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|  | | | | **VOLUNTARY RELINQUISHMENT OF PARENTAL RIGHTS**  State form 12587 (R15 / 2-24) / CW 1331A  DEPARTMENT OF CHILD SERVICES  **The records in this series are CONFIDENTIAL according to IC 31-19-19.** | | | | | | | | | | | | |
| ***INSTRUCTIONS:*** *Each parent, guardian, or custodian will complete this form for each child, after consultation with the parent, guardian, or custodian’s legal counsel, if represented by counsel. The Indiana Department of Child Services (DCS) Staff Attorney may assist the parent, guardian, or custodian with the completion of this form when the parent, guardian, or custodian does not have legal counsel. Additionally, the completed and signed form should be submitted to DCS to file with the court. See policy 6.13 Voluntary Termination of Parental Rights (TPR) for additional information.* | | | | | | | | | | | | | | | | |
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| Comes now in person | | | | |  | | | | | | , born |  | | | , and acknowledges | |
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| being the  legal or alleged father (*or is charged as being the legal or alleged father*) or  mother | | | | | | | | | | | | | | | | |
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| of | | |  | | | | , born | |  | | | | , in |  | | , |
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|  | *(City)* | | | | | | |  | *(State)* | | | |  | | | |
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| I verify I can read, write, and understand the English language, and I have read and understand my constitutional and other legal rights | | | | | | | | | | | | | | | | |
| and understand the consequences of my actions prior to giving my written consent to the termination of my parent-child relationship with | | | | | | | | | | | | | | | | |
| the above stated child. I further state that I am | | | | | |  | | | | years of age. | | | | | | |
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| I, | |  | | | | | | , hereby in writing expressly consent and agree to the termination of the | | | | | | | | |
| parental rights concerning the above-said child. | | | | | | | | | | | | | | | | |
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| I, the undersigned, expressly acknowledge that pursuant to IC 31-35-1-12, I have been advised of, and understand each of, the following provisions:   1. My consent is permanent and cannot be revoked or set aside unless it was obtained by fraud or duress, or unless I am incompetent, or unless the court sets aside my consent. 2. When the court terminates the parent-child relationship, all rights, powers, privileges, immunities, duties, and obligations pertaining to that relationship are permanently terminated (*including any rights to custody, control, visitation, contact with the child after the adoption, or support*), my consent to the child’s adoption is not required, and I can exact no control over the child’s adoption; 3. I have a right to the care, custody, and control of my child as long as I fulfill my parental obligation; 4. I have a right to a judicial determination of any alleged failure to fulfill my parental obligations in a proceeding to adjudicate my child a delinquent child or a child in needs of services; 5. I have right to assistance in fulfilling my parental obligations after a court has determined that I am not doing so; 6. A petition to terminate the parent-child relationship, against my will, can be initiated only after: 7. My child has been adjudicated a delinquent child or child in need of services and the child has been removed from my custody following that adjudication; or 8. My conviction and imprisonment for an offense listed below, the removal of my child from my custody under a dispositional decree and the removal of my child from my custody for six (6) months under a court order: 9. My child has been removed from my custody for at least six (6) months under a dispositional decree; 10. A court has entered a finding under IC 31-34-21-5.6 that reasonable efforts for family preservation or reunification are not required; 11. My child has been removed from my custody and has been under the supervision of a county office for at least fifteen (15) months of the most recent twenty-two (22) months; or 12. I have been convicted of an offense listed below: 13. Murder (IC 35-42-1-2) 14. Causing Suicide (IC 35-42-1-2); 15. Voluntary Manslaughter (IC 35-42-1-3) 16. Involuntary Manslaughter (IC 35-42-1-4); 17. Rape (IC 35-42-4-1); 18. Criminal Deviate Conduct (IC 35-42-4-2) before its repeal; 19. Child Molestation (IC 35-42-4-3); 20. Child Exploitation (IC 35-42-4-4); 21. Sexual Misconduct with a Minor (IC 35-42-4-9); 22. Incest (IC 35-46-1-3);   and the victim of said offense was under sixteen (16) years of age at the time of the offense and is my biological or adoptive child or the child of my spouse;   1. I am entitled to representation by a lawyer, who does not have any conflict of interest in representing me. I have the right to employ an attorney to represent me. I understand that if an involuntary termination petition is filed and I am unable to afford to employ an attorney, the court may provide an attorney for me; 2. I irrevocably waive any notice of hearing regarding the termination of my parental rights of said child and/or any adoption of said child. If I appear in open court at such proceedings, the only issue before the court will be whether my consent was voluntary; and 3. I understand that my consent cannot be based upon a promise regarding the child's adoption or contact of any type with the child after I voluntarily relinquish my parental rights. | | | | | | | | | | | | | | | | |
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| I fully understand that in the event that a court of competent jurisdiction should terminate my parental rights to the above-said child, that the said child and I shall then lose all our legal rights, obligations, privileges and duties with respect to each other, including, but not necessarily limited to, the right of inheritance and the right to control or consent to adoption.  I further realize that my signature to this document is not an admission that I am a legal or alleged father of the said child. | | | | | | | | | | | |
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| I hereby transfer custody of the said child to the | |  | | | | | | | | |  |
|  | | *(Name of local office / licensed child placing agency)* | | | | | | | | |  |
|  | | | | | | | | | | | |
| at |  | | | , |  | , |  | | , |  | . |
|  | *(Address – number and street)* | | |  | *(City)* |  | *(State)* | |  | *(ZIP code)* |  |
| in order for that agency to make an appropriate placement for the child in accordance with the law. | | | | | | | | | | | |
|  | | | | | | | | | | | |
| I swear and / or affirm that my signature to this document has been freely given without coercion, duress, or the exercise of undue influence. | | | | | | | | | | | |
| Signature of parent | | | Printed / typed name | | | | | Date *(month, day, year)* | | | |
| Address (*number and street, city, state, and ZIP code*) | | | | | | | | | | | |

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| **NOTARY STATEMENT** | | | | | | | | | |
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| Before me, the undersigned, a Notary Public or other person authorized to take acknowledgements, personally appeared | | | | | | | | | |
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|  |  | | | | | | | and acknowledged and signed the foregoing instrument | , |
|  | *(Name of person)* | | | | | | |  |  |
| this | |  | day of |  | , 20 |  | | . | |
|  | |  |  |  |  |  | |  | |
| Signature of notary | | | | | | | Printed / typed name and title | | |
| Expiration date of commission / authorization *(month, day, year)* | | | | | | | County of residence | | |