

Notice: This is not a public document. The information entered on this form will be kept confidential. You therefore must enter all requested information, including any requested personal identifiers, which are your Social Security number, driver's license number, vehicle plate number, insurance policy number, active financial account number, active credit card number, or military status.



New Jersey Judiciary - Family Practice Division

Notice of Parental Rights in Adoption Proceeding

Agency Placement

You should speak with an attorney if you need help understanding or completing this form.

Instructions: Read this Notice and check the box(es) that apply to your situation.

File the completed form with the _____ County Surrogate within **20 days** of receiving this notice if you live in New Jersey, or **35 days** of receiving this notice if you live outside of New Jersey.

You are identified as the parent of the child (child name), born on _____, at (location), to (mother's name). This child has been placed for adoption through the _____ adoption agency. If this child is adopted, you will **permanently** lose your parental rights to this child.

You have the **Right to Object** to the adoption of this child by completing this form. If you do not object to the adoption, you will **permanently** lose your parental rights to this child. Once the adoption is finalized, any promises made by the agency or adoptive parents for future contact or information about this child cannot be enforced in court.

If you do **not** object to the adoption, or if you deny that you are the child's parent, you do **not** need to take any further action or file this form with the court.

How to Object to This Adoption

To object to this adoption do the following:

1. Check this box: ☐ **I object to this adoption.**
2. File this form with the _____ **County Surrogate** located at

_____ within **20 days** of receiving this notice if you live in New Jersey, or within **35 days** of receiving this notice if you live **outside** of New Jersey.

If you do not file this form objecting to the adoption, this will be the **Last Notice you receive about the adoption.**

Right to Counsel

You have the right to be represented by an attorney. If you can afford an attorney but do not know one, you can call the Bar Association **Lawyer Referral Service** in the county where the case will be heard at _____.

You might be able to obtain free legal advice by contacting the Legal Services of New Jersey statewide hotline, at LSNJlawhotline.org or 1-888-LSNJ-LAW (1-888-576-5529). If **you cannot afford an attorney** and qualify due to your income, the court will appoint an attorney to represent you in the adoption proceeding.

How to Apply for a Court-Appointed Attorney

To file for a court appointed attorney do the following:

1. Check this box: ☐ **I want to apply for a court-appointed attorney.**
2. Complete the attached *Application for Assignment of Counsel* form.
3. File this form with the _____ **County Surrogate** located at _____ within **20 days** of receiving this notice if you live in New Jersey, or within **35 days** of receiving this notice if you live **outside** of New Jersey.

The court will notify you about your application for a court-appointed attorney.

How to Consent to This Adoption

If you **DO NOT** object to this adoption, you do **NOT** need to take any further action or file this form with the court, and the adoption will go forward uncontested.

If you consent to this adoption, you can sign a *Voluntary Surrender* form. You should contact the _____ adoption agency for the form. The adoption agency's telephone number is _____. The adoption agency will provide you with instructions on how to complete that form. A *Voluntary Surrender* form cannot be withdrawn after it is signed and submitted to the adoption agency.

Right to Counseling Sessions

If you are considering signing a *Voluntary Surrender* form, you are entitled to three face-to-face counseling sessions on three separate days with a social worker before you sign the form.

Do you want counseling? (Check the box that applies)

- ☐ Yes, I want counseling.
- ☐ No, I do not want counseling.
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If You Are Not the Parent of This Child

If you deny that you are a parent of this child, you will be considered to have surrendered the child for adoption. If you deny that you are a parent of this child, you do not need to take any action and the adoption will go forward uncontested. If you deny that you are a parent of this child, you can sign a *Denial of Parentage* form.

You should contact the _____ adoption agency for this form. The adoption agency's telephone number is _____. The adoption agency will provide you with instructions on how to complete it.

I have completed this form by checking any boxes that apply to my situation.

Date

s/

Signature

Print Name