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**IN THE DISTRICT COURT OF \_\_\_\_\_\_\_\_\_\_\_\_\_ COUNTY, KANSAS**

**IN THE INTEREST OF:**

**Name** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Case No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Year of Birth \_\_\_\_\_\_\_\_\_\_\_\_ A minor child**

**RELINQUISHMENT OF MINOR CHILD TO AGENCY**

Pursuant to K.S.A. 38-2268

**NOTICE TO PARENT:** **This is an important legal document and by signing it you are permanently giving up all custody and other parental rights to the child named herein. You are to receive a copy of this document.**

I, , **☐ mother ☐ father** of , a minor child, state:

1. The child was born on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(Date of birth)* at *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Place of birth)* at : **☐** a..m. **☐** p.m.

2. I reside at , County of and State of .

3. I am of the age of years and was born on .

1. The child is neither a member of nor eligible for membership in an Indian tribe recognized by federal law nor an Alaskan Native recognized by federal law.
2. I do hereby relinquish the child to the Secretary of DCF, which I understand the Secretary will have full power and all the rights of a birth parent or legal guardian over the child, including the power to place the child for adoption and give consent thereto.
3. I wish to, and I understand that by signing this relinquishment I do, permanently give up all custody and other parental rights I have to such child, including the right to receive notice of any subsequent adoption proceedings involving the child.
4. I have read and understand the above and I am signing it as my free and voluntary act.

Dated , at : **☐** a.m. **☐** p.m.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent

**CERTIFICATE OF ATTORNEY**

I am a licensed attorney representing the parent named above and have explained to that parent that by signing this consent the agency will exercise all parental rights to the child and that parent confirmed that intention and desire.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Attorney

Attorney’s Name

Supreme Court Number

Address

Telephone Number

[Fax Number]

[E-mail Address]

**CERTIFICATE OF ATTORNEY FOR RELINQUISHING MINOR PARENT**

I am a licensed attorney representing the parent named above, who is a minor. I have fully explained that by signing this relinquishment that parent is permanently giving up all parental rights to the child and that parent has stated that intention and desire. I was present at the execution of this relinquishment.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Attorney

S.Ct.#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACKNOWLEDGMENT BEFORE JUDGE OF DISTRICT COURT**

STATE OF KANSAS )

) ss:

COUNTY OF )

I, , Judge of the District Court, , Judicial District, hereby certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, known to me to be the same person whose name is subscribed to the foregoing relinquishment, appeared before me this day in person and acknowledged that (she)(he) signed such relinquishment as (her)(his) free and voluntary act, for the specified purpose.  
  
 I have fully explained that by signing such relinquishment (she)(he) is permanently giving up all parental rights to such child and (she)(he) has stated that (she)(he) understood the consequence and that permanent relinquishment of parental rights is (her)(his) intention and desire.  
  
Dated , at : **☐** a.m. **☐** p.m. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Judge of the District Court

**OR**

**ACKNOWLEDGEMENT BEFORE NOTARY PUBLIC**

STATE OF KANSAS )

) ss:

COUNTY OF )

I certify that , known to me to be the same person whose name is subscribed to the foregoing relinquishment, appeared before me this day in person and acknowledged that (she)(he) signed such relinquishment as (her)(his) free and voluntary act, for the specified purpose.

Dated , at : **☐** a.m. **☐** p.m.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**ACCEPTANCE OF CHILD BY AGENCY**  
  
 I, , the undersigned, on behalf of the Secretary of DCF, do hereby accept custody of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the above relinquished minor child.

Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

Authority

K.S.A. 38-2268.

Notes on Use

With the consent of the guardian *ad litem* and the secretary, a parent may relinquish parental rights prior to a hearing to consider the termination of parental rights. The relinquishment shall be acknowledged before a judge or notary. If the relinquishment is acknowledged before a judge, it shall be the duty of the court to advise the relinquishing parent of the consequences of the relinquishment. If a parent relinquishes a child to the secretary based on a belief that the other parent would relinquish the child or be found unfit, and neither occurs, the rights of the parent who relinquished based on that belief shall not be thereby terminated.

If the person cannot read and understand English, specifically state how they were informed of all their rights and the consequences of relinquishment.