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|  | **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 | [ ]  | Identified Surrender to: |   |
|  | (I194) |  | (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. | a. | Is the child(ren) a member of a federally recognized American Indian tribe? OR | [ ]  Yes | [ ]  No |
|  | b. | Is the child(ren) eligible for membership in a federally recognized American Indian tribe and the biological child(ren) of 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, 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 could affect 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 |
| 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 16. 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 the 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 the 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 the child(ren) forever? | [ ]  Yes | [ ]  No |
|  | d. | Do you understand that even if you change your mind at any time in the future, the 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 the 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 |

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| 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 it each time you move the 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 |
| 18. | Do you believe that surrender of your parental rights is in the child(ren)’s best interest? | [ ]  Yes | [ ]  No |
| 19. | a. | Have you had enough time to speak with your lawyer about this surrender? | [ ]  N/A | [ ]  Yes | [ ]  No |
|  | b. | Has your lawyer answered all of your questions about this surrender? | [ ]  N/A | [ ]  Yes | [ ]  No |
|  | c. | Are you satisfied with the services of your lawyer on this surrender? | [ ]  N/A | [ ]  Yes | [ ]  No |
| 20. | Do you have any questions about this surrender? | [ ]  Yes | [ ]  No |
|   |  |  |
| **Date** |  | **Defendant’s Signature** |
|  |  |   |
|  |  | **Defendant: Print Name** |
|   |  |  |
| **Date** |  | **Defense Attorney’s Signature** |
|  |  |   |
|  |  | **Defense Attorney: Print Name** |