



New Jersey Judiciary Voluntary Surrender of Parental Rights Form

Defendant's name: _____ County: _____
 Docket Number: _____
 Judge: _____

Name[s] of Child[ren] to be surrendered	DOB	Name of other parent
_____	_____	_____
_____	_____	_____

General Surrender (I194) Identified Surrender to: _____ (I195)

Answer Each Question Completely

1. Do you understand that this form will be submitted to the court to memorialize your voluntary decision to surrender your parental rights? Yes No

2. Defendant's Background information

Address: _____

Date of birth: _____

How far did you go in school? _____

Do you speak, write, and understand English? Yes No

Do you need an interpreter? Yes No

If yes, language: _____

Do you need accommodation for a disability? Yes No

If yes, describe: _____

3. Are you, the other parent, or the child, a member of or eligible to be a member of, a federally recognized American Indian tribe? Yes No

4. This is an important decision; are you making it voluntarily and of your own free will? Yes No

5. Did anyone force, coerce, threaten, or pressure you into making this decision? Yes No

6. Did anyone offer or promise you anything to convince you to make this decision? Yes No

7. Are you currently under the influence of drugs, alcohol or prescription medication which has affected your ability to make a clear decision? Yes No

8. Are you suffering from any mental or physical disability which could affect your judgment? Yes No

Defendant's Initials: _____
 Date: _____

9. Are you aware that you are entitled to pre-surrender counseling from the Division of Child Protection and Permanency (Division)? Yes No
- a. Do you want the Division's counseling? Yes No
- b. Are you waiving your right to the Division's counseling? Yes No
10. Do you understand that you have a right to a trial in this case? Yes No
11. Do you understand that at trial, the Division has the burden of proof by clear and convincing evidence? Yes No
12. If you surrender, you are giving up your right to such a trial. Are you waiving your right to trial of your own free will? Yes No
13. Do you understand that the court cannot enforce any visitation promises made by anyone? Yes No
14. If this is a **general surrender**, please answer the following, and continue onto Question 15. If making an identified surrender, please skip this question.
- a. Do you understand that by making a general surrender of your parental rights, the Division will become the sole guardian of your child[ren]? Yes No
- b. Do you understand that by making a general surrender, the Division will become the sole decision-maker as to who will adopt your child[ren]? Yes No
- c. Do you understand that if you surrender your parental rights, you are giving up all of your rights as a parent over your child[ren] forever? Yes No
- d. Do you understand that even if you change your mind at any time in the future, your child[ren] will not be returned to you because the surrender is irrevocable and binding? Yes No
15. If making an **identified surrender**, please answer the following.
- a. Please identify the person[s] to whom you are surrendering your parental rights:
- _____
- b. Do you understand that in the event that the above-named person[s] do[es] not adopt the child[ren], your parental rights will be reinstated and that litigation as to you will be reopened? Yes No
- c. If you named two people in subsection 15a above and only one person is willing and able to adopt your child[ren], then do you agree to the adoption by the remaining person? Yes No
- d. Do you understand that so long as the person[s] you have given up your rights to adopt[s] the child[ren], your surrender is final and you cannot change your mind? Yes No
16. Do you understand that you have the right to remain current in the Division's adoption registry, which means that if you provide your address to the registry and update each time you move your child[ren] would be able to locate you if the child[ren] desire[s] once they reach age 18? Yes No
17. Did you have sufficient time to think about this important decision? Yes No

Defendant's Initials: _____

Date: _____

18. Do you believe that surrender of your parental rights is in your child[ren]'s best interest? Yes No
19. Did your lawyer answer all of your questions? Yes No
- a. Are you satisfied with the services of your lawyer? Yes No
20. Do you have any questions regarding this surrender? Yes No

Date

Defendant

Date

Defense attorney

Tape _____ Counter # _____ to counter # _____
Start Time: _____

CourtSmart equipped courtroom