

**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: _____
 - (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 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.

- 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: _____
 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
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 three (3) days from the date you sign the surrender, you may revoke or cancel this surrender by signing a paper called a REVOCAION 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 three (3) days and will expire on the third (3rd) day or (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 three (3) 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 _____ of
Legal Guardian _____

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: _____
Judge, or Juvenile Court Judge

Chancellor, Circuit

PART II

A. SURRENDER BY PARENT OR GUARDIAN TO THE TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES OR A LICENSED CHILD-PLACING AGENCY AND ACCEPTANCE OF THE SURRENDER BY THE TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES OR 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 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
TO:

(CHILD'S NAME)

- 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: _____
***See Note Below Before Signing** ___Chancellor,___ Circuit or___ Juvenile Court Judge

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).

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 6th 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

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, TN

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 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.)

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:

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____.

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

REVOCATION 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: _____
4. 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 three (3) days 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 third (3rd) day.
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

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)