



Tennessee Department of Children's Services

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

TENNESSEE SURRENDER FORM

I, (full name of surrendering party) _____, born (surrendering party's date of birth) _____, sign this surrender to end my parental rights and responsibilities to (full name of child) _____, born (child's date of birth) _____ in (location of child's birth) _____.

I am this child's (circle one) mother / father / possible father / guardian.

I surrender my parental rights to and request that this Court give guardianship to (a person/family with a current, approved home study, or a licensed child-placing agency)

I know I only have three (3) days to change my mind and revoke this decision after I sign this form. This decision may not be changed if I do not revoke this surrender on or before _____ (three days after today, calculated under [Tennessee Rule of Civil Procedure 6.01](#)). To revoke, I must sign a revocation form before the Judge or officiant with me now or his or her successor.

I have completed the Surrendering Party Pre-Surrender Information Form. I have provided true and complete answers to all the questions on that form to the best of my knowledge.

I know that I should only sign this form if I want my parental rights terminated. If I want to talk to my own lawyer before I sign this form, I should tell the Judge or other officiant now and this surrender process will stop. I can talk to my lawyer and then decide if I still want to end my parental rights.

If anyone is putting pressure on me to sign this surrender, or trying to make me sign against my will, or has promised me something I value in order to make me want to sign this surrender, I understand that I should tell the Judge or officiant about that before I sign this form. The Judge or officiant will not allow me to be forced to sign this surrender.

No one is pressuring, threatening, or paying me to get me to sign this form. I believe voluntary termination of my parental rights is in the best interest of my child.

By signing below I voluntarily terminate my parental rights and surrender my child to the person(s) or agency listed above.

Always check the "Forms" Website for most current version. This form may not be altered.

Distribution: Child Record, Court Record, Parent
CS- 0651, Rev. 7/22

This _____ day of _____, 20__.

Surrendering Party's Signature

Judge or Officiant Attestation

I interviewed the surrendering party and witnessed execution of the foregoing surrender as required by T.C.A. § 36-1-111. The surrendering party understands that he/she is surrendering parental rights to this child. There is no reason to believe that this is not a voluntary act.

The Surrendering Party's Pre-Surrender Information Form, the surrendering party's Social and Medical History Form, and if the surrender is to an individual, or individuals, as opposed to an agency, the individual's, or individuals', court report based upon a current and approved home study are attached to this form. The Pre-Surrender Information Form and Social and Medical History Form are properly verified by a notary or I reviewed the information with the surrendering party and he/she has attested before me to the correctness of those forms.

This _____ day of _____, 20__.

Judge or Officiant's Signature _____

Name and Title: _____

Court or Employing Institution and Location: _____

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ACCEPTANCE BY AGENCY or PROSPECTIVE ADOPTIVE PARENT(S)

I/We _____ and _____ individually or I, _____, on behalf of the licensed child-placing agency, _____, hereby accept the surrender of _____ (child) from _____ (surrendering party) and plan to adopt the surrendered child or for an agency, expect and intend to place this child for adoption with an appropriate family. I/We or the undersigned agency have physical custody of this child or will have physical custody upon discharge of this child from a healthcare facility. I/We or the undersigned agency agree(s) to assume responsibility for obtaining guardianship of the surrendered child through a court order within thirty (30) days of the date of the surrender. I/We or the undersigned agency agree(s), to be responsible for the care, custody, financial support, medical care, education, moral, and spiritual training of this child, pending an adoption.

I/We have completed the Accepting Party's Pre-Acceptance Information Form. The information provided in that form is true to the best of my/our knowledge.

This ___ day of _____, 20__.

Signature of Prospective Adoptive Parent

Signature of Prospective Adoptive Parent

Signature of Agency Representative and Title

Judge or Officiant Attestation

I interviewed the accepting parties and witnessed execution of the foregoing acceptance.

The Accepting Party's Pre-Acceptance Information Form and any accepting individual's/individuals' court report based upon a current and approved home study are attached to this form. The Accepting Party's Pre-Acceptance Information Form is properly verified by a notary or I reviewed the information with the accepting parties and they have attested before me to the correctness of the form.

This _____ day of _____, 20__.

