Confirmation Form of Part I by the prospective adoptive parent(s), the court may enter an order of Full or Partial Guardianship for the Prospective Adoptive Parent(s). T. C. A. § 36-1-111(r)(6)(C). This should be done within thirty (30) days of the execution of the Parental Consent. T. C. A. § 36-1-111(u).
5. If a full home study of the prospective adoptive parent(s)’ home has not been conducted within six (6) months of the filing of the parental consent, the court shall, if the parental consent is to persons who are not related [T. C. A. § 36-1-102(39)] to the child, issue an Order of Preference for such home study to, and shall order supervision of the child in the home of the prospective adoptive parent(s) by a licensed child-placing agency, a licensed clinical social worker, or if the prospective adoptive parent(s) are indigent under Federal Poverty Guidelines, by the Tennessee Department of Children’s Services. The home study shall be returned to the court within sixty (60) days. T.C.A. § 36-1-111(t).

**NOTES TO THE CLERK:**

1. Certified copies of Parts I and II should be given to the parent(s) executing the parental consent and to the prospective adoptive parent(s). These copies shall be certified on the page following Part II.
2. The originals shall remain in the court file.
3. Certified copies of Part I, II and III should be sent to: Adoption Services, Tennessee Department of Children’s Services, 436 6th Avenue North, Nashville, TN 37243-1290. Please provide certification on pages following Parts II and III.

**PART II**

IN THE \_\_\_\_\_ COURT FOR \_\_\_\_\_ COUNTY

IN THE MATTER OF: )  
 )  
 ) NO. \_\_\_\_\_

**ORDER OF CONFIRMATION OF PARENTAL CONSENT**

This matter came to be heard on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before the Honorable \_\_\_\_\_, Judge of the \_\_\_\_\_, Court of \_\_\_\_\_, County, Tennessee upon the adoption petition filed by \_\_\_\_\_ (Prospective Adoptive Parent(s)) which contains a parental consent executed pursuant to T. C. A. 36-1-117(g).

The parent \_\_\_\_\_ (Name of Parent Signing Petition) who signed the adoption petition for the purpose of giving consent to the adoption of \_\_\_\_\_ (Name of Child) having completed Part I of the Forms for Confirmation of Parental Consent and the court being satisfied that he/she freely and voluntarily consents to the adoption of \_\_\_\_\_ (Name of Child) by \_\_\_\_\_

(Rule 0250-7-13-.11, continued)

\_\_\_\_\_ (Name(s) of 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\_\_.

\_\_\_\_\_  
CHANCELLOR OR JUDGE

**CERTIFICATION**

I, \_\_\_\_\_, Clerk of the \_\_\_\_\_ Court for \_\_\_\_\_ County, Tennessee, hereby certify the foregoing copies of Parts I and II of the Parental Consent Forms to be true and accurate copies of the documents filed with the court.

\_\_\_\_\_  
Clerk of the \_\_\_\_\_ Court of  
\_\_\_\_\_ County, Tennessee.

(Seal)

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

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.
  - 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

(Rule 0250-7-13-.11, continued)

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)  
\_\_\_\_\_, \_\_\_\_\_,  
(Town/City) (State) (Zip Code)  
\_\_\_\_\_, \_\_\_\_\_,  
(Home Telephone No.) (Work Telephone No.)

- b. Is this address an address the department may use to write to you concerning your wishes regarding contact.  
Yes  No  If no, please share address to be used:

\_\_\_\_\_, \_\_\_\_\_,  
(Street/Rural Route/P. O. Box) (Town/City) (State)  
\_\_\_\_\_, \_\_\_\_\_,  
(Zip Code) (Work Telephone) (Home Telephone)

- c. Is this address an address a person requesting contact may use to write to you? Yes  No . If no, please share the address to be used:

\_\_\_\_\_, \_\_\_\_\_,  
(Street/Rural Route/P. O. Box) (Town/City) (State)  
\_\_\_\_\_, \_\_\_\_\_,  
(Zip Code) (Work Telephone) (Home Telephone)

- d. Are the telephone numbers the numbers the department may use to contact you?  
YES  NO . If no, may the listed telephone numbers be shared with eligible persons requesting contact?  
YES  NO . If no, please list telephone number(s), if any, that might be shared and used to contact you.

