

New Jersey Judiciary Voluntary Surrender of Parental Rights Form

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	Defendant's name: County: Docket Number: Judge:											
Name(s) of Child(ren) to be surrendered DOB Name of other												
	General Surrender ☐ Identified Surre											
	(1194) (1195)											
Ans	swer Each Question Completely											
1.	Do you understand that this form will be submitted voluntary decision to surrender your parental rights		o memorialize your	☐ 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? If yes, language:		_	☐ Yes	□ No							
	Do you need accommodation for a disability? If yes, describe:			☐ Yes	□ No							
3.	a. Is the child(ren) a member of a federally recog	☐ Yes	□ No									
	b. Is the child(ren) eligible for membership in a tribe and the biological child(ren) of a member Indian tribe?	☐ Yes	□ No									
4.	This is an important decision; are you making it vo	luntarily and o	of your own free will?	☐ Yes	□ No							
5.	Did anyone force, threaten, or pressure you into ma	aking this deci	sion?	☐ Yes	□ No							
6.	Did anyone offer or promise you anything to convi	nce you to ma	ke this decision?	☐ Yes	□ No							
			Defend Date:	lant's Initials:								

	For	use only	/ in	Di	visi	ion	of	Ch	ild	Prot	ection	and	P	ermanency	V	cases
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7.		Are you currently under the influence of drugs, alcohol or prescription medication which could affect your ability to make a clear decision?						
8.	Are jud	☐ Yes	□ No					
9.		Are you aware that you are entitled to pre-surrender counseling from the Division of Child Protection and Permanency (Division)?						
	a.	☐ 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 con	☐ Yes	□ No					
12.	If y to to	☐ Yes	□ No					
13.	Do	☐ Yes	□ No					
14.	If the	6. If making an						
	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 n	naking 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				
		Defenda Date:	e:					

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

Defense Attorney's Signature

Defense Attorney: Print Name

For use only in Division of Child Protection and Permanency cases

Date