



**AFFIDAVIT OF CONSENT
(VOLUNTARY TERMINATION)**

Case No. _____
Court District Family
County _____
Division _____

IN THE INTEREST OF: _____, A CHILD
Child's Address: _____

DOB	Sex	Race	SSN

I, _____, residing at _____,
(print name) *(current address)*
_____, after having been fully informed of the legal effect thereof,
do hereby swear and affirm the following:

- This affidavit of consent is being executed on _____, 2____, in _____,
_____ County, Kentucky, at _____ a.m. p.m.
- (Check if applicable) I am currently represented by independent legal counsel, Hon. _____
_____, located at _____
(print name) *(address)*
- I am the natural or adoptive mother father of the above-named child.
- The factual basis for terminating my parental rights is as follows: _____

_____.
- My consent to voluntarily terminate my parental rights is voluntary and informed.
- I was not given or promised anything of value in exchange for giving this consent to terminate my parental rights, and I was not coerced in any way to provide my consent.
- I understand my consent to voluntarily terminate my parental rights will become **final and irrevocable 72 hours** after the execution of this consent, as reflected in paragraph 1, and that this **consent may be withdrawn only by written notification** filed with the Court and sent to the proposed adoptive parent or the attorney for the proposed adoptive parent on or before the expiration of the 72 hours by certified or registered mail and also by first class mail.
- (Complete if known)
My parental rights are sought to be transferred to (check one) _____;
(print name of individual)
 the Cabinet for Health and Family Services; or _____;
(print name of authorized agency)
located at _____
(current address)
- To the best of my knowledge and belief, the individual, cabinet, or authorized agency to whom custody is to be given has facilities available, is willing to receive custody of the child, and, in the case of an individual, has applied for the written approval of the secretary of the Cabinet for Health and Family Services or the secretary's designee for the child's placement unless written approval is not required by KRS 199.470(4).

10. I hereby acknowledge and agree to waive my right to appear at a hearing. (*The following signatures are required to waive appearance.*)

Counsel for Parent

Cabinet for Health and Family Services

11. If the Court terminates my parental rights, I request a copy of the FINAL JUDGMENT be sent to the following address:

_____.

Parent's Signature

Guardian's Signature, if Parent is a minor

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 2_____.

My commission expires: _____

Notary/Clerk

By: _____, D.C.

I, _____, the parent who executed the above affidavit of consent, do hereby
(print name)
acknowledge the receipt of a completed and signed copy of the above affidavit of consent at the time of execution, as reflected in paragraph 1.

Parent's Signature

Guardian's Signature, if Parent is a minor