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| **STATE OF WISCONSIN, CIRCUIT COURT,** **COUNTY** | | | |  |
| IN THE INTEREST OF    Name    Date of Birth | | Consent to Termination **of Parental Rights (Affidavit)**  Case No. | |
| **Under oath, I state:** | | | | |
| 1. | My name is       . | | | |
|  | My address is       . | | | |
|  | My date of birth is       . | | | |
|  |  | | | |
| 2. | My child is not a member of or eligible for membership in an Indian tribe. | | | |
|  |  | | | |
| 3. | **For stepparent adoptions:** | | | |
|  | * I am the  mother  father of this child | | | |
|  | * The child  was  was not born during a marriage with the other parent. | | | |
|  |  | | | |
|  | **For non-marital, non-adjudicated alleged fathers:** | | | |
|  | * I have never been married to       , mother of this child. | | | |
|  | * I have never been adjudicated (formally determined by a court) to be the father of this child. | | | |
|  | * I am aware that I am alleged to be the father of this child. | | | |
|  | * I am not admitting or denying that I am the father of this child. | | | |
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| 4. | I know that a petition to terminate my parental rights has been or will be filed. | | | |
|  |  | | | |
| 5. | I have been informed and understand that a court order terminating parental rights will permanently end **ALL legal rights and duties** that exist between myself and this child, such as: | | | |
|  | * Duty to support | | | |
|  | * Right to custody and visitation | | | |
|  | * Right to inherit | | | |
|  |  | | | |
| 6. | I wish to give up any parental rights that I may have to this child and consent to the court entering an order terminating my parental rights. | | | |
|  |  | | | |
| 7. | I give up the right to know of any future hearing or proceedings in this matter. | | | |
|  |  | | | |
| 8. | I am making this decision on my own free will. No promises or threats have been made to get me to sign this document. | | | |
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| State of  County of  Subscribed and sworn to before me on    Notary Public/Court Official    Name Printed or Typed  My commission/term expires:  This notarial act involved the use of communication technology. | | | ►  Signature    Name Printed or Typed    Address    Email Address Telephone Number    Date State Bar No. (if any) | |
|  | | |  | |
| ***FOR STEP PARENT ADOPTIONS, YOU MUST HAVE TWO WITNESSES SIGN BELOW IN ADDITION TO COMPLETING THE NOTARY SECTION ABOVE.*** | | | Signature of Witness    Signature of Witness | |
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| DISTRIBUTION:  1. Court  2. Child’s Guardian ad Litem/Adversary Counsel  3. Parents  4. Parents’ Attorney(s)  5. District Attorney/Corporation Counsel  6. Caseworker | | |  | |