\_\_\_\_\_, \_\_\_\_\_,  
(Work Telephone 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 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

(Rule 0250-7-13-.11, continued)

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.

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

Please complete the following for any known individuals:

Name	Relationship To Surrendering Person	Address Street, RR, P. O. Box, Town, State, Zip

d. I wish to veto contact with: [T.C.A. § 36-1-128(c)]

- (1) Any future siblings of the adopted person. Yes  No .
- (2) A current spouse Yes  No  Name of current spouse \_\_\_\_\_
- (3) Future spouse of mine Yes  No
- (4) Any of my lineal descendants Yes  No

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 surrendering (adopted person) and **ALL** other classes of eligible persons who, as may be permitted by law, to have access to the sealed records, sealed adoption records or post adoption record to have contact with me.

b. I wish to **limit consent** to certain persons and only give consent for contact with the following classes of people:

- (1) The adopted person Yes  No
- (2) The adopted person's adoptive parents Yes  No
- (3) The adopted person's adoptive siblings Yes  No
- (4) The adopted person's lineal descendants Yes  No
- (5) The legal representatives of any of these persons Yes  No

c. If contact is limited to the legal representative of certain classes of persons, please describe:

\_\_\_\_\_

10. 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  \_\_\_\_\_
- Letters  \_\_\_\_\_



(Rule 0250-7-13-.11, continued)

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:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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 \_\_\_\_\_, 20\_\_\_\_.

**Signature:** Biological \_\_\_ Legal \_\_\_ Mother \_\_\_\_\_  
 Biological \_\_\_ Legal \_\_\_ Father \_\_\_\_\_

Sworn to and subscribed to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_.

**Please Print:** \_\_\_\_\_  
 \_\_\_Chancellor \_\_\_Circuit Judge  
 of \_\_\_\_\_ County, Tennessee

**Signature** \_\_\_\_\_  
 Chancellor or Circuit Judge

**CERTIFICATION**

I, \_\_\_\_\_, Clerk of the \_\_\_\_\_ Court of \_\_\_\_\_ County, Tennessee, certify the foregoing copy of Part III of the Parental Consent Forms to be a true and accurate copy of the document executed before this Court.

\_\_\_\_\_  
Clerk of the \_\_\_\_\_ Court of \_\_\_\_\_ County, Tennessee

(Seal)

(Rule 0250-7-13-.11, continued)

**PART IV**

**REVOCAION OF PARENTAL CONSENT BY A PARENT**

**STATE OF TENNESSEE**

**COUNTY OF \_\_\_\_\_**

Being duly sworn according to law affiant would state:

1. I am:
  - a. Mother: \_\_\_\_\_, or
  - 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 executed a parental consent for the adoption of the child named in #2 to  
 \_\_\_\_\_  
 Prospective Adoptive Parent(s)
  
4. The petition for adoption containing the parental consent was filed in the \_\_\_\_\_ Court for  
 \_\_\_\_\_ County, Tennessee.
  
5. I hereby revoke and void the parental consent to the adoption of the above-named child.

FURTHER AFFIANT SAITH NOT.

This the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Signature: Biological \_\_\_ Legal \_\_\_ Mother \_\_\_\_\_  
 Biological \_\_\_ Legal \_\_\_ Father \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

This Revocation of Parental Consent was received by me on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

**Please Print:**

\_\_\_\_\_  
 \_\_Chancellor \_\_Circuit Judge  
 of \_\_\_\_\_ County, Tennessee

**Signature** (See notes below):

\_\_\_\_\_  
 Chancellor or Circuit Judge

**NOTES TO COURT:**

1. The revocation must be executed before the entry of the Order of Confirmation. T.C.A. § 36-1-112(a)(2).
2. The court receiving the revocation shall maintain the originals in the office of the clerk where the adoption petition is filed together with the original of the adoption petition containing the parental consent and shall personally give, or by certified mail, return receipt requested, send certified copies of the revocation to the child's parent(s) and to the prospective adoptive parents to whom the parental consent was given. See, T.C.A. § 36-1-112(c)(1).
3. A certified copy of the revocation shall be attached to a certified copy of the petition for adoption containing the parental consent, and the clerk shall send these, within three (3) days by certified mail, return receipt requested to:

Tennessee Department of Children's Services  
 Central Office  
 Adoption Services  
 436 6th Avenue North  
 Nashville, TN 37243-1290

(Rule 0250-7-13-.11, continued)

See, T.C.A. § 36-1-112(c)(2).

