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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. |
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|  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.]* |
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|  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
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|  |  |
|  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. |
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|  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. |
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| 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) |
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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 |