



Notice of 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. If you are:

- objecting to the adoption,
- applying for a court-appointed attorney, and/or
- requesting counseling sessions as part of a *Voluntary Surrender* form.

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 _____, born on _____, at (location) _____.

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, _____, are not enforceable in court.

How to Object to This Adoption

If you wish 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 may call the [Lawyer Referral Service](#) of your local county Bar Association at _____.

Free legal advice may be available by contacting the New Jersey Legal Services system through 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 are qualified as indigent, the court will appoint an attorney to represent you in the adoption proceeding.

How to Apply For a Court-Appointed Attorney

If you wish 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.

You will be notified by the court about your application for a court-appointed attorney.

How to Consent to This Adoption

If you consent to this adoption, you may do nothing and the adoption will go forward uncontested.

If you consent to this adoption, you may 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 the form. A *Voluntary Surrender* form cannot be withdrawn after it is signed.

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 wish to go through counseling?

- Yes, I want to go through counseling.
 No, I do not want to go through counseling.

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 may do nothing and the adoption will go forward uncontested.

If you deny that you are a parent of this child, you may 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 the above boxes that apply to my situation.

Date

Signature

Print Name