Please provide the certification on the page following this Revocation form.

**CERTIFICATION**

I, \_\_\_\_\_, Clerk of the \_\_\_\_\_ Court of \_\_\_\_\_ County, Tennessee, certify the foregoing copy of the Revocation of Parental Consent to be a true and accurate copy of the Revocation of Parental Consent 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, 36-1-117(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-.12 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(l)(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(l)(1). **NOTE:** This form may be modified for use outside the State of Tennessee as long as the information requested is provided in the modified form.

**STATE OF TENNESSEE OR** (\_\_\_\_\_) **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)) for adoption.

This is to certify that during the course of social counseling the following issues have been addressed with

\_\_\_\_\_

(Rule 0250-7-13-.12, continued)

(Name of Birth/Legal Mother)

\_\_\_\_\_  
( Name of Birth/Legal Father)

\_\_\_\_\_  
(Legal Guardian)

who is before the Court (\_\_\_), Warden (\_\_\_), Officer (\_\_\_) to surrender the child

\_\_\_\_\_ for the purpose of adoption.  
(Name of Child)

Options/Decisions	Yes	No
To parent the child		
To place the child for the purpose of adoption		
Consequences of Decisions		
<b>Exploration of Support Systems</b>		
Family		
Friends		
Financial		
Employment/Education		
Child Support		
Public Assistance		
Birth Father/Mother Other (Identify)		
<b>Grief/Loss Issues Related to Options for:</b>		
Self		
Child		
Present Issues		
Future Issues		
Referral for further counseling		
<b>Exploring Parenting Option</b>		
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		
<b>Exploring Adoptive Placement</b>		
Agency placement (DHS & private)		
Independent placement		
Plan of birth/legal mother or father		
Identification/information about birth parent, custodial person/guardian		
Background information		
Termination of parental rights		
Voluntary/involuntary		
Revocation of surrender		
Involvement in adoption process		
Selection of family		
Openness		
Meeting adoptive family		

(Rule 0250-7-13-.12, continued)

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 attached” and attach report with this certification.)

This the \_\_ day of \_\_\_\_\_, 20\_\_

FURTHER, AFFIANT SAITH NOT.

Please Print: \_\_\_\_\_  
 Person Providing Social Counseling  
 to Surrendering Person  
 Title: \_\_\_\_\_

Name of Agency, if Appropriate: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Signature: \_\_\_\_\_

Sworn to and subscribed before me this \_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
 NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

**PARENT’S STATEMENT**

The above counseling issues have been discussed with me. As a result of the issues addressed during this process and in what I believe to be the best interest of my child \_\_\_\_\_, I \_\_\_\_\_,  
 (Name of Child) (Birth/Legal Mother)

\_\_\_\_\_, or \_\_\_\_\_ have made the  
 (Birth/Legal Father) (Legal Guardian)

following plan for my child/ward. (Please Describe Your Decision/Plan):

**Please Print:** \_\_\_\_\_  
 (Name of Parent/Legal Guardian)

**Signature of Parent/Legal Guardian:** \_\_\_\_\_

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

**Authority:** T.C.A. §§ 4-5-201, et seq., 36-1-111(k)(l)(1)(m) and (o), 36-1-117(g), 36-1-125, 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001.

**0250-7-13-.13 CERTIFICATION OF LEGAL COUNSELING.**

- (1) The following form is used for certification of the completion of any legal counseling requested pursuant to T.C.A. §36-1-111(k)(2)(F) by the person who is surrendering the child for adoption or who is executing a parental consent to unrelated persons and must be filed with the surrender or parental consent before the surrender is executed before the court by the surrendering person, or before an order of guardianship is entered based upon a surrender or a parental consent to unrelated persons.
- (2) This information shall be confidential and shall only be disclosed as provided by T.C.A. § 36-1-101 et seq.
- (3) Form:

