

AOC-292 Doc. Code: AWCA
Rev. 6-17
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Commonwealth of Kentucky
Court of Justice www.courts.ky.gov
KRS 625.041(3); 199.011(16); and
199.500



**APPEARANCE WAIVER AND
CONSENT TO ADOPTION**

Case No. _____
Court District Family
County _____
Division _____

IN THE INTEREST OF:

_____, a child
Respondent

Address

WAIVER OF APPEARANCE

I, _____, hereby state that I am the natural parent of the above-named child and I hereby voluntarily, and with full knowledge and agreement, waive my right to appear in the above-styled proceeding to terminate my parental rights.

Parent's Signature

Parent's Name (*Please Print*)

Counsel for Parent

Guardian ad litem for Minor Parent

Cabinet Designee

SUBSCRIBED and SWORN to before me this _____ day of _____, 2____.

My Commission expires: _____.

Notary Public

Please mail a copy of the FINAL JUDGMENT to:

CONSENT TO ADOPTION

I, _____, hereby state that I am the natural mother father of
(parent's name)
_____, the child to be adopted, who was born to me in wedlock
(child's name)
 out-of-wedlock on _____ in _____
(child's date of birth) (city, state, country of child's birth)

I also state, and acknowledge by **my initials**, that:

- _____ I do not desire to know the identification of the proposed adoptive parent(s) of my child; or
- _____ The proposed adoptive parent of my child is: _____.
- _____ I understand that if the adoption is not adjudged, that the disposition of my child will be made pursuant to KRS 199.550.
- _____ The total amount of my legal fees related to the execution of this consent are \$ _____ to be paid by _____.
- _____ That I have reviewed this consent and the legal effect of this consent has been fully explained to me.
- _____ That I have not been coerced in any way to execute this consent, nor have I been given or promised anything of value, except those expenses allowable under KRS 199.590(6), to execute this consent.
- _____ That it is my intention to consent to the adoption of my child.

I understand that this consent to the adoption of my child will become **final and irrevocable twenty (20) days** after the later of the placement approval (if required by the secretary for families and children) or the execution of this consent and that this **consent may be withdrawn only by written notification** sent to the proposed adoptive parent or the attorney for the proposed adoptive parent on or before the twentieth day by certified or registered mail and also by first class mail. If placement approval by the secretary is not required, the voluntary and informed consent **shall become final and irrevocable twenty (20) days after execution.**

I hereby acknowledge, by my signature, executed this _____ day of _____, 2____ in _____, _____ County, Kentucky at _____ a.m. p.m. that I have voluntarily and knowingly given my informed consent to the adoption of my child.

Consenting Parent's Signature

SUBSCRIBED and SWORN to before me this _____ day of _____, 2____.
My Commission expires: _____.

Notary Public

Preparer's Name & Address

Reviewer's Name & Address

I received a completed and signed copy of this consent on the same day I signed it.

Consenting Parent's Signature

SUBSCRIBED and SWORN to before me this _____ day of _____, 2____.
My Commission expires: _____.

Notary Public