

**INSTRUCTIONS FOR THE CONSENT OF A PARENT TO AN INDEPENDENT
ADOPTION WITH THE TERMINATION OF PARENTAL RIGHTS**

(You must attach a copy of these signed instructions to the signed consent form).

These instructions and attached consent form may be used only in independent adoptions, not those that are arranged by an adoption agency. **This form should only be used for a parent whose parental rights are being terminated.** It should **not** be used for a parent who is retaining parental rights, for example, a custodial parent in a step-parent adoption. Code, Family Law Article, Title 5, Subtitle 3B.

The attached consent form is an important legal document. You must read all of these instructions BEFORE you sign the consent form. If you do not understand the instructions or the consent form, you should not sign it. If you are under 18 years old or if you have a disability that makes it difficult for you to understand, do not sign the consent form unless you have a lawyer.

A. Right to Have This Information in a Language You Understand

You have the right to have these instructions and the consent form translated into a language that you understand. If you cannot read or understand English, you should not sign the consent form.

You should have this form translated for you into a language you do understand. The translated consent form is the one you should read and decide whether or not to sign. Any translation must have an affidavit attached in which the translator states that it is a true and accurate translation of this document.

B. Right to Speak with a Lawyer

You have the right to speak with a lawyer before you decide whether or not to consent.

You should not sign the consent form without a lawyer if you are under 18 years old or have a disability that makes it difficult for you to understand this document. If you are under 18 years old or have a disability that makes it difficult for you to understand this document, you are required to have a lawyer review the form with you before you can consent to the adoption. Even if you are not required to have a lawyer, you have the right to speak with a lawyer you choose before you decide whether to consent.

You can ask the court to require the people adopting your child to pay the costs of the lawyer.

The judge does not have to grant that request but may do so.

C. Right to Adoption Counseling

You have the right to receive adoption counseling and guidance. The court may require the adoptive parents to pay for the adoption counseling and guidance but does not have to do so. If you want adoption counseling or guidance, you should not complete this consent form until after you have gotten adoption counseling or guidance.

D. Post-adoption Agreement

If you have made a written agreement with the adoptive parents for future contact (known as a post-adoption agreement), a **copy of that agreement must be attached to the signed consent form.** If you have a post-adoption agreement, and, after the adoption, the adoptive parents do not do what they agreed to do, it will not affect the adoption or your consent to the adoption.

CASE NO: _____

ADOPTEE'S NAME: _____

However, if that happens, you have the right to ask a judge to make them do what they agreed to do. The judge can order you and the adoptive parents to go to mediation, order the adoptive parents to do what they agreed to do, or change the agreement if the judge decides that it is in the child's best interest.

E. Effect of Signing the Consent Form

If you sign the consent form, and the adoption is granted, **you will be giving up all rights and responsibilities** relating to the child. If you have a post-adoption agreement, you will keep only the rights the agreement gives you. Violation of the agreement **will not** affect your consent or the adoption.

F. Right to Revoke Consent

If you sign the consent form and then change your mind and no longer want to consent, you have the right to revoke (cancel) the consent within 30 days after the date that you sign the consent form. The only way that you can revoke this consent is by giving a signed written revocation statement with the name, sex, and date of birth of the child (if you know it) to:

Adoption Clerk, Circuit Court for Prince George's County, Maryland
14735 Main Street, Upper Marlboro, MD 20772 (301) 952 – 5206

The revocation must be sent to the court, not to the lawyers or the people adopting the child. You may deliver your written revocation of consent in person or by mail. If it is not *received* by the Adoption Clerk's office within 30 days after the date you signed the consent form, it will be too late, and you will not be able to withdraw the consent or stop the adoption from being granted. If you sign this consent form, and then revoke your consent, and then decide to consent to the adoption again, you will not be able to revoke your second consent if you give your second consent in court within one year of your revocation of this consent.

G. Further Notice of Adoption Proceedings

A petition for adoption has been or will be filed in the Circuit Court Prince George's County, Maryland. If you sign the consent form, your written consent will also be filed in the court. You have the right to be notified when the petition is filed, when any hearings are held before the adoption is granted, and if and when the adoption is granted. Any notices will be sent to the address given by you on the consent form, unless you write to the Adoption Clerk at:

14735 Main Street, Upper Marlboro, Maryland 20772 and give the clerk your new address. You may waive (give up) your right to notice if you wish to do so. Even if you give up your right to notice, someone from the court may contact you if further information is needed.

H. Compensation

Under Maryland law, you are not allowed to charge or receive money or compensation of any kind for the placement for adoption of your child or for your agreement to the adoptive parent having custody of your child, except that reasonable and customary charges or fees for adoption counseling, hospital, legal, or medical services may be paid.

CASE NO: _____

ADOPTEE'S NAME: _____

I. Access to Birth and Adoption Records

When your child is at least 21 years old, your child, your child's other parent, or you may apply to the Maryland Secretary of the Department of Health and Mental Hygiene for access to certain birth and adoption records. If you do not want information about you to be disclosed (given) to that person, you have the right to prevent disclosure by filing a *disclosure veto*. Attached to this document is a copy of the form that you may use if you want to file a disclosure veto.