**CERTIFICATION OF COMPLETION OF LEGAL COUNSELING RELATED  
TO ADOPTION PLACEMENT DECISION BY PARENT(S)  
TENNESSEE CODE ANNOTATED, § 36-1-111(l)(2) and (o)**

If the person surrendering the child(ren) for adoption, or executing a parental consent to unrelated persons, has requested that the prospective adoptive parent(s) provide legal counseling with regard to the decision of that person to surrender the child for adoption, this certification form must be completed by the attorney who provided such counseling before the surrender is executed or before an Order of Guardianship is entered based upon a surrender or parental consent. See, T.C.A. § 36-1-111(l)(2) and (o). NOTE: This form may be modified for use outside the State of Tennessee as long as the information requested is provided in the modified form.

STATE OF TENNESSEE OR ( \_\_\_\_\_ )  
COUNTY 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.

This the \_\_\_ day of \_\_\_\_\_, 20\_\_

FURTHER AFFIANT SAITH NOT.

Please Print: \_\_\_\_\_  
Attorney Providing Legal Counsel to  
Surrendering Person

Address: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

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

**Authority:** T.C.A. §§ 4-5-201, et seq., 36-1-111(k),(1)(2)(m) and (o), 36-1-117(g), 36-1-125, 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001.

**0250-7-13-.14 PAYMENT DISCLOSURE FORM.**

- (1) The following form contains information required by T.C.A. §36-1-116(b)(16) to be filed by the prospective adoptive parents with the adoption petition concerning payments made to birth parents and other persons related to the birth of the child, fees paid to child-placing agencies, to attorneys, for counseling for the parents, and for any other fees and expenses in relation to the child’s placement with them, and may be filed as an exhibit to the petition.
- (2) This information shall be confidential and shall only be disclosed as provided by T.C.A. § 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:

1. I am/We are \_\_\_\_\_ ( Name of Prospective Adoptive Mother ) and \_\_\_\_\_ ( 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.
2. 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):
  - a. 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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_
  - b. 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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Rule 0250-7-13-.14, continued)

c. Expenses paid to or on behalf of the child’s parent(s) including, but not limited to, housing, food, maternity clothing, child’s clothing, utilities, transportation (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:

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d. Fees or payments paid to any attorney at law and other costs of legal proceedings in connection with the birth, placement, or litigation for the adoption of this child (Attach Additional Sheets If Necessary):

- (1) Entities or Persons who received payments, contributions, fees, or other things of value;
- (2) The specific amount of payments, contributions, fees, or value of things given; and,
- (3) The specific purpose of payments, contributions, fees, or other things of value:

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e. Counseling paid for on behalf of the birth or prospective adoptive parent(s) or child (Attach Additional Sheets If Necessary):

- (1) Entities or Persons who received payments, contributions, fees, or other things of value;
- (2) The specific amount of payments, contributions, fees, or value of things given; and,
- (3) The specific purpose of payments, contributions, fees, or other things of value:

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f. Fees or payments paid to any licensed child-placing agency or licensed clinical social worker (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:

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g. Any other money, fees, contributions, or other remuneration or thing of value in connection with the birth, placement, or adoption of this child, given or paid, to the child’s parent(s) or family member(s) (Attach Additional Sheets If Necessary):

- (1) Entities or Persons who received payments, contributions, fees, or other things of value;
- (2) The specific amount of payments, contributions, fees, or value of things given; and,
- (3) The specific purpose of payments, contributions, fees, or other things of value:

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FURTHER AFFIANT(S) SAITH NOT.

This the \_\_\_ day of \_\_\_\_\_, 20\_\_



(Rule 0250-7-13-.14, continued)

Please Print: \_\_\_\_\_  
Prospective Adoptive Mother

Signature: \_\_\_\_\_

Please Print: \_\_\_\_\_  
Prospective Adoptive Father

Signature: \_\_\_\_\_

Sworn 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)(16), 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-.15 ADOPTION CONSENT FORM FOR MINOR WHO IS FOURTEEN (14) YEARS OF AGE.**

- (1) The following form is used to obtain the consent of a child who is fourteen (14) years of age or older to his or her adoption as required by T.C.A. § 36-1-117(i).
- (2) This information shall be confidential and shall only be disclosed as provided by T.C.A. § 36-1-101 et seq.
- (3) Form:

