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| **STATE OF WISCONSIN, CIRCUIT COURT,** **COUNTY** | |  |
| IN THE INTEREST OF    Name    Date of Birth | Consent to Terminationof Parental Rights **(Judicial)**  Case No. |

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| **Under oath, I state:** | | |
| 1. | My name is       . | |
|  | My address is       . | |
|  | My date of birth is       . | |
|  |  | |
| 2. | I am a parent or alleged to be a parent of the above-named child. | |
|  |  | |
| 3. | I am the: (Check one)  mother.  presumed father.  biological (non-adjudicated) father.  alleged father.  adjudicated father. | |
|  |  | |
| 4. | My child is not a member of or eligible for membership in an Indian tribe. *[For an Indian child, use the Indian Child Welfare Act version (IW-1637) of this form.]* | |
|  |  | |
| 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. | |
| 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) |
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| **APPROVAL OF GUARDIAN AD LITEM** | | **CERTIFICATE OF JUDGE** |
| (Needed for minor or incompetent parent) | | I certify that I am the judge of the  court of       County, State of       , a court of record. The above-named parent appeared before me on this date. I questioned this parent and found this consent to be informed and voluntary before I accepted it. |
| I am the guardian ad litem for the above-named parent who is a  minor or  incompetent. I am familiar with the facts. I join in the consent to the termination of this person’s parental rights. | |
| Guardian ad Litem    Name Printed or Typed    Address    Email Address Telephone Number    Date State Bar No. (if any) | |
| Judge    Name Printed or Typed    Date |
|  | | |
| DISTRIBUTION:  1. Court  2. Child’s Guardian ad Litem/Adversary Counsel  3. Parents  4. Parents’ Attorney(s)  5. District Attorney/Corporation Counsel  6. Caseworker | | |