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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.        |

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| **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.
 |
|  |  |
|  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. |
|  |  |
| State of       County of       Subscribed and sworn to before me on             Notary Public/Court Official      Name Printed or TypedMy 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 |