**CONSENT TO ADOPTION BY MINOR WHO IS FOURTEEN (14) YEARS OF AGE OR OLDER  
TENNESSEE CODE ANNOTATED, § 36-1-117(i)**

**STATE OF TENNESSEE**  
**COUNTY OF \_\_\_\_\_**

Being duly sworn according to law, affiant would state:

- 1. I am \_\_\_\_\_, (Use the Name of Minor Child Prior to any Name Change Requested in the Petition, Fourteen (14) years of age or older), Born \_\_\_\_\_ (Date Of Birth).
- 2. I understand that \_\_\_\_\_, (Name of Prospective Adoptive Mother), and \_\_\_\_\_, (Name of Prospective Adoptive Father) have filed a Petition to Adopt me.
- 3. I understand that if the Court enters an order of adoption based upon the Petition, that I will become the legal child of \_\_\_\_\_, (Name of Prospective Adoptive Mother), and \_\_\_\_\_, (Name of Prospective Adoptive Father), and that they will become my parent(s) for all purposes, just the same as if I had originally been born to them (him/her).
- 4. I understand that, while I remain under eighteen (18) years of age, my adoptive parent(s) will have the right to determine if I should contact or visit with anyone in my birth family.
- 5. I understand that I will have the right to inherit property from my adoptive parent(s), and their (his/her) descendants will have the right to inherit property from me or my descendants but only for property I acquire after the adoption order is entered. After the order of adoption is entered, I will not inherit property from my birth family, nor will they inherit property from me after the order of adoption is entered. I may inherit from or through a parent whose rights were not terminated before his or her death.

- 6. No one has pressured me to agree to this adoption, and I believe that my adoption by \_\_\_\_\_, (Name of Prospective Adoptive Mother), and \_\_\_\_\_, (Name of Prospective Adoptive Father), is in my best interests. I wish for the adoption to take place.
- 7. I freely and voluntarily, without pressure from anyone, consent to this adoption.

This the \_\_\_ day of \_\_\_\_\_, 20\_\_\_

FURTHER AFFIANT SAITH NOT

Please Print: \_\_\_\_\_  
Name of Minor Child

Signature: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_ day of \_\_\_\_\_, 20\_\_\_

Please Print: \_\_\_\_\_  
\_\_\_ Chancellor \_\_\_ Circuit Judge of the  
\_\_\_\_\_ Court for \_\_\_\_\_  
County, Tennessee.

Signature: \_\_\_\_\_

**Authority:** T.C.A. §§ 4-5-201, et seq., 36-1-117(i), 36-1-125, 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001. Amendment filed March 10, 2005; effective July 29, 2005.

**0250-7-13-.16 ADOPTION CONSENT FORM FOR USE BY GUARDIAN AD LITEM FOR MINOR WHO IS FOURTEEN (14) YEARS OF AGE AND WHO IS MENTALLY DISABLED.**

- (1) The following form is used to obtain the consent of a guardian ad litem of a mentally disabled child who is fourteen (14) years of age or older for the adoption of that child as required by T.C.A § 36-1-117(i).
- (2) This information shall be confidential and shall only be disclosed as provided by T.C.A. § 36-1-101 et seq.
- (3) Form:

**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)**

STATE OF TENNESSEE  
COUNTY OF \_\_\_\_\_

Being duly sworn according to law, affiant would state:

- 1. I am, \_\_\_\_\_, Guardian Ad Litem for the minor child, \_\_\_\_\_, who is fourteen (14) years of age or older and is mentally disabled.
- 2. I have been appointed by this Court to represent the best interests of this child in the petition for his/her adoption by \_\_\_\_\_, (Name of Prospective Adoptive Mother), and \_\_\_\_\_, (Name of Prospective Adoptive Father). \* See Note Below
- 3. I have investigated the circumstances of the proposed adoption, and have attached hereto my written report giving the basis for my decision to give or withhold consent to the adoption of this child by the petitioners.
- 4. Based upon my investigation and report, I  give consent/ withhold consent to the adoption of \_\_\_\_\_, (Name of Child) by the petitioners.

This the \_\_\_ day of \_\_\_\_\_, 20\_\_

FURTHER AFFIANT SAITH NOT.

Please Print: \_\_\_\_\_  
(Name of Guardian Ad Litem)  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Signature: \_\_\_\_\_

Sworn to and subscribed before me this the \_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

NOTE TO THE COURT:

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.

**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.C.A. § 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)**

STATE OF TENNESSEE  
COUNTY OF \_\_\_\_\_

Being duly sworn according to law, affiant would state:

- 1. I am, \_\_\_\_\_, Guardian Ad Litem, Guardian or Conservator for, \_\_\_\_\_, an adult who is mentally disabled.
- 2. (Guardian Ad Litem only) I have been appointed by this Court to represent the best interests of this disabled adult in the petition for his/her adoption by \_\_\_\_\_, (Name of Prospective Adoptive Mother), and \_\_\_\_\_, (Name of Prospective Adoptive Father).
- 3. (Guardian Ad Litem only) I have investigated the circumstances of the proposed adoption, and have attached hereto my written report giving the basis for my decision to give or withhold consent to the adoption of this disabled adult by the petitioners.
- 4. (Guardian Ad Litem only) Based upon my investigation and report, I  give consent/ withhold consent to the adoption of \_\_\_\_\_, (Name of Disabled Adult) by the petitioners.
- 5. As Guardian or Conservator, I  give consent/ withhold consent to the adoption of \_\_\_\_\_, (Name of Disabled Adult) by the petitioners.

This the \_\_\_ day of \_\_\_\_\_, 20\_\_

FURTHER AFFIANT SAITH NOT.

Please Print: \_\_\_\_\_  
(Name of Guardian Ad Litem,  
Guardian or Conservator)  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Signature: \_\_\_\_\_

Sworn to and subscribed before me this the \_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My 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.

(Rule 0250-7-13-.17, continued)

**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.C.A. § 36-1-101 et seq.
- (3) Form:

**LICENSED CHILD-PLACING AGENCY OR LICENSED CLINICAL SOCIAL  
WORKER FEE DISCLOSURE STATEMENT  
TENNESSEE CODE ANNOTATED, § 36-1-120(b)**

This affidavit must be filed by the licensed child-placing agency or the licensed clinical social worker with the proposed adoption order prior to entry of the order by the Court.  
See, T.C.A. 36-1-120(b).

**STATE OF TENNESSEE**  
**COUNTY OF \_\_\_\_\_**

Being duly sworn according to law, affiant would state:

1. I am \_\_\_\_\_, an authorized representative of \_\_\_\_\_, (Name of Licensed Child-Placing Agency) [or] \_\_\_\_\_, (Name of Licensed Clinical Social Worker).
2. My agency [or I] has [have] charged \_\_\_\_\_ (Names of Prospective Adoptive Parent(s) the following fees or other charges involving the placement of the child (ren): \_\_\_\_\_ (Names of Child (ren))
  - a. State first the service(s) rendered in the placement of the child (ren) with the petitioner(s) immediately followed by
  - b. The fees charged petitioner(s) for each specific service. (Attach additional Sheets if Necessary):

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3. My agency [or I] has [have] charged \_\_\_\_\_ (Names of Prospective Adoptive Parent(s) the following fees or other charges involving home studies of the prospective adoptive parent(s):
  - a. State first the service(s) rendered in conducting home studies of the petitioner(s) immediately followed by
  - b. The fees charged petitioner(s) for each specific service. (Attach additional Sheets if Necessary):

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4. My agency [or I] has [have] charged \_\_\_\_\_ (Names of Prospective Adoptive Parent(s) the following fees or other charges involving supervision of the placement of the child (ren) in the home of the prospective adoptive parent(s):
  - a. State first the service(s) rendered in conducting supervision of the child's (children's') placement in the home of the petitioner(s) immediately followed by
  - b. The fees charged petitioner(s) for each specific service. (Attach additional Sheets if Necessary):

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(Rule 0250-7-13-.18, continued)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This the \_\_ day of \_\_\_\_\_, 20\_\_

FURTHER AFFIANT SAITH NOT.