Judge or Officiant's Signature

Name and Title: _____ Court or
Employing Institution and Location: _____

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SURRENDERING PARTY'S PRE-SURRENDER INFORMATION FORM

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 / in wedlock but the mother's husband is not the child's biological father .

4. State the names and relationships of any other legal parents, putative fathers, and legal guardians 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

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- 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. If the above named parties' whereabouts are unknown, please describe why that is the case: _____

6. Is the child or surrendering parent or another legal parent of the child a member of a federally recognized American Indian or Alaskan Native tribe? _____

If "yes," please provide the name and address of the tribe, all available information regarding the tribal membership, including a membership number if there is one, or the basis for the belief that one may be a tribal member. If there is a tribal membership card or tribal enrollment document please provide a copy by attaching it to this form.

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

Yes No

b. If yes, name of state: _____

8. Have you been paid, received, or promised any money or other remuneration or 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 #10.

If yes, please list the amount paid, to whom the payment was made, whom made the payment, when was the payment made, and for what purpose the payment was made:

9. Does the child own any real or personal property? Yes No . If yes, please describe property, its value, and any relevant circumstances:

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10. a. I currently have () legal, () physical, or () legal and physical custody of the child
- b. If someone else has legal or physical custody of the child, please identify the person or agency that holds custody of the child and whether they have legal custody, physical custody, or both.

For a custodian, other than the surrendering party, please list the custodians:

Custodian(s) _____
Street _____
City _____, State _____, Zip _____
Telephone Number: Home _____ Work: _____

11. a. There may be state assistance- money, classes, health insurance, food aid and such, available to help you if you parent the child yourself.
- b. There is counseling available if you want to talk to a counselor about your choice before you sign a surrender form.
- c. You can talk to a lawyer who only represents you, if you want to, before you sign a surrender form.

Do you understand that all these things are available? Yes No

FURTHER, AFFIANT SAITH NOT.

This the _____ day of _____ 20 _____.

Signature: Biological Legal Mother _____

Biological Legal Father _____

Legal Guardian _____ of

Name of Child

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

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Notary Public
My commission expires: _____

(A notary is necessary if information on this form is not reviewed by and acknowledged before a Judge or officiant.)

ACCEPTING PARTY'S PRE-ACCEPTANCE INFORMATION FORM

STATE OF _____
COUNTY OF _____

Being duly sworn affiants would state:

1. a. I am _____, Prospective Adoptive Parent.
b. Prospective Adoptive Parent's Date of Birth _____
c. Prospective Adoptive Parent's Place of Birth _____
d. Prospective Adoptive Parent's Marital Status _____

2. a. I am _____, Prospective Adoptive Parent.
b. Prospective Adoptive Parent's Date of Birth _____
c. Prospective Adoptive Parent's Place of Birth _____
d. Prospective Adoptive Parent's Marital Status _____ Or

3. I am _____, representative of _____ a licensed child placing agency with offices at:

4. The following costs have been paid by _____ for activities involving the placement of this child.
(me/us)

Please include, amount paid or promised, to whom, by whom, date paid and type of service or cost:

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; 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; 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 T.C.A § 36-1-111(d)(6)

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which indicates their waiver of right to custody of the child upon entry of a guardianship order pursuant to T.C.A. § 36-1-111(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 as required by Tennessee law. (Not applicable for agency placements)

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

b. If yes, who will be responsible for preparing and submitting the ICPC package?

FURTHER AFFIANT(S) SAITH NOT.

This ____ day of _____, 20 ____.

Signature of Prospective Adoptive Parent

Signature of Prospective Adoptive Parent

OR

Signature of Representative of Agency

Name of Agency: _____

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

Notary Public
My commission expires: _____

(A notary is necessary if information on this form is not reviewed by and acknowledged before a Judge or officiant.)

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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: _____
- 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 Officiant)

5. I hereby revoke the surrender of the above-named child.

FURTHER, AFFIANT SAITH NOT.

This _____ day of _____, 20_____.

Signature: _____
 Biological ___ Legal ___ Mother: _____
 Biological ___ Legal ___ Father: _____
 Legal Guardian: _____

Sworn to and subscribed before me on ___ day of 20_____.

Please Print: _____

Signature: _____
(Judge or Officiant)

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