J. Adoption Search, Contact, and Reunion Services

When your child is at least 21 years old, your child, your child's other parent or siblings, or you may apply to the Director of the Social Services Administration of the Maryland Department of Human Resources for adoption search, contact, and reunion services.

K. Rights under the Indian Child Welfare Act

If you or your child are members of or are eligible for membership in an Indian tribe, as defined by federal law, you have special legal rights under the Indian Child Welfare Act. You should not sign this consent form if you believe this may apply to you. You should tell the person requesting the consent or the court that you believe that your child's case should be handled under the Indian Child Welfare Act.

L. Authorization for Access to Medical and Mental Health Records

You may be asked to sign a separate form (authorization) to allow the adoptive parents to get your child's medical and mental health records or your medical and mental health records. If you agree to allow access to this information, the records given to the adoptive parents will not include identifying information about you unless identifying information was previously exchanged by agreement.

M. Signature, Witness, and Copy

If you decide to complete and sign the consent form, you must have a witness present when you sign it. The witness must be someone 18 or older and should not be the child or the child's other parent. You must complete and sign the form with a pen and print or type in your name, address, and telephone number. The witness also must sign the form and print or type in the witness' name, address, and telephone number in the blanks on the last page.

You have the right to receive a copy of the signed consent form.

**STOP HERE IF YOU DID NOT UNDERSTAND SOMETHING YOU HAVE READ OR IF
YOU WANT TO SPEAK WITH A LAWYER OR GET ADOPTION COUNSELING BEFORE
YOU DECIDE IF YOU WANT TO SIGN THE CONSENT FORM.**

**If you wish to sign the consent form, you must also sign here to verify that you read these
instructions and understand them:**

(Signature)

(Date)

You must attach a copy of these signed instructions to the signed consent form.

CASE NO: _____

ADOPTEE'S NAME: _____

**CONSENT TO INDEPENDENT ADOPTION WITH TERMINATION OF
PARENTAL RIGHTS**

(Use a pen to fill out this form. You must complete each section).

A. Identifying Information

1a. I understand English:

Yes, if you understand English, continue to question No. 2.
 No, if you cannot understand English, continue to part (1b).

1b. This consent form has been translated into _____, a language that I understand. (Attach translated consent form and Translator's Affidavit)

2. Name: _____.

3. Age: _____ Date of Birth: _____

4. Child's Name: _____ Date of Birth: _____
(*The child who is the subject of this consent*)

Location of Birth:

(*Name of hospital or address of birthplace include city, state and county*)

5. Status as Parent. Check all that apply.

(a) I am:

the mother of the child
 the father of the child
 alleged to be the father of the child

(b) I was married to the mother of the child

at the time of conception of the child
 at the time the child was born.

B. Right to Speak with a Lawyer

Check one of the following:

I already have spoken with a lawyer whose name and number is _____
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CASE NO: _____

ADOPTEE'S NAME: _____

_____ and I have read the instructions at the front of this form, and I am ready to consent to the adoption.

OR

I am at least 18 years old and am able to understand this document. I have read the instructions at the front of this form, and I do not want to speak with a lawyer before I consent to the adoption.

C. Right to Counseling and Guidance

Check one of the following:

I have already spoken with a counselor. I have read the instructions at the front of this form, and I am ready to consent to the adoption.

OR

I do not want to speak with a counselor. I have read the instructions at the front of this form, and I am ready to consent to the adoption.

D. Consent

I voluntarily and of my own free will consent to the adoption of, _____
(*Child's Name*)
by : _____.
(*Perspective Adoptive Parent(s) Name*)

E. Notice

Check one of the following:

I give up (waive) the right to any further notice of the adoption case.

OR

I want to be notified when the adoption case is filed, of any hearings, and if and when my child is adopted.

F. Revocation Rights

I understand that if I change my mind and no longer consent to the adoption, I have the right to revoke this consent within 30 days after the date that I signed this consent form. I understand that the only way that I can revoke this consent is by giving a signed written revocation statement to the Adoption Clerk, Circuit Court for Prince George's County, Maryland.

CASE NO: _____

ADOPTEE'S NAME: _____

G. Effect of this Consent

If you sign the consent form, and the adoption is granted, you will be giving up all rights and responsibilities relating to the child. If you have a post-adoption agreement, you will keep only the rights the agreement gives you. Violation of the agreement will not affect your consent or the adoption.

H. Oath and Signature

I have read carefully and understand the instructions at the front of this consent form. I am signing this consent form voluntarily and of my own free will. I solemnly affirm under the penalties of perjury that the contents of this consent form are true to the best of my knowledge, information, and belief.

(Signature)

(Date)

(Printed Name)

(Address)

(E-mail address)

(City, State, Zip Code)

(Telephone Number)

(Cellphone Number)

Witness to this Consent: (*Witness must be a third party who does not have an interest in the case*)

(Signature)

(Date)

(Printed Name)

(Address)

(E-mail address)

(City, State, Zip Code)

(Telephone Number)

(Cellphone Number)

A COPY OF THE INSTRUCTIONS WITH YOUR SIGNATURE MUST BE ATTACHED TO THIS CONSENT FORM.