Please Print: \_\_\_\_\_  
Authorized Representative of Licensed  
Child-Placing Agency/ or Licensed  
Clinical Social Worker

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Sworn to and subscribed before me this \_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

**Authority:** T.C.A. §§4-5-201, et seq., 36-1-120(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-.19 FEE DISCLOSURE FORM FOR ATTORNEY.**

- (1) The following form is used to by an attorney 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 the entry of the order by the Court.
- (2) This information shall be confidential and shall only be disclosed as provided by T.C.A. § 36-1-101 et seq.
- (3) Form:

**ATTORNEY FEE DISCLOSURE AFFIDAVIT  
TENNESSEE CODE ANNOTATED, § 36-1-120(b)**

This affidavit must be filed by the attorney representing the petitioners with the proposed adoption order prior to entry of the order by the Court. See, T.C.A. § 36-1-120(b).

**STATE OF TENNESSEE**  
**COUNTY OF \_\_\_\_\_**

Being duly sworn according to law, affiant would state:

- 1. I am \_\_\_\_\_, attorney for petitioners \_\_\_\_\_ (Names of Prospective Adoptive Parents) in the adoption proceeding styled: \_\_\_\_\_ which is filed in the \_\_\_\_\_ Court for \_\_\_\_\_, County, Tennessee in which they (he/she) have sought to adopt \_\_\_\_\_ (Name(s) of Child (ren), and in which the Court has ordered the entry of an order of adoption pursuant to that petition.

(Rule 0250-7-13-.19, continued)

2. The following are fees charged by me or persons who are employed, contracted by, or associated with me for services rendered for the placement of the child (ren) with the Petitioner(s). (Attach additional sheets if necessary):

- a. State first the service(s) rendered in the placement of the child (ren) with the petitioner(s) immediately followed by
- b. The specific fees charged petitioner(s) for each service:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. The following are fees charged by me or persons who are employed, contracted by, or associated with, me for legal services rendered to 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 followed 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 for services rendered in securing the placement of the child(ren) with the petitioners or for securing any services related to securing any home 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 for 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 the \_\_\_ day of \_\_\_\_\_, 20\_\_

FURTHER AFFIANT SAITH NOT.

Please Print: \_\_\_\_\_

Attorney for Petitioner(s)

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

**Authority:** T.C.A. §§4-5-201, et seq., 36-1-120(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.C.A. § 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.

I, \_\_\_\_\_, (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.

- 1. I hereby release the following specific information to the Tennessee Department of Children’s Services and its authorized agents to provide such information about me to the treating professionals or health care facilities for the purpose of assisting with the medical, psychological, or psychiatric care of the requesting party (Attach Additional Sheets if Necessary):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 2. Names and addresses of Treating Professionals or Health Care Facilities from Whom the Information May Be Released Pursuant to My Approval (Attach Additional Names if Necessary):

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_

- 3. Other than the specific information given above, I wish to share other medical information about me and/or other relatives: (If information is given about other relatives, please specify their relationship to you.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 4. This Release Shall Expire in four (4) months from date of my signature unless otherwise stated here \_\_\_\_\_. Thereafter a new release must be executed for further release of additional or updated medical information.

This the \_\_\_ day of \_\_\_\_\_, 20\_\_

Please Print: \_\_\_\_\_  
 Name of Person Signing Release

Signature: \_\_\_\_\_



(Rule 0250-7-13-.20, continued)

**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)**

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ )

First being duly sworn according to law, affiant would state:

- 1. I am, \_\_\_\_\_, Executive Head of \_\_\_\_\_ (A licensed child-placing agency); or an authorized representative of the Tennessee Department of Children’s Services; or an authorized representative of \_\_\_\_\_, a state or federal agency with the right to place the child for adoption \_\_\_\_\_, (Legal Name of Child) D.O.B. \_\_\_\_\_.
- 2. My agency or department holds \_\_\_full 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).

This \_\_\_ day of \_\_\_\_\_, 20\_\_\_

FURTHER AFFIANT SAITH NOT.

**Print Name:**

\_\_\_\_\_  
Name of Person Authorized to Give Consent

\_\_\_\_\_  
Title

**Signature:**

\_\_\_\_\_

Sworn to and subscribed before me this \_\_\_ day of \_\_\_\_\_, 20\_\_\_

(Rule 0250-7-13-.21, continued